

# SATELLITE BEACH POLICE DEPARTMENT VOLUNTEER APPLICATION

Updated: 10/18/11



## Personal information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: Male  Female  Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Need Social Security Number for Background Purposes*

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you use tobacco products? Yes  No  If so, what kind? \_\_\_\_\_

## Military

Have you ever served in the Military? \_\_\_\_\_

If so, what Branch? \_\_\_\_\_

What Rank? \_\_\_\_\_

General

*How did you hear about the Satellite Beach Police Department Volunteer Program?*

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*Why do you want to be a Satellite Beach Police Department Volunteer at this time?*

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*What do you know about the Satellite Beach Police Department Volunteer Program?*

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*What do you hope to get out of volunteering with the Satellite Beach Police Dept?*

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*What do you think you have to offer the Satellite Beach Police Dept. Volunteer Program?*

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Employment and Training

*What does your professional background consist of? (Be Specific)*

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*What type of education do you have?* \_\_\_\_\_

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*What special skills do you possess?* \_\_\_\_\_

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*What special training do you possess?* \_\_\_\_\_

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Employment and Training

*Of all the job functions you had in the past, what was your favorite job function or position?*

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*Why?* \_\_\_\_\_

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*Are you currently employed?*    Yes     No

*If so, where are you currently employed?* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_

*Name of immediate supervisor:* \_\_\_\_\_

*Have you ever been terminated or asked to resign?* \_\_\_\_\_

*If so, explain the circumstances:* \_\_\_\_\_

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## Our Volunteer Program Overview

*What position (s) are you interested in with the S.B.P.D. Volunteer Program?*

**Citizens on Patrol** - Is a 2-hour patrol with a partner at least once a week. This program is an extension of the police department's eyes and ears and enables our volunteers to patrol the boundaries of the City of Satellite Beach searching for and reporting suspicious activity, people, or objects. We also have a Housecheck Program where vacation and seasonal unoccupied homes are checked on once a week, they assist police officers with emergencies, provide parking control. They run errands, deliver Council Packages and whatever is needed at the time. They also have the opportunity to participate in city functions such as Founders Day Parade, Twilight Santa, etc.

**Marine Patrol** – Is a 2-hour patrol with a partner at least once a week on our waterways. Members in this program will provide assistance and security for the safety for persons utilizing Samson Island Nature Park and offer high visibility on the waters of Satellite Beach both in the Grand Canal and inner canals. They patrol for suspicious activities, and unsafe operation of watercraft on these waters.

*It also consists of physically patrolling Samsons Island Nature Park to ensure that the rules and regulations are being met since camping is allowed.*

**ATV Beach Patrol** – Is a 2-hour independent patrol once a week where members patrol the 2.5 square miles of beaches in Satellite Beach searching for suspicious activity, people or objects. They are also there to provide immediate communication should an emergency arise such as a lost child, injured or dead sea creature, or report unsafe objects floating in the water, etc. You must be physically fit in order to participate in this program. This patrol can be exhaustive due to the heat factor.

**Fingerprints**- The Hours of Operation for Fingerprints is Monday through Friday from 10:00 a.m. to 1:00 p.m. This position works independently and must be available for one shift per week so that when residents come in for fingerprints, we will provide a knowledgeable person to proficiently do their fingerprint cards.

Our Volunteer Program Overview (continued)

Administrative Duties – Is a 2-hour commitment to provide expertise in filing, Xeroxing, data entry, maintaining the Front Desk, running errands, compiling survey information and sending letters, doing records checks, and other special projects when necessary.

Alarm Duties – This commitment to the False Alarm Program requires computer knowledge and data entry. All residents and businesses who have alarm systems in our City are required to have an updated Alarm Permit on file and their system must be maintained properly so we don't keep responding to false alarms. We initiate and maintain each Alarm User file and keep track of how many false alarms have been received, we send out Warning Letters after the second and the third false alarm thereafter, these individuals are invoiced accordingly. Then we track the payment.

Stop By & Say Hi Program- Is a 2-hour commitment once a week with a partner where members in this program visit with City residents and share resources we have available, friendship and support. We also assist these residents with minor concerns they may have.

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Minimum Training and Experience

All volunteers will receive necessary training for their assignment. Selection requirements: candidate must be a Brevard County resident, at least 18 years of age unless working on a scholarship program and we have an available assignment appropriate for their skills, and pass a Criminal History Background Investigation.

Candidates must not have any physical limitations and must be able to drive a vehicle, have a valid Driver's License and should be able to see and hear adequately, including night vision.

Must be able to donate at least 8 hours a month and we ask that they attend our Monthly Volunteer Meeting.

Participation Availability

What volunteer program are you interested in? \_\_\_\_\_

What day(s) would you be able to volunteer with us?

- Monday     Tuesday     Wednesday     Thursday  
 Friday     Saturday     Sunday

What timeframe(s) are you available to volunteer with us? \_\_\_\_\_

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What volunteer program are you interested in? \_\_\_\_\_

If participating in multiple volunteer programs, please indicate the dates and times you would be available for each program of interest.

- Monday     Tuesday     Wednesday     Thursday  
 Friday     Saturday     Sunday

What timeframe(s) are you available to volunteer with us? \_\_\_\_\_

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What volunteer program are you interested in? \_\_\_\_\_

If participating in multiple volunteer programs, please indicate the dates and times you would be available for each program of interest.

- Monday     Tuesday     Wednesday     Thursday  
 Friday     Saturday     Sunday

What timeframe(s) are you available to volunteer with us? \_\_\_\_\_

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Residences:

List chronologically all of your residences for the past 10 years beginning with the most recent. Include addresses while attending school or away from home and all military addresses. Add an additional sheet, if necessary.

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From Month \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own  Rent Length of residence: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

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From Month \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own  Rent Length of residence: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

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From Month \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own  Rent Length of residence: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

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From Month \_\_\_\_\_ Year \_\_\_\_\_ To Month \_\_\_\_\_ Year \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Own  Rent Length of residence: \_\_\_\_\_ Name of Landlord: \_\_\_\_\_

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**Employment:**

List chronologically your employment history for the past 15 years beginning with the most recent. Include addresses while attending school or away from home and all military addresses. Add an additional sheet, if necessary.

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*Dates of Employment:*

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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*Dates of Employment:*

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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*Dates of Employment:*

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Reference/Contacts

*List three (3) character references that you have known for at least 5 years that are not family members or employers:*

*Name:* \_\_\_\_\_ *Home Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Work Phone #:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Years Known:* \_\_\_\_\_

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*Name:* \_\_\_\_\_ *Home Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Work Phone #:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Years Known:* \_\_\_\_\_

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*Name:* \_\_\_\_\_ *Home Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Work Phone #:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Years Known:* \_\_\_\_\_

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*List three (3) family members:*

*Name:* \_\_\_\_\_ *Home Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Work Phone #:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Years Known:* \_\_\_\_\_

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*Name:* \_\_\_\_\_ *Home Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Work Phone #:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Years Known:* \_\_\_\_\_

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*Name:* \_\_\_\_\_ *Home Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Work Phone #:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Years Known:* \_\_\_\_\_

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*In case of an emergency, we should notify:*

*Name:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_ *Alternate Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Apt. #:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*If unavailable, another contact is:*

*Name:* \_\_\_\_\_ *Phone #:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_ *Alternate Phone #:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Apt. #:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

General

*Are there any physical or mental impairments that would either put constraints on your assignment or which need accommodations?*    Yes     No

*If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Do you need assistance with any of the following items?*

*Hearing*     *Walking*     *Breathing*     *Vision*

*Please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Do you have problems with Night Vision?*     *Yes*     *No*

*Please explain:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Is there anything that we should be aware of, that isn't disclosed in this application?*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Criminal History*

*Have you ever been arrested for, charged, or convicted of any felony and/or misdemeanor?*

Yes                       No

*If yes, explain in detail, giving the date, charge, location and actions taken:* \_\_\_\_\_

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*Have you ever been involved in any criminal activity, even if undetected?*

Yes                       No

*If yes, explain in detail, giving the circumstances:* \_\_\_\_\_

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*Do you now or have you ever had any regular associations with persons whom you knew, or should have known, were under criminal investigation or indictment, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior? Please explain:* \_\_\_\_\_

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*I hereby certify there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Satellite Beach Police Department Volunteer Program.*

*I also understand that registration with a particular agency does not restrict my choice of volunteer jobs: I am free to accept or reject any placement offered me.*

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date*

*Print Name:* \_\_\_\_\_

**RELEASE OF INFORMATION**

Please read and sign in the presence of a Notary.

**APPLICANT:** Please read carefully before signing this form. If you have any questions regarding the following statement or any questions contained in this application, please contact the Satellite Beach police Department before signing.

I **RESPECTFULLY** request and authorize you to furnish the Satellite Beach Police Department any and all information that you may have concerning my work record, school record, medical record, military record, reputation, personal background, civil/criminal records, drivers license information/driving history and financial and credit status.

Please include any all reports including all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with the Satellite Beach Police Department. I hereby release you, your organization or others from liability or damage, which may result from furnishing the information requested above.

I **UNDERSTAND** that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for employment by the Satellite Beach Police Department. This release will expire two (2) years from the date signed.

Print Name: \_\_\_\_\_ Date when signed: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

To be signed in the presence of a Notary Public (available at Satellite Beach Police Dept.)

**NOTARY:**

Before me personally appeared: \_\_\_\_\_, who says that they have executed this authorization of their own free will and with full knowledge of it's purpose.

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission Expires:

\_\_\_\_\_  
Notary Public

Personally Known

Produced Identification

Type of Identification: \_\_\_\_\_



**CERTIFICATION OF INFORMATION**

Please read and sign in the presence of a Notary Public

I **CERTIFY** that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the Satellite Beach Police Department in writing of any additional information relating to questions raised on this application, which occur after completing the application. I realize that misrepresentations of facts or the failure to include or update information may be cause for rejection or dismissal after acceptance with this agency.

I understand that each application will be given consideration, but its receipt does not imply that the candidate will be accepted. This offer of employment as a volunteer with the Satellite Beach Police Department is contingent upon the satisfactory completion of all pre-employment procedures, which includes the following: application screening, initial interview, and background investigation and any other testing that the Satellite Beach Police Department deems necessary.

I **ACKNOWLEDGE** that I have read and understand the above statement and the conditions for employment as a volunteer with the Satellite Beach Police Department.

To be signed in the presence of a Notary Public (available at Satellite Beach Police Dept.)

\_\_\_\_\_  
Printed Name of Volunteer Applicant

\_\_\_\_\_  
Signature of Volunteer Applicant

Date of signature:\_\_\_\_\_

**NOTARY PUBLIC:**

Before me personally appeared:\_\_\_\_\_

Who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

**SWORN TO AND SUBSCRIBED** before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known  Produced Identification Type of I.D.\_\_\_\_\_

Notary Public Signature:\_\_\_\_\_

My Commission Expires:

Date of Signature:\_\_\_\_\_



*Personal interview with Volunteer Coordinator and Volunteer Applicant on:*

*Date:* \_\_\_\_\_ *Volunteer*  
*Coordinator:* \_\_\_\_\_

*Satellite Beach Police Department use only:*

*Drivers License Check*       *O.K. To Hire*

*Criminal History*

\_\_\_\_\_  
*Date Signed off*

\_\_\_\_\_  
*Background Investigator*