

HERNANDO COUNTY SHERIFF'S OFFICE
ADMINISTRATIVE VOLUNTEER APPLICATION

Please print

Name: _____	
Address, City, State, Zip Code: _____	
Date of Birth: _____	Male _____ Female _____
Email Address: _____	
Telephone No: _____	Cell Phone: _____
Social Security No: _____	Driver's License Number: _____

What type of position would you be willing to volunteer for?

Check those that apply

- | | |
|---|---|
| <input type="checkbox"/> Clerical/data entry/filing/shredding | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Electronics/cell phones | <input type="checkbox"/> Emergency Management |
| <input type="checkbox"/> Fingerprinting | |
| <input type="checkbox"/> Victim's Advocate | |

Detention Center

- | | |
|---|---|
| <input type="checkbox"/> Alcoholics Anonymous | <input type="checkbox"/> Chaplain (must have Credentials) |
| <input type="checkbox"/> Narcotics Anonymous | <input type="checkbox"/> Harbor |
| <input type="checkbox"/> Bible Study | <input type="checkbox"/> Church Services |
| <input type="checkbox"/> Other _____ | |

Which office are you willing to work at?

- Main Office in Brooksville** _____ **District 2 at Forest Oaks** _____
Detention Center _____ **Any location** _____

Are you presently employed? Yes ___ No _____ If yes, what hours and days are you available for volunteer work? _____
Previous work experience including volunteer work: _____ _____ _____
Special interests/skills: _____
Are you available for special projects: Yes _____ No _____
How did you hear about our Volunteer Program? _____

Signature: _____

Please Note: A criminal history will be performed on all volunteer applicants

HERNANDO COUNTY SHERIFF'S OFFICE
VOLUNTARY E.E.O. INFORMATION

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, or any other legally protected status.

Date: _____ Position(s) Applied for: _____

Applicants Name: _____
(Last, First, Middle)

Address: _____
(Street, City, State & Zip)

Date of Birth: _____

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* part of your official application for appointment. It will not be used in the selection process.

PLEASE CHECK ONE

Male _____ Female _____

PLEASE CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

Hispanic _____	Asian/Pacific Islander _____
White _____	American Indian/ _____
Black _____	Alaskan Native _____

Do you have any physical limitations we should be aware of?
