

BARTOW POLICE DEPARTMENT

Volunteer Application



Volunteers must be 18 years of age or older. Please complete the enclosed Application and Authority for Release of Information (Background Investigation Waiver) Incomplete or unsigned applications will not be considered.

Applicant Full Name: _____

Date Application: _____

CRIMINAL HISTORY AND DRIVING RECORD

Driver's License Number: _____

Has your license ever been suspended or revoked, if yes please explain: _____

Have you ever been arrested, convicted of an offense, or cited for a civil infraction? If yes, explain in detail giving the date, charge, location and action taken.

List any traffic citations and accidents in the past two years: _____

Briefly explain why you wish to become a Bartow Police Volunteer:

List your community involved activities/other volunteer work:

Do you have any special needs that we should know about?
(i.e. wheel chair access, etc.)

In Case of Emergency Contact:

| NAME | RELATIONSHIP | PHONE NUMBER |
|------|--------------|--------------|
|------|--------------|--------------|

REFERENCES:

List (2) individuals you have known for at least 5 years. **DO NOT USE FAMILY MEMBERS**

| NAME | ADDRESS | ZIP CODE | PHONE NUMBER |
|------|---------|----------|--------------|
|------|---------|----------|--------------|

| NAME | ADDRESS | ZIP CODE | PHONE NUMBER |
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PLEASE REVIEW YOUR ANSWERS CAREFULLY AND READ THE STATEMENT BELOW BEFORE SIGNING THIS APPLICATION

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL FALSIFICATIONS, OMISSIONS, OR MISREPRESENTATIONS IN THIS APPLICATION, I HEREBY AUTHORIZE THE BARTOW POLICE DEPARTMENT TO INVESTIGATE MY BACKGROUND TO DETERMINE MY FITNESS AS A CANDIDATE FOR THE CITIZENS' POLICE ACADEMY.

I UNDERSTAND THAT ANY OMISSION OR FALSE STATEMENT ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR REJECTION FOR ENROLLMENT OR DISMISSAL FROM THE BARTOW POLICE DEPARTMENT VOLUNTEER PROGRAM.

SIGNATURE: _____

DATE: _____

Return completed application to:

**Bartow Police Department
Community Services Division
Attn: Lyn Bryan
450 North Broadway
Bartow, Florida 33830**

DEPARTMENTAL USE ONLY

NCIC / FCIC

NO

YES

Telecommunications Operator / I.D. NO. DATE



Florida Department of Law Enforcement

AUTHORITY FOR RELEASE OF INFORMATION (Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C.



CJSTC 58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____
LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: _____

ADDRESS: _____

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and 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 result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy 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 or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to:

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. Pursuant to Sections 943.134(2)(a) and (4), 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 Address _____

OATH

Pursuant to Section 117.05(13)(a), Florida Statutes

STATE OF _____ COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public - State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

Type of Identification Produced _____