



# ALACHUA COUNTY SHERIFF'S OFFICE

Application for Volunteer/Intern Service

## Equal Opportunity Employer

In the spaces below, please list background information on yourself, your education, and your employment history. If any section does not apply to you, please indicate by entering "N/A". Please return the completed application to the Human Resources Bureau of the Alachua County Sheriff's Office, via email at [asovolunteer@alachuasheriff.org](mailto:asovolunteer@alachuasheriff.org) or print & mail to P.O. Box 5489, Gainesville, FL 32627-5489. If you have any questions, please call (352) 367-4040. The Alachua County Sheriff's Office appreciates your interest in service and salutes your spirit of volunteerism.

### PERSONAL INFORMATION (Please print legibly or type)

FULL NAME:	PHONE NUMBER:
ADDRESS:	CITY/STATE:
EMAIL ADDRESS:	ZIP CODE:
SOCIAL SECURITY NUMBER:	

### WHAT TYPE OF VOLUNTEER/INTERN WORK ARE YOU APPLYING FOR?

DOJ – Program (AA, NA, etc.) | DOJ – Ministries | Teen Court  
Victim Advocate | Other (Specify) \_\_\_\_\_

### EMPLOYMENT HISTORY (List current/last position):

EMPLOYER/SUPERVISOR:	OCCUPATION:	HOW LONG:
ADDRESS:	PHONE:	
LIST JOB RELATED SKILLS: (Examples--computer, telephone, filing, typing, etc.)		

### EDUCATION BACKGROUND AND MILITARY EXPERIENCE

Please indicate highest level education completed:	HIGH SCHOOL	COLLEGE	CURRENTLY ENROLLED?
HIGH SCHOOL LOCATION:	COLLEGE / LOCATION:		
MILITARY SERVICE BRANCH:	RANK:	TIME SERVED:	DISCHARGE:

Turn Page Over ↗

## VOLUNTEER/INTERN BACKGROUND

Previous volunteer/intern service (please include organization and dates).

Memberships in community organizations.

Do you have reliable transportation? Yes No

Do you wish to volunteer specific hours per week or as needed?

Specific Hours: Days:

What type of work interests you the most?

Please briefly explain why you wish to volunteer/intern with the Alachua County Sheriff's Office:

## DRIVING RECORD

Your driver license number:

Has your license ever been suspended or revoked?

Yes No

## CRIMINAL HISTORY

Have you ever been convicted of a crime? Yes No

If yes, please explain with dates and convictions.

Please list any state you have lived in other than Florida:

Please list any country you have lived in other than the US:

Have you used Marijuana or any other illegal drug within the last ninety (90) days? Yes No

Have you sold, delivered, or trafficked illegal drugs for profiting purposes within the last five (5) years? Yes No

## REFERENCES (Please list three references who have known you at least three years)

Name

Phone Number

How Long Known?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## SIGNATURE

In signing, I do hereby certify that all information in this application is correct and accurate to the best of my knowledge. I further authorize the Alachua County Sheriff's Office to verify criminal history as part of the background process. I understand that I may be privy to confidential information and promise to respect and maintain that confidentiality whenever presented with it. I also acknowledge that I've been provided a copy of Noncriminal Justice Applicant's Privacy Rights for my review.

Signature:

Date: