



Santa Rosa County Sheriff's Office  
Sheriff Bob Johnson



## Volunteer Application

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\_\_\_\_\_  
Name

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Employed By (if Employed)

\_\_\_\_\_  
Work Number

May you be called at work?    Yes    No    Circle One

Brief description of  
work: \_\_\_\_\_  
\_\_\_\_\_

Current community  
activities: \_\_\_\_\_  
\_\_\_\_\_

List current and previous volunteer work with a brief description of duties and  
activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for wanting to participate as a volunteer with our  
agency? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List 3 references other than relatives:

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

Do you consent to a routine check of your criminal records?    Yes    No    Circle One

**STATEMENT OF CONFIDENTIALY**

In the process of performing work as a volunteer for the Santa Rosa County Sheriff's Office, it is possible to come in contact with or overhear information that is of a sensitive law enforcement nature or is subject to exemption from the public record laws of the State of Florida.

Any information viewed or overheard is strictly confidential and under no circumstances should be discussed. Any disclosure of information may be grounds for immediate dismissal. You may also be subject to criminal prosecution and or civil penalties.

I certify that I understand this statement of confidentiality and accept its terms and conditions.

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

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

\_\_\_\_\_  
Date