



**CLAY COUNTY SHERIFF'S OFFICE
VOLUNTEER APPLICATION
POST OFFICE BOX 548
GREEN COVE SPRINGS, FLORIDA 32043**

Please complete this application form in its entirety. Forms with missing information will not be considered. Questions: Call Marlene Whitman at 904-213-6062. Applications can be submitted via email to mwhitman@claysheriff.com or mailed to PO Box 548, Green Cove Springs, FL 32043, Att: Marlene Whitman.

GENERAL INFORMATION

Last Name: _____

First Name: _____

Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Social Security No.: _____

Telephone No.: _____

E-Mail Address: _____

VOLUNTEER AVAILABILITY

Monday Times: _____

Tuesday Times: _____

Wednesday Times: _____

Thursday Times: _____

Friday Times: _____

Saturday Times: _____

Sunday Times: _____

VOLUNTEER INTERESTS (please check all that apply)

- Administrative/Office Support
- Boating
- Data Entry
- Detective Report Follow Program (calling victims to check on condition)
- DUI Checkpoints
- Elderly Shut In Program
- Kids Fingerprints
- Sports Coach
- Home Improvement
- Honor Guard
- Lifesaving/Swimming
- Loving Arms (taking care of children who are taken into protective custody; until picked up)
- Martial Arts
- Mechanic
- Medical Assistant
- Musician
- Neighborhood
- Pawn Slip Detail
- Photography (digital)
- Pilot (fixed wing)
- Pilot (helicopter)
- Psychology
- Public Relations
- Scuba Diver
- Special Events
- Traffic Assistance
- Teaching
- Vacation Check Call Backs
- Victim Services
- 911 for Kids
- Other: _____

VOLUNTEER DEMOGRAPHICS

1. What is your highest level of education? _____
2. Do you speak a foreign language/ASL? If so, please list. _____
3. Are you proficient with a computer? Yes No Check all that apply.
Word Publisher Power Point Excel
4. Do you possess a valid Florida driver's license? Yes No
If yes, please provide number. _____ Exp. Date: _____
5. Have you ever been arrested/convicted of a felony? Yes No
If yes, date and charge: _____
6. Do you have previous volunteer experience? Yes No
If yes, what type? _____

REFERENCES

List three individuals who have knowledge of your character, do not include relatives.

Name: _____

Telephone Number: _____

Relationship to Volunteer: _____

Name: _____

Telephone Number: _____

E-Mail Address: _____

Relationship to Volunteer: _____

Name: _____

Telephone Number: _____

E-Mail Address: _____

Relationship to Volunteer: _____

EMERGENCY CONTACT

Name: _____

Address: City: _____ State: _____ Zip: _____

Relationship to Volunteer: _____

Contact Telephone Number: _____