



# Nassau County Sheriff's Office Volunteer Application

CAT \_\_\_\_\_ Volunteer \_\_\_\_\_ Citizens Academy \_\_\_\_\_ Mounted Posse \_\_\_\_\_

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ Driver's License State \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a resident of Nassau County? YES  NO  Are you 18 years of age or older? YES  NO

What interests you about volunteering? \_\_\_\_\_

Have you ever been convicted of a crime? YES  NO

If yes, explain: \_\_\_\_\_

## General Release & Waiver of Liability

Having made application for the position of Nassau County Sheriff's Office Volunteer, I hereby authorize for one year, from the date of execution thereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I, \_\_\_\_\_, for myself, my heirs, executors and administrators, waive and release any and all rights and claims or damages I may have against Sheriff Bill Leeper and the Nassau County Sheriff's Office, its affiliates, officers, agents, employees, and contractors and their representatives and any and all claims of damages, demands, actions whatsoever in any manner, as a result of my participation as a Volunteer with the Nassau County Sheriff's Office. I hereby release and indemnify those parties from any claims for acts of negligence on my part or those affiliated with me. I have read the above release and I understand and agree to the terms.

*I certify that my answers are true and correct to the best of my knowledge. By my signature, I acknowledge and understand this information is required in order for the Nassau County Sheriff's Office to conduct a background inquiry.*

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

**Attach a copy of your driver's license and return this form to  
Nassau County Sheriff's Office Human Resources Department.**