



NASSAU COUNTY SHERIFF'S OFFICE VOLUNTEER PROGRAM APPLICATION

APPLICANT NAME: _____

LAST,

FIRST

MIDDLE

Volunteer Programs

VOLUNTEER - relieve and / or assist the Law Enforcement Officers with low-risk functions, duties and special projects involving private citizens and / or businesses. They can serve in a capacity of performing various administrative and clerical duties to help facilitate the efficient operation and coordination of the Sheriff's Office. The Volunteers may assist in many divisions of the NCSO including the Emergency Operations Center.

INTERN – a student or trainee who is provided with the opportunity to observe, interact and work within the Sheriff's Office in an unpaid capacity to gain insight, knowledge, college credit or work experience.

CITIZENS ADVISORY TEAM (CAT) – CAT demonstrates a partnership between Law Enforcement and the Community. CAT's serve as information exchanges between citizens and the Sheriff's Office. Meetings give citizens an opportunity to communicate directly with command staff and police officers on issues of importance to their communities.

CITIZENS ACADEMY – NCSO hosts a Citizens Law Enforcement Academy (CLEA) semiannually. The academy courses are designed to give participants and overview of the duties and responsibilities of the NCSO, the Criminal Justice System and issues relating to Law Enforcement.

CHAPLAIN – Religious representatives credentialed by their organization who are on call 24 hours a day 365 days a year to provide spiritual guidance (without regard to the recipient's religious beliefs, faith, practices or preferences). They will also be called upon to assist Deputies with delivering death notices to family members and respond to every call where there is a death to provide guidance and assistance to the Deputies on scene.

Application Instructions

Application must be printed on **ONE SIDE ONLY** and completed legibly in **blue or black ink**. ALL questions must be answered. If a question is not applicable, please write "N/A". All required documentation **MUST** accompany the application to be considered complete.

Required documents include:

1. Driver's License
2. Social Security Card
3. Birth Certificate
4. High School Diploma / GED or College Degree.

Other documents may be required depending on program. **Applications which are not complete will not be considered.** If ample space for answers is not provided or you wish to furnish additional information, attach one sided sheets of the same size as application and number the information to correspond to the questions.

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Applicant Information

This information is obtained for background information purposes only.

PROGRAM(S) SELECTED: _____ VOLUNTEER _____ INTERN _____ C.A.T.
_____ CITIZENS ACADEMY _____ CHAPLAIN

NAME: _____
LAST, FIRST MIDDLE SUF.

Other Names Used / Known As: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE # _____ CELL PHONE # _____

OTHER PHONE # _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____ STATE: _____

CURRENT MILITARY: YES NO BRANCH: _____

VETERAN: YES NO BRANCH: _____

DIPLOMAS / DEGREES HELD: GED HS AA AS BA BS M PhD
(CIRCLE ALL THAT APPLY)

REFERRED BY: _____

RELATIVES WORKING FOR NCSO: _____

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Additional Information

All Volunteer opportunities require training requisite to the position. Participation in such training is mandatory. Do you agree to attend training both inside and outside of Nassau County if necessary?

Yes No

Please provide name, address, and phone number(s) for emergency contact person:

Name: _____
Address: _____
Phone # _____

Background Information

THIS INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION ONLY

1. Place of Birth:

_____|_____|_____|_____
City County State Country (if not U.S.)

2. Are you a United States Citizen? Yes No

If naturalized, please provide: _____
Date Place

_____|_____
Court Number

3. Marital Status: Married Divorced Separated Widowed Never Married

4. Do you have or have you ever applied for a passport? Yes No

Passport # _____

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Education / Training

If more space is needed, please submit additional sheets.

1. Please provide the name(s) of any College and/or University you attended, major area of study, year graduated, and type of Diploma/Degree received.

2. Please provide any other schools you may have attended, name, major area of study, year completed, Diploma or Certification received.(Trade, Vocational , Business, or Military)

3. Please indicate any foreign languages you speak, read, or write under the appropriate proficiency heading:

	FLUENT	GOOD	FAIR
SPEAK:	_____	_____	_____
READ:	_____	_____	_____
WRITE:	_____	_____	_____

4. Please indicate any specialized training, special licenses, skills and equipment that you currently possess which may be related to any of the Volunteer program activities: (pilot, radio operator, forklifts, etc.)

Employment History

If more space is needed, please submit additional sheets.

1. Briefly describe your employment history and indicate the 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 of position you have held?

Yes No

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

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?

Yes No

5. Does this business do business with the Sheriff's Office or the County?

Yes No

If "Yes" to question #4 or #5, please provide the name and address of the business/Corporation/organization and describe your relationship of position with that entity.

Residence(s)

1. Have you lived at your current place of residence for the past three (3) years?

Yes No

If "No", please indicate previous address: _____

Arrest History / Court Data

1. Have you ever been arrested, charged or received a notice or summons to appear, convicted, pled nolo contendere or pled guilty to any criminal violation, regardless if the record was sealed or expunged?

Yes No

2. Have you ever received or been charged with a traffic violation resulting from a traffic crash (excluding parking tickets)?

Yes No

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3. Have you or your spouse ever been a plaintiff or defendant in a court action? (Including liens, lawsuits, bankruptcy, domestic violence injunctions, etc.) Yes No
If "Yes", please give date, place or court, case number, names involved, nature of action, and final disposition: _____

4. Have you ever been detained by any law enforcement officer for investigative purposes or to your knowledge have you ever been the subject of any criminal investigation?

Yes No

5. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)?

Yes No

If "Yes" to questions #5 or #6, please provide details: _____

Driving History

1. Does your current automobile or chauffeur license list any restrictions?

Yes No

If "Yes" please list the restrictions: _____

2. Do you hold or have you ever held an operator or chauffeur license issued by a state other than Florida?

Yes No

If "Yes", please provide state(s), name used and approximate dates license(s) was/were held: _____

3. Have you ever been denied issuance of a driver's license or have you ever had a driver's license suspended or revoked?

Yes No

If "Yes", please provide complete details including why license was suspended or revoked: _____

Military History

1. Are you registered for Selective Service: Yes No

If "Yes", please provide your Selective Service # _____

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

Branch of Service: _____ Highest Rank: _____

Active Duty Dates: From _____ To _____

From _____ To _____

3. Date and type of Discharge: _____

Organization Memberships

1. 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?

Yes No

2. At the time of your membership, participation, or contribution, did you know of any unlawful intentions of the organization?
 Yes No

If "Yes" to question #1 or #2, explain including the name of the organization and location. _____

3. On any Social Media platform (Facebook, Twitter, Instagram, etc.), do you "Follow" or "Like" any pages and/or groups such as those mentioned in question #1 of this section?

Yes No

If "Yes", please list the pages and/or groups and the corresponding Social Media platform: _____

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 or have you in the LAST 5 YEARS illegally used or illegally experimented with, any prescription drug, narcotic or controlled substance, such as, but not limited to: cannabinoids, marijuana, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or ANY drug of a similar nature?

Yes

No

If "Yes", please complete the following:

- a. Drug: _____
- b. How taken: _____
- c. Last time illegally used/experimented with: _____
2. Do you NOW or have you EVER illegally obtained, possessed, supplied, or sold any prescription drug, narcotic or controlled substance such as, but not limited to: cannabinoids, marijuana, PCP, hallucinogen, methaqualone, hashish, cocaine, LSD, amphetamines, heroin, steroid, opiates, barbiturates, benzodiazepine, a synthetic narcotic, a designer drug, or ANY drug of a similar nature?

Yes

No

If "Yes", please complete the following:

- a. Drug: _____
- b. Circumstances: _____

- c. Number of times illegally obtained/possessed/supplied/sold: _____
- d. First time illegally obtained/possessed/supplied/sold: _____
- e. Last time illegally obtained/possessed/supplied/sold: _____
3. Do you claim to be a rehabilitated alcohol, narcotics or drug user of any of the controlled substances as set forth above?

Yes

No

If "Yes", please provide details.

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 also understand that I will be fingerprinted. I further understand and agree that my volunteering may also be contingent upon the results of a complete drug test. 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 record.

I further authorized 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 as an NCSO Volunteer.

I further understand and agree that any volunteer opportunity offered to and accepted by me will constitute my automatic acceptance of a 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 understand that the use of any substance, prescribed or otherwise, that may impair my faculties will not be permitted while performing duties of a NCSO Volunteer in any capacity or in any location.

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.

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

Yes No

If "Yes", please provide your version or explain fully any such information or incident: _____

I understand that the "Applicant's Certification" applies in all respects to the responses provided in this Volunteer Program Application. **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.**

Signature: _____ Date: _____

Witnessed By: _____ Printed Name: _____

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Background Investigation Waiver *Authority of Release of Information*

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

Applicant's Name: _____
 Date of Birth: _____
 Social Security # _____

AGENCY REQUESTING INFORMATION: NASSAU COUNTY SHERIFF'S OFFICE

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 _____, 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 _____, _____.

 Notary Public Signature

Personally Known – **OR** – Produced Identification _____

Type of Identification

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Nassau County Sheriff's Office

APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes. It is recommended that a copy of the signed acknowledgement be securely retained in the applicant's personnel file for the duration of their employment with the agency.

I hereby authorize the Nassau County Sheriff's Office to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure.

I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____



Nassau County Sheriff's Office

Sheriff Bill Leeper

UNDERAGE PARTICIPATION AND MULTIMEDIA CONSENT AND GENERAL RELEASE AND WAIVER OF LIABILITY

The undersigned _____(print name), hereby represents and warrants that I am the parent/legal guardian of a minor child _____(name of minor child), hereafter referred to as "Participant." The undersigned does hereby expressly give unlimited permission and consent on behalf of myself and on behalf of Participant, for Participant to join and become part of the Nassau County Sheriff's Office Volunteer Program (hereafter "NCSO VP"), in consideration for the privilege of participation with, and becoming a member of, the NCSO VP, the receipt and sufficiency of consideration is hereby accepted and acknowledged.

The undersigned, on behalf of himself/herself and on behalf of the Participant does hereby release, waive, satisfy, and forever discharge and settle any and all claims, demands, causes of action, suits, controversies, judgments or damages of any kind or nature whatsoever, in law or in equity, which exist or may arise against Bill Leeper as Sheriff of Nassau County, or his successors, heirs, assigns, employees, appointees or agents, relating to any and all participation as a juvenile, volunteer, civilian member of the NCSO VP, including but not limited to, injury, illness or death, and/or damage to, or loss of, personal property.

The undersigned has full understanding and appreciation of all risks and dangers associated with the NCSO VP, including but not limited to, working in the vehicle fleet maintenance area and being exposed to heavy or dangerous tools, equipment and conditions that would be expected in an industrial environment, having access to the NCSO Communications Center, Administrative Offices, or law enforcement or investigative secured areas, and/or volunteering at NCSO functions or exercises. The undersigned expressly acknowledges, understands, and agrees that Participant may be exposed or immersed in an environment which allows Participant to have visual or audible access to criminal activity and investigations, including but not limited to, violent

situations or adult language or vulgarity. The NCSO VP will attempt to minimize this exposure, but the undersigned acknowledges, understands, and agrees that contact with this type, manner, and kind of material or information may not be entirely avoided, and undersigned consents to this risk on behalf of himself/herself and Participant. The undersigned hereby assumes all risks of personal injury, death, property damage or other loss that might arise from my participation in the aforementioned.

The undersigned does also hereby expressly consent and grant permission to the NCSO to use Participant's likeness in any photograph, video recording or electronic image, and the use of Participant's voice or likeness of voice in any audio recording (hereafter collectively "multimedia"), for the purposes of displaying, transmitting, disseminating, posting, or recreation, including but not limited to use on any social media websites (Facebook, Instagram, Twitter, etc.). Additionally, undersigned acknowledges and understands and consents that news media outlets may choose to cover NCSO events or programs and multimedia may be gathered and utilized by news media outlets outside and beyond the control of NCSO. The undersigned understands and agrees that multimedia collected by NCSO will become the property of the NCSO and will not be returned. The undersigned does hereby irrevocably authorize the NCSO to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the NCSO's events, programs, or for any other lawful purpose. In addition, the undersigned does hereby waive the right to inspect or approve the finished product, including written or electronic copy, wherein Participant's likeness or voice appears. Additionally, the undersigned does waive any right to royalties or other compensation arising or related to the use of Participant image, video or audio recording. The undersigned does hereby hold harmless and release and forever discharge the Sheriff of Nassau County, or his employees, agents, successors, heirs, or assigns, from all claims, demands, and causes of action which the undersigned's or Participant's heirs, representatives, executors, administrators, or any other person acting on Participant's behalf or on behalf of Participant's estate.

The undersigned represents he/she is at least 18 years of age and is competent to execute this Underage Participation and Multimedia Consent and General Waiver and Release of Liability (hereafter "Release"). This Release shall be binding upon the

undersigned and his/her respective heirs executors, administrators, personal representatives, successors, assigns, agents or employees. This Release will be subject to, and governed by, the laws of the State of Florida. This Release has been read and fully understood by the undersigned. It is acknowledged and agreed the undersigned has voluntarily, knowingly, and willingly executed this Release.

Signature of Parent/Legal Guardian

Date

Sworn to and subscribed before me this _____ day of _____(month), 20____, by _____(print name) who is [] personally known to me or [] produced _____as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires:

Signature of Participant

Date

Sworn to and subscribed before me this _____ day of _____(month), 20____, by _____(print name) who is [] personally known to me or [] produced _____as identification, and who acknowledged to and before me that he executed the foregoing document freely and voluntarily for the purposes therein expressed.

Notary Public, State of Florida
My Commission Expires:



Nassau County Sheriff's Office

Sheriff Bill Leeper

EMPLOYEE/VOLUNTEER CONFIDENTIALITY AGREEMENT

As a full-time or part-time employee or volunteer of the Nassau County Sheriff's Office ("NCSO"), _____ does hereby acknowledge, agree, and understand that I may learn, become aware of, or have access to, information that is safety or law enforcement sensitive, or is otherwise deemed or considered confidential in nature based on Nassau County ordinance, State of Florida law, Federal law, or agency policy ("Confidential Information"). This Confidential Information may be verbal, written, or stored in electronic format. Such Confidential Information includes, but is not limited to, incident reports and supplements, Florida Crime Information Center/National Crime Information Center ("FCIC/NCIC") records and information, Computer Aided Dispatch ("CAD") information, Records Management System information, Florida Driver and Vehicle Information Database ("DAVID") information or other Department of Highway, Safety and Motor Vehicles ("DHSMV") information, public records requests, Baker Act information, fire rescue and medical or health information, birth or death records, property and evidence records, NCSO video surveillance recordings, crime scene photographs, videos or diagrams, witness, victim or suspect statements, investigative information, or any other law enforcement reports or police services related information.

- I acknowledge, understand, and agree to maintain the confidentiality of Confidential Information and will not divulge Confidential Information to anyone, for any purpose, unless expressly authorized by NCSO policy or procedures, without the express consent or direction of my supervisor as authorized or directed by the Sheriff. Sharing or providing Confidential Information to another NCSO employee who is not authorized to have access to the Confidential Information is also prohibited. Sharing or providing Confidential Information to another unit or division within NCSO without the express consent or direction of my supervisor, unless permitted by agency policy, is also prohibited. In the event I am unsure whether information is of a confidential nature or not, or whether a person or unit within NCSO is authorized to have or share Confidential Information, I will seek out and inquire of my supervisor for clarification.
- I acknowledge, understand, and agree that I am prohibited from using any Confidential Information for my personal use or benefit, or for any other purpose not authorized by NCSO policy or procedures or as authorized or directed by the Sheriff.
- I agree to keep my personal access code(s), user ID(s), access key(s) and password(s) used to access computer equipment confidential at all times.
- I acknowledge, understand and agree that my failure to comply with the confidentiality requirement as set forth in this Confidentiality Agreement is grounds for discipline, up to and including termination of employment. Additionally, I acknowledge, understand and agree that I could be arrested for a felony pursuant to 815.06, Florida Statutes.
- I acknowledge, understand and agree that NCSO may seek any criminal or civil sanctions, remedies, or damages as may be allowed by law, including injunctive relief, criminal prosecution, administrative discipline and/or termination for a violation of this Confidentiality Agreement.

This Confidentiality Agreement pertaining to the disclosure and use of confidential information shall continue to apply after any separation or termination of employment or volunteer status from NCSO.

Sign

Date: _____

Administrative Office: 76001 Bobby Moore Circle, Yulee, FL 32097 • (904) 225-0331 or 225-0332
Administrative Fax: (904) 225-0443 • Callahan/Hilliard/Bryceville Toll Free Line: (855)725-2630
Detention Center: 76212 Nicholas Cutinha, Yulee, FL 32097 • (904) 225-9185 or
Toll Free (855)725-2631 • Fax (904)225-0831 or Jail Administrative Fax: (904)548-4015
Communications/After Hours: (904) 225-5174 • Toll Free Line: (855)725-2632