



# **VOLUNTEER APPLICATION**

## **SATELLITE BEACH POLICE DEPARTMENT**

Return Completed Application to:  
510 Cinnamon Drive, Satellite Beach, FL 32937

### Personal Information

<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>MI:</b> _____
<b>Home Address:</b> _____		<b>Apt. #:</b> _____
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Race:</b> _____	
<b>Social Security Number:</b> _____	<b>Date of Birth:</b> _____	
<small>Need Social Security Number for Background Purposes</small>		
<b>Drivers License #:</b> _____		<b>State:</b> _____
<b>Home Phone #:</b> _____	<b>Cell #:</b> _____	
<b>Work #:</b> _____	<b>Email Address:</b> _____	
<b>Do you use tobacco products?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If so, what kind?</b> _____		
<small>We are a Smoke free workplace</small>		

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

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

**General**

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

**Are there any physical or mental impairment 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?**

---

---

---

---

---

---

**Employment**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List chronologically your employment history 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.

\*\*\*\*\*

Dates of Employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

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

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

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

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

\*\*\*\*\*

Dates of Employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

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

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

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

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

\*\*\*\*\*

Dates of Employment:  
From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

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

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

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

Reason for Leaving: \_\_\_\_\_

\*\*\*\*\*

**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.

\*\*\*\*\*

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

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

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

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

\*\*\*\*\*

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

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

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

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

\*\*\*\*\*

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

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

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

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

\*\*\*\*\*

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

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

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

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

\*\*\*\*\*

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

\*\*\*\*\*

**Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
**Address:** \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ # Years Known: \_\_\_\_\_

\*\*\*\*\*

**Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
**Address:** \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ # Years Known: \_\_\_\_\_

\*\*\*\*\*

**List three (3) family members:**

Relationship: \_\_\_\_\_  
**Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
**Address:** \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

\*\*\*\*\*

Relationship: \_\_\_\_\_  
**Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
**Address:** \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

\*\*\*\*\*

Relationship: \_\_\_\_\_  
**Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
**Address:** \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

\*\*\*\*\*

## **Our Volunteer Program Overview**

**We ask that you provide 2-hours a week when volunteering with the S.B.P.D. Volunteer Program. Listed below is an overview of our programs. Please check which one(s) you are interested in:**

- Citizens on Patrol** - 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. This program requires our Volunteers to drive our Citizens on Patrol Car.
  
- Bike Patrol** – Volunteers will ride a bicycle throughout the boundaries of the City of Satellite Beach searching for and reporting suspicious activity, people, or objects. This program is also an extension of the police department's eyes and ears.
  
- House Check Program** – We provide visual perimeter checks of residents who are on vacation and seasonal unoccupied homes are checked on once a week, they assist police officers with emergencies, provide traffic assistance at the discretion of the Officer.
  
- Marine Patrol** – We provide high visibility on the waters of Satellite Beach both in the Grand Canal and inner canals while patrolling for suspicious activities, and unsafe operation of watercraft. We also patrol Samson's Island Nature Park which is only accessible by boat to ensure that the rules and regulations are being met since camping is allowed.
  
- ATV Beach Patrol** – We patrol the 2.5 square miles of our beaches 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, report unsafe objects floating in the water, etc. You must have prior ATV experience and be physically fit in order to participate in this program. The heat can be exhaustive.
  
- Beach Patrol** – Volunteers will walk the 2.5 square miles of our beaches searching for suspicious activity, people, dogs or objects. They are also there to provide immediate communication should an emergency arise such as a lost child, injured or dead sea creature, report unsafe objects floating in the water, etc.
  
- Fingerprints** - The Hours of Operation for Live Scan Fingerprints is Monday through Friday from 10:00 a.m. to 1:00 p.m. This position works independently.
  
- 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.
  
- Special Events:** - Volunteers 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, 5K Races, etc.
  
- Stop By & Say Hi Program** - Volunteers for this program are hand-picked to participate in this program. "Stop By & Say Hi" is where our Volunteers visit with City residents, sharing resources and offer friendship and support. We also assist these residents with minor concerns they may have. This program requires a 3-5 hour shift.

\*\*\*\*\*

**Participation Availability**

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

**What volunteer program(s) 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?** \_\_\_\_\_

\*\*\*\*\*

**Are you interested in another program? If so, which one?** \_\_\_\_\_

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

- Monday       Tuesday       Wednesday       Thursday
- Friday       Saturday       Sunday

**What timeframe(s) are you available?** \_\_\_\_\_

\*\*\*\*\*

**Are you interested in another program? If so, which one?** \_\_\_\_\_

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

- Monday       Tuesday       Wednesday       Thursday
- Friday       Saturday       Sunday

**What timeframe(s) are you available?** \_\_\_\_\_

\*\*\*\*\*

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 and a Drug Test.



Candidates must not have any physical limitations that would prohibit them from performing the volunteer functions assigned 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 which is the 3rd Wednesday of the month for up to 2 hours.

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

---

---

---

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

Yes

No

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

---

---

---

**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?**

Yes

No

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

---

---

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: \_\_\_\_\_

## DRIVING HISTORY

1.  Yes  No Do you possess a valid Fl. Driver's License?

Type: Operators  Chauffeurs

License Number: \_\_\_\_\_ State: \_\_\_\_\_

2.  Yes  No Have you ever had a driver's license suspended or revoked? (List all details including date and state.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Was your license restored?  Yes  No Date: \_\_\_\_\_

4.  Yes  No Have you received a traffic citation in the last 5 years, other than parking? If yes, complete the section below:

City/County/State	Issuing Agency	Date	Charge	Disposition

### 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: \_\_\_\_\_

**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:**

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: \_\_\_\_\_

**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, 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.

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

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

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

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