

**NEW SMYRNA BEACH POLICE DEPARTMENT  
VOLUNTEER APPLICATION**



**CHIEF OF POLICE**

Office of Professional Standards  
246 Industrial Drive  
New Smyrna Beach, Florida 32168  
(386) 424-2220

**PLEASE PRINT OR TYPE**

Full Name: \_\_\_\_\_  
Last, First, Middle

Date of Birth: \_\_\_/\_\_\_/\_\_\_      Social Security Number\*: \_\_\_\_\_  
mm dd yy      \* Social Security numbers will be used for background and driver's license checks.

List all other names you are also known as, including maiden names and nicknames:

\_\_\_\_\_, \_\_\_\_\_  
Last, First, Middle      Last, First, Middle

Address/Phone/Email: \_\_\_\_\_  
Number Street City State Zip Code Phone Number Email Address

Place of Birth: \_\_\_\_\_  
City County/Borough/Parrish State Zip Code

Are you a U.S. Citizen?   Y       N         Sex    Male       Female  

Volunteer Position Applied for: \_\_\_\_\_

**DRIVING HISTORY:**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

License Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**YES NO**

Is It Or Ever Have Had Your Driver's License Suspended/Revoked Or Canceled? Reason for Suspension, Revocation, or Cancellation;

\_\_\_\_\_

Was Your License Restored? Date: \_\_\_\_\_

Have You Ever Had An Out-of-State Driver's License? If Yes,

Issuing State: \_\_\_\_\_ Driver's License Number; \_\_\_\_\_

Have You Ever Received A Traffic Citation

**MILITARY HISTORY**

**YES NO**

Have you ever been a member of the United States Armed Forces? If Yes: Branch:

\_\_\_\_\_ Active From: \_\_\_\_\_ To: \_\_\_\_\_ Highest

Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Specialization/Duties:

\_\_\_\_\_

**Have you ever been disciplined or received an Article 15 while in the military?**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Discipline/Violation Disposition

**CRIMINAL HISTORY:**

Because you are applying to a law enforcement agency, you must include information about any arrest, conviction or other criminal activity, even if the records are sealed or expunged. If you answer "yes" to any of the following, please give details.

**YES NO**

Have you ever been detained, arrested, received a notice to appear, charged, convicted, pled nolo contendere, or pled guilty to any criminal violation, regardless if the record was sealed or expunged. If Yes:

<i>Year</i>	<i>Charge</i>	<i>Disposition</i>
<i>Year</i>	<i>Charge</i>	<i>Disposition</i>
<i>Year</i>	<i>Charge</i>	<i>Disposition</i>

**YES NO**

- Are you presently under any criminal investigation?
- Have you ever been involved in any criminal activity?
- Have you used marijuana, LSD or other illegal chemical drugs within the past 5 years?

<i>Year</i>	<i>Type</i>
<i>Year</i>	<i>Type</i>

- Have you ever been involved in the sale of illegal drugs?
- Do you have any relatives working for the New Smyrna Beach Police Department?

Name: \_\_\_\_\_

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

- Have you ever worked for or applied previously to the New Smyrna Beach Police Department?

Date Of Application : \_\_\_\_\_ Position

Held: \_\_\_\_\_

- Is there any language (other than English) you can read, write, and/or speak fluently?

\_\_\_\_\_

- Are you now or have you ever been (or known anyone who has been) associated with any group, which advocates the overthrow or seeks to alter our constitutional form of government or seeks to deny others their rights under the U.S. Constitution?

- Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the job or which might require further explanation?

### EMPLOYMENT HISTORY:

List the jobs held the last five (5) years that you were employed. Begin with your last employer and work backward. List all law enforcement agencies that employed you.

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

Employer	Dates		WORK PERFORMED
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
Telephone			

**YES   NO**

**Have you ever been formally disciplined by an employer(s)?** If Yes, List Each Incident.

*Employer*

*MM/YY Received*

*Reason*

**Have you ever been terminated or asked to resign from a job?** *(Give Details.)*

**Have you ever taken anything from an employer without proper permission?**

## EDUCATION HISTORY

	Name of School	Address	Circle Last Year Completed	Did You Graduate	List Diploma/ Course
ELEMENTARY			<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
HIGH			<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TECHNICAL SCHOOLS			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Honors & Awards:**

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**Professional Affiliations:**

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## RESIDENTIAL HISTORY

list chronologically all of your residences for the past five years, beginning with the most recent. Include addresses while attending school, if away from home, and all military addresses, including any off military base.

1- \_\_\_\_\_ / \_\_\_\_\_  
 From / To Street Address City State

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Landlord Name Phone Number

2- \_\_\_\_\_ / \_\_\_\_\_  
 From / To Street, Address City, State

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Landlord Name Phone Number

3- \_\_\_\_\_ / \_\_\_\_\_  
From / To Street Address City State

\_\_\_\_\_  
Landlord Name Phone Number

4- \_\_\_\_\_ / \_\_\_\_\_  
From / To Street Address City State

\_\_\_\_\_  
Landlord Name Phone Number

5- \_\_\_\_\_ / \_\_\_\_\_  
From / To Street Address City State

\_\_\_\_\_  
Landlord Name Phone Number

### PERSONAL REFERENCES

List 3 personal references that are friends or coworkers that you have known for at least five (5) years. Do not list relatives. You must give complete information on each reference.

1- \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City State

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

2- \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City State

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

3- \_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Address City State

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

Florida Department of  
Law Enforcement

To: *Concerned Person or Authorized  
Representation of Any Organization,  
Institution or Repository of Records*

APPLICANTS NAME: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_

EMPLOYING AGENCY REQUESTING BACKGROUND INFO: \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, ad employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information of photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

*Florida State Statute 768.095 titled employer immunity from liability, disclosure of information regarding former employees states: An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith, and unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon showing that the information disclosure by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My Commission expired on \_\_\_\_\_, 20\_\_\_\_\_.

Personally known \_\_\_\_\_ -or- Produced Identification \_\_\_\_\_

Type of Identification Produced:

\_\_\_\_\_  
Notary Public