



**Clay County Sheriff's Office
 Volunteer Application
 Post Office Box 548
 Green Cove Springs, Florida 32043**

Please complete this application form in its entirety.
 Applications with missing information will not be considered.

Please contact Danielle Crowdus with any questions: (904) 529-6062

Applications can be submitted via email to dcrowdus@claysheriff.com, or mailed to
 PO Box 548, Green Cove Springs, Florida 32043, Attention: Danielle Crowdus

GENERAL INFORMATION

DATE: _____

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 (check all that apply)

- ___ Administrative/Office Support
- ___ Data Entry
- ___ Home Improvement
- ___ Loving Arms (taking care of children who are taken into protective custody until picked up)
- ___ Special Events
- ___ Vacation Check Call Backs
- ___ Photography (digital)
- ___ Victim Services
- ___ Elderly Shut In Program
- ___ Detective Report Follow-up Program (calling victims to check on condition)
- ___ Neighborhood Check
- ___ Mail Distribution
- ___ Other – please list your interests (other than above) and/or qualifications that may benefit both you and the Clay County Sheriff’s Office

*Please note: The Sheriff’s Office may have other areas for volunteer opportunities that are not listed above, which may become available on an “as needed” basis.

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 _____

Please select all that you have experience with:

- 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: _____

E-Mail Address: _____

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: _____