



NASSAU COUNTY SHERIFF'S OFFICE

Nassau County Emergency Management

AFFILIATED VOLUNTEER APPLICATION

THE NASSAU COUNTY SHERIFF'S OFFICE IS AN EQUAL OPPORTUNITY AGENCY. WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, MARITAL STATUS, RELIGION OR ANY OTHER LEGALLY PROTECTED STATUS.

_____ NASSAU COUNTY

DATE _____

INSTRUCTIONS

Application must be typewritten or printed legibly in ink. All questions must be answered. Applications which are not complete will not be considered. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets the same size as this application and number your answers to correspond with the questions.

PERSONAL HISTORY

1. Applicant's Current Contact Information:

Name

Physical/Street Address

City County State Zip Code

() ()
Area Code and Home Phone # Area Code and Cell Phone #

E-Mail Address

2. Applicant's Social Security Number: _____

3. Driver's License Number _____ **State:** _____

*Please attach a copy of your driver's license

4. Are you currently able to perform any duties that might be assigned to a volunteer? No Yes

5. Would you be able and willing to attend training commensurate with a volunteer position both in and outside Nassau County? No Yes

6. Please provide name, address, and phone numbers for next-of-kin or other person to be contacted in case of an emergency:

Name Relationship

Address

() ()
Area Code and Home Phone # Area Code and Cell Phone #

Applicant Name: _____ DOB: _____ Application Date: _____

BACKGROUND INFORMATION

THIS INFORMATION IS REQUIRED TO CONDUCT BACKGROUND INVESTIGATION ONLY!

1. Date and Place of Birth:

Date of Birth _____ City _____ County _____ State _____ Country (if not the USA) _____

2. Are you a United States citizen? Yes No

If naturalized, please provide: _____
Date _____ Place _____

3. Marital status: Married Divorced Separated Widowed Never Married

4. Do you have or have you ever applied for a passport?

No Yes Passport #. _____

EMERGENCY MANAGEMENT EXPERIENCE

SKILLS

- | | |
|---|--|
| <input type="checkbox"/> CALL CENTER | <input type="checkbox"/> MEDICAL- DR.
<i>(ACTIVE/RETIRED)</i> |
| <input type="checkbox"/> CASEWORK/SOCIAL SERVICES | <input type="checkbox"/> MEDICAL- EMT/PARAMEDIC |
| <input type="checkbox"/> CHILDREN
<i>(FORMAL TRAINING)</i> | <input type="checkbox"/> MEDICAL- LPN/CAN/RN |
| <input type="checkbox"/> CRITICAL INCIDENT STRESS MANAGEMENT | <input type="checkbox"/> MEDICAL-OTHER |
| <input type="checkbox"/> COMMUNICATIONS | <input type="checkbox"/> MOBILITY DISABLED |
| <input type="checkbox"/> COMPUTER LITERATE | <input type="checkbox"/> OFFICE-CLERICAL |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> PASTORAL CARE |
| <input type="checkbox"/> DONATIONS & DISTRIBUTION | <input type="checkbox"/> PERSONNEL MANAGEMENT |
| <input type="checkbox"/> FIRST RESPONDER-TRAINED | <input type="checkbox"/> TRANSPORTATION |
| <input type="checkbox"/> FOOD SERVICES | <input type="checkbox"/> VETERINARIAN |
| <input type="checkbox"/> HEAVY LIFTING (>30 LBS.) | <input type="checkbox"/> VETERINARY TECHNICIAN |

DISASTER-RELATED TRAINING/CERTIFICATIONS

- | | | |
|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> CALL CENTER | <input type="checkbox"/> IS 100 | <input type="checkbox"/> IS 700 |
| <input type="checkbox"/> CERT | <input type="checkbox"/> IS 200 | <input type="checkbox"/> IS 800 |
| <input type="checkbox"/> CPR | <input type="checkbox"/> IS 230 | <input type="checkbox"/> IS 702 |
| <input type="checkbox"/> FACT | <input type="checkbox"/> IS 235 | <input type="checkbox"/> IS 703 |
| <input type="checkbox"/> LANDING ZONE | <input type="checkbox"/> IS 240 | <input type="checkbox"/> IS 775 |
| <input type="checkbox"/> RED CROSS | <input type="checkbox"/> IS241 | <input type="checkbox"/> IS 324 |
| <input type="checkbox"/> SHELTER OPERATIONS | <input type="checkbox"/> IS 242 | <input type="checkbox"/> IS 393 |
| <input type="checkbox"/> SHELTER MANAGEMENT | <input type="checkbox"/> IS 244 | <input type="checkbox"/> MGT 310 |
| <input type="checkbox"/> URBAN SEARCH & RESCUE | <input type="checkbox"/> IS 288 | <input type="checkbox"/> MGT 315 |
| <input type="checkbox"/> WIDE AREA SEARCH | <input type="checkbox"/> G 300 | <input type="checkbox"/> L 146 |
| <input type="checkbox"/> HAM RADIO CALL SIGN: | <input type="checkbox"/> G 400 | <input type="checkbox"/> L 449 |

Applicant Name: _____ DOB: _____ Application Date: _____

5. Indicate any other special skills you possess and any equipment you can use which may be related to emergency management work. (For example: two-way radios, ham radios, forklifts, etc.):

EMPLOYMENT HISTORY

1. Briefly describe your employment history. Indicate types of work, industries, or fields of employment.

2. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held? No Yes

3. Have you resigned, or left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? No Yes

If you answered "Yes" to question #2 or #3, please provide details:

4. Do you own a business, or are you a partner or corporate officer in any business or organization, not listed previously as a current or former employer? No Yes

If yes, please provide the name of the business:

5. Does this business do business with the Sheriff's Office or the County? No Yes

If yes to question #4 or #5, please provide name and address of business, corporation, or organization and describe your relationship or position with that entity.

Applicant Name: _____ DOB: _____ Application Date: _____

RESIDENCES

Have you lived at your place of residence for the past three (3) years? No Yes

If no, please indicate previous address:

ARREST HISTORY/COURT DATA

1. Have you ever been convicted of a felony? No Yes

2. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of or a suspect in any criminal investigation? No Yes

MILITARY HISTORY

1. Are you registered for Selective Service: No Yes

If yes, please provide your Selective Service number: _____

Classification: _____ Date of Classification: _____

Address of Local Board:

2. Have you ever served in the Armed Forces of the United States? No Yes

Branch of service: _____ Highest rank: _____

Active Duty Dates: From: _____ To: _____ From: _____ To: _____

3. Date of Discharge: _____

ORGANIZATION MEMBERSHIPS

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which has adopted, or shows a policy of, advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? No Yes

Applicant Name: _____ DOB: _____ Application Date: _____

DRUG HISTORY

The information contained herein MAY BE a confidential medical record under the Americans with Disabilities Act if the applicant is a rehabilitated drug or alcohol abuser, or under section 119.071(4)(b) whether the medical information, if disclosed, would identify the applicant.

1. Do you currently use, or have you used within the last year, any narcotic or controlled substance, such as cannabinoids, marijuana, PCP, hallucinogens, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroids, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?
 No Yes

2. Have you ever illegally experimented with or used any narcotic or controlled substance such as, but not limited to: cannabinoids, marijuana, PCP, hallucinogen; methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroids, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or any drug of a similar nature?
 No Yes If yes, please complete the following:

- a. Drug: _____
- b. How taken: _____
- c. Last time illegally experimented with or used: _____

I understand that the "Applicants Certification" applies in all respects to the responses provided in this "Confidential Employee History" and "Drug History."

	_____ Signature of the applicant as usually written	_____ Date
Witnessed by:		
_____ Signature	_____ Printed Name	_____ Date

APPLICANT'S CERTIFICATION

I understand that my volunteering will be contingent upon the results of a complete background investigation. I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify that all statements made by me on this application are true, correct and complete, to the best of my knowledge. I also understand that I will be fingerprinted. I understand that this volunteer application shall become the property of the Sheriff's Office and that it and the information received in response to the background examination are public records.

I further understand and agree that my volunteering may also be contingent upon the results of a complete drug test. I understand that the use of drugs or alcohol is not permitted, during volunteer assignments or duty time, whether paid or unpaid, in the areas, including vehicles, where work is performed by volunteers, employees, or appointees.

I further authorize the Sheriff's Office or agent of the Sheriff's Office, without need of further authorization, to obtain medical records allowed by law if I claim rights to payment or receipt of any benefit pursuant to state or federal law. I further agree to execute any authorization as may be required by the Health Insurance Portability Accountability Act of 1996 (HIPAA) for health care providers to release the necessary medical information to process my application for volunteering.

I understand and agree that any volunteer opportunity offered to and accepted by me will constitute my automatic acceptance of non-compensatory agreement. I understand that unless otherwise defined by applicable law, any volunteer relationship with this office is "at will", which means that the employer may discharge me at any time with or without cause and that this "at will" relationship may not be changed unless authorized in writing by the Sheriff.

I agree to conform to the rules, regulations, and orders of the Sheriff's Office and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Sheriff's Office at its discretion at any time and without any prior notice to me.

I understand an investigation will be conducted on all of the information listed on this application.

Because of this, are you aware of any information about yourself or any person with whom you are or had been closely associated (including relatives, roommates, etc.) which might tend to reflect unfavorably on your reputation, morals, character, or ability?

No **Yes** If yes, please provide your version or explain fully any such information or incident:

I understand that the "Applicants Certification" applies in all respects to the responses provided in this Volunteer Application:

	_____ Signature of the applicant as usually written	_____ Date
Witnessed by:		
_____ Signature	_____ Printed Name	_____ Date

BACKGROUND INVESTIGATION WAIVER
Authority for Release of Information

TO: Concerned Person or
 Authorized Representative of
 Any Organization, Institution, or
 Repository of Records

APPLICANTS NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, education institution, physician, hospital, or other repository of medical records, credit bureau, or consumer reporting agency, including its officers, employees, and related personnel both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

NASSAU COUNTY SHERIFF'S OFFICE
77151 CITIZENS CIRCLE, YULEE, FL 32097

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

 Applicant's Signature Date

 Applicant's Address

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____

Before me personally appeared _____
 who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, _____;

My commission expires on the _____ day of _____, _____; _____
Notary Public

The person who has presented themselves is: Personally known to me **-or-** Produced Identification

Who physically produced the following type of personal identification to me: _____.