



Thomas M. Knight, Sheriff

Sarasota County Sheriff's Office

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Sarasota, Florida 34230-4115

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Volunteer Application

Last Name: _____ First Name: _____

Address: _____

Email: _____ Telephone: _____ Date of Birth: _____

In what section of the Sheriff's Office are you interested in volunteering? _____

Year Round Resident? Y / N If seasonal, number of months away? _____

Physical limitations? Y / N If yes, specify _____

Emergency Contact: _____ Telephone: _____

Address: _____ Relationship: _____

Volunteer Experience

Employment History

Company: _____ From: _____ To: _____

Company: _____ From: _____ To: _____

Company: _____ From: _____ To: _____

Education/Specialized Training

Institution: _____ From: _____ To: _____ Qualification: _____

Institution: _____ From: _____ To: _____ Qualification: _____

Institution: _____ From: _____ To: _____ Qualification: _____

Skills, Training, Interests, Hobbies: _____

References

Name: _____ Telephone: _____ Number of Years Known: _____

Name: _____ Telephone: _____ Number of Years Known: _____

Name: _____ Telephone: _____ Number of Years Known: _____

Additional Comments

How did you learn about this volunteer opportunity? _____

Have you ever been arrested? Y / N

If yes, explain: _____

Signature: _____ Date: _____

**SARASOTA COUNTY SHERIFF'S OFFICE
VOLUNTEER REGULATIONS**

1. It is the primary mission of the Sarasota County Sheriff's Office to provide effective and efficient service in partnership with our community.
2. Volunteers provide a wide variety of functions in various divisions of the Sheriff's Office.
3. The community may perceive volunteers as ambassadors of the Sheriff's Office.
4. Authority and Latitude: Volunteers are NOT law enforcement officers and have no authority of any kind.
5. Volunteers must fill out an application in order to volunteer.
6. Volunteers must pass a complete background check prior to commencement of volunteer duties.
7. Volunteer hours worked must be reported on a monthly basis, as a cumulative yearly total of these hours is maintained by the Sheriff's Crime Prevention Office.
8. Sheriff's Office volunteer shirts will be issued to designated volunteers. They are to be worn ONLY when scheduled volunteer duties are being performed. Volunteers not issued agency shirts will dress in a manner consistent with the professionalism of the Sheriff's Office.
9. Information relating to law enforcement incidents and activities is STRICTLY CONFIDENTIAL and is discussed only when appropriate and only during volunteer hours.

STATEMENT OF CONFIDENTIALITY

It is the policy of the Sarasota County Sheriff's Office to maintain strict confidentiality in all matters involving or pertaining to reports, telephone conversations and suspects.

1. No volunteer will discuss any agency related information except with his/her supervisor or other members of their assigned department.
2. Volunteers shall not discuss any agency related information with their families, nor with any other persons except as stated in item 1 above.
3. The confidentiality of all reports shall be maintained per current Sarasota County Sheriff's Office General Orders.

The above regulations have been explained to me. I have read and understood the them and agree to comply with them.

Signature: _____ Date: _____