

## **VOLUNTEER APPLICANTS**

Thank you for your interest in volunteering at the Pasco Sheriff's Office.

Please complete the enclosed application, indicating your preferred areas of interest, and return it to Human Resources at the address indicated above. Human Resources is in the Sheriff's Administration Building located in the Government Center Complex off Little Road.

**IMPORTANT:** Processing of your application may be delayed if the following information is not included when your application is submitted to us.

1. Be sure to include a copy of your
  - a) **SOCIAL SECURITY CARD**
  - b) **CURRENT FLORIDA DRIVERS LICENSE**
  - c) **PROOF OF AUTO INSURANCE DECLARATION PAGE (Jeep and Marine Unit)**
  - d) **PHOTO RELEASE FORM**
  - e) **VOLUNTEER WAIVER (Jeep and Marine Unit)**
  - f) **VOLUNTEER APPLICATION DISQUALIFIERS FORM**
2. Where a witness' signature is requested, be sure to sign **in front of** a witness (anyone can witness your signature).
3. Where your signature needs to be notarized, be sure you sign the application **in front of** a Notary Public.

When our background investigation has been completed, which can take up to 10 days, a Volunteer Program Coordinator will contact you. If you have any questions, please feel free to call (727) 847-5878, Ext. 7796 and someone will be pleased to assist you. You may get a voice mail message when you call. If you do, please leave your name and a number where we may reach you, and someone will return your call.

Again, thank you for your interest in volunteering at the Pasco Sheriff's Office.

**Illegal Drug Use/Experimentation**

An applicant must **NOT** have:

1. Used, tried, possessed, or experimented with marijuana within the past 12 months. Applicants who have limited experimental use of marijuana more than 1 year ago may be considered for volunteer status.
2. **Used, tried, possessed, or experimented with any illegal drug/controlled substance, other than marijuana, in the past 5 years. Applicants who have limited experimental use more than 5 years ago may be considered on a case by case basis.**
3. Sold or delivered any illegal drug/controlled substance at anytime.

**Arrest/Criminal History**

An applicant who pleads guilty or nolo contendere (no contest) to, or is found guilty of any felony or guilty of a misdemeanor involving perjury or a false statement, is **NOT** eligible for volunteer status even if the sentence was suspended or adjudication was withheld by the judge.

**Driving History**

During the **3** years prior to application, an applicant must **NOT** have accumulated more than 12 points on their driver's license, or have a driving record that reflects repeated offenses and a flagrant disregard for traffic laws.

During the **5** years prior to application, an applicant must **NOT** have had:

1. Their driver's license suspended more than once for either nonpayment of insurance, or for nonpayment of traffic fines.
2. Their driver's license suspended or revoked more than once for traffic violations.
3. A conviction of, or pled to, "Fleeing or Attempting to Elude" a law enforcement officer.
4. A conviction of, or pled to, "Driving Under the Influence".

**Mutilation**

Intentional mutilation of any part of the body is prohibited. Mutilation is defined as the intentional radical alteration of the body, head, face, or skin for the purpose of and/or resulting in an abnormal appearance. Examples of mutilation include, but are not limited to, a split or forked tongue; foreign objects inserted under the skin to create a design or pattern; enlarged or stretched-out holes in ears (other than a normal piercing); intentional scarring on neck, face, or scalp; or intentional burns creating a design or pattern.

**Dental Ornamentation**

The use of gold, platinum, or other veneers or caps for purposes of dental ornamentation is prohibited. For purposes of this General Order, ornamentation is defined as decorative veneers or caps. Teeth, whether natural, capped, or veneered, will not be ornamented with designs, jewels, initials, etc.

***An applicant may be disqualified at any time due to; incomplete information, untruthful, false, or disqualifying written or spoken statements, disqualifying information obtained during the background investigation.***

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

Date: \_\_\_\_\_





# VOLUNTEER APPLICATION

PASCO SHERIFF'S OFFICE

CHRIS NOCCO, SHERIFF

POSITION APPLIED FOR: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

The Pasco Sheriff's Office is an Equal Opportunity Employer. We consider applicants for all positions without regard to Race, Color, National Origin, Sex, Age, Handicap, Marital Status, Religion or any other Legally Protected Status.

- ♦ Please include a copy of your social security card and driver's license, no substitutions accepted.
- ♦ Answers to questions must be typewritten or printed legibly in black ink.
- ♦ Return application to: **Pasco Sheriff's Office, 8700 Citizens Dr., New Port Richey, FL 34654 - Attn: Human Resources.**

1. Name: \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

2. Date of Birth: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_

4. Place of Birth: \_\_\_\_\_  
CITY STATE COUNTY COUNTRY

5. Aliases: List all other names you have used, including maiden name, married names, aliases or nicknames.

Name	Reason	Date From (month, year)	Date To (month, year)

6. Please list your current residence address and your previous address.

**Current Address:** \_\_\_\_\_  
City State Zip

Dates: From \_\_\_\_\_ To \_\_\_\_\_ County: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
City State Zip

Dates: From \_\_\_\_\_ To \_\_\_\_\_ County: \_\_\_\_\_ Apt. #: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

7. Please provide the requested information regarding your current and/or last job.

Employer Name: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Started: \_\_\_\_\_  Full Time  Part Time Title/Position: \_\_\_\_\_

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

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8. Please list one reference who is a responsible adult of reputable standing in their communities who has known you well for the past five (5) years. DO NOT list relatives or former employers.

Name: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Years Acquainted: \_\_\_\_\_ How Acquainted: \_\_\_\_\_

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9. Please provide name and address of next of kin or other person to be contacted in case of emergency.

Name: \_\_\_\_\_ Phone: (      ) \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

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10. Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

11. Have you ever been convicted of a felony?  YES  NO

12. 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? If yes, list all such matters, even if not formally charged, or not court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. (Include juvenile record and records of your arrest(s) which have been sealed, if any). Provide details.  YES  NO

13. Have you ever been fingerprinted for any reason (arrest, employment application, military, etc.)?  YES  NO

If you answered YES to questions #11, #12, or #13, please provide details.

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14. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons that 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

15. Do you now, or have you illegally obtained, possessed, used, tried, supplied, or sold any narcotic or controlled substance such as, but not limited to: marijuana, hashish, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?       YES       NO      If YES, please complete the following:

a. Drug: \_\_\_\_\_ b. How Taken: \_\_\_\_\_

c. Circumstances: \_\_\_\_\_

d. Number of times illegally obtained / possessed / supplied / sold: \_\_\_\_\_



# SHERIFF CHRIS NOCCO



## Background/Skills Information

Please Print

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Please check all the apply:

### Skills

- Typing/data entry
- Filing/Clerical Work
- Microsoft Word/Excel
- Internet/Email
- Phone/Communications

### Specialties

- Security Clearances
- Law Enforcement
- Equestrian
- Clergy
- Licenses/Certificates/Certifications: (Indicate Below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Career Background

- Law Enforcement
- Military
- Medical
- Education
- Management
- Finance
- Law/Government
- Computer/IT
- Business Ownership
- Construction
- Ministry
- Other: (Indicate Below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any additional information you feel would be pertinent to your placement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL INQUIRY WAIVER**  
**Authority for Release of Information**

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

I respectfully request and authorize you to furnish the Pasco Sheriff's Office any and all information that you may have concerning my work record, school record, military record, reputation, and financial and credit status. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and photostats of same, if requested. This information is to be used to assist in determining my qualifications and fitness for the position I am seeking with the Pasco Sheriff's Office.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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STATE OF FLORIDA

COUNTY OF PASCO

The foregoing instrument was acknowledged before me this \_\_\_\_ Day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_ who has produced \_\_\_\_\_  
as identification and who did take an oath.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Print Name of Notary Public



I hereby grant the Pasco Sheriff's Office permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Pasco Sheriff's Office and will not be returned.

I hereby irrevocably authorize the Pasco Sheriff's Office to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Pasco Sheriff's Office from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

**I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW. I ACCEPT:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If under 18, BOTH PARENTS MUST SIGN**

\_\_\_\_\_  
Individually and as Parent and/  
Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individually and as Parent and/  
Legal Guardian

\_\_\_\_\_  
Date

I acknowledge, as a volunteer with the Pasco Sheriff's Office, I may become aware of sensitive and privileged information while performing my assigned duties. I swear or affirm I will not disseminate any information except when authorized by proper authority.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Printed Name

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, understand the nature of the work for which I have volunteered. Consequently, I assume all the risks related thereto. I certify that I am qualified and physically capable of accomplishing the tasks that I agree to participate in relative to search operations, emergency weather relief, and other situations where I may volunteer with the PSO. I assert that I have a valid driver's license and carry proper insurance on my vehicle.

I understand that it my responsibility to maintain my driver's license and vehicle insurance.

As a volunteer, I understand that I am not an agent of the Pasco Sheriff's Office, nor do I receive any salary or other compensation from the sheriff's office. I further understand that I am not entitled to Worker's Compensation for any injury suffered while participating as a Jeep Unit Volunteer and will be solely responsible for any personal, medical, or property damage expenses incurred during search operations, emergency weather relief, or other situation when participating as a Jeep Unit volunteer.

I agree to obey, without question, the directives of any member of the Pasco Sheriff's Office. I fully understand that I must obey all the laws of the State of Florida, including motor vehicle laws while participating in or traveling to or from any Jeep Unit operation.

I, on behalf of my heirs and assigns, agree to indemnify and hold harmless, release and forever discharge, the Pasco Sheriff's Office, Pasco County Government, their agents, employees, members, assigns, and successors in interest for any and all damages caused by my voluntary participation as a Jeep Unit volunteer including, but not limited to, damages or personal injuries caused by my negligence, and attorney fees and costs to defend any and all claims brought against the Pasco Sheriff's Office or the Pasco County Government, its agents, employees, members, assigns, and successors.

I agree to operate my vehicle in a careful and prudent manner while traveling to and from any Jeep Unit operations and while conducting any Jeep Unit volunteer work. I understand that I am responsible for any expenses incurred as a result of my participation as a Jeep Unit volunteer, including gasoline and any repairs to my vehicle as a result of participation while traveling to and from any Jeep Unit operation and while conducting any Jeep Unit operation.

I also freely grant the Pasco Sheriff's Office or its designee the right to investigate my criminal background utilizing the information provided by me below.

This release of liability is executed freely and voluntarily, with full knowledge and understanding of the contents included herein.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security Number/Date of Birth

\_\_\_\_\_  
Date

**MARINE SEARCH AND RESCUE TEAM**

I, \_\_\_\_\_, understand the nature of the work for which I have volunteered. Consequently, I assume all the risks related thereto. I certify that I am qualified and physically capable of accomplishing the tasks that I agree to participate in relative to search operations.

As a volunteer, I understand that I am not an agent of the Pasco Sheriff's Office, nor do I receive any salary or other compensation from the sheriff's office. I further understand that I am not entitled to Worker's Compensation for any injury suffered while participating in search operations and will be solely responsible for any medical expenses incurred during search operations.

I agree to obey, without question, the directives of any member of the Pasco Sheriff's Office.

I do hereby hold harmless, release and forever discharge the Pasco Sheriff's Office, the Pasco County Government, their employees, agents, successors and assigns from any and all liability, suits, damage, injury, loss, claims, demands, and actions of any kind and nature, arising from or in any way relating to my voluntary participation with the Pasco Sheriff's Office in search operations including travel to and from such operations. I fully understand that I must obey all the laws of the State of Florida, including motor vehicle laws and navigational laws while participating in or traveling to or from any search and rescue operations.

I agree to operate my vessel in a careful and prudent manner while traveling to and from any search and rescue operations and while conducting any search and rescue operations. I understand that I am responsible for any expenses incurred as a result of my participation in search and rescue operations, including gasoline and any repairs to my vessel as a result of participation while traveling to and from any search and rescue operations and while conducting any search and rescue operations.

I also freely grant the Pasco Sheriff's Office or its designee the right to investigate my criminal background utilizing the information provided by me below.

This release of liability is executed freely and voluntarily, with full knowledge and understanding of the contents included herein.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Volunteer Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Social Security Number/Date of Birth

\_\_\_\_\_  
Date