



## VOLUNTEER APPLICATION

POLK COUNTY SHERIFF'S OFFICE

Toll Free: (800) 226-0344, ext 6682

Website: <http://polksheriff.org>

Name \_\_\_\_\_  
Last First Middle

Local Address \_\_\_\_\_  
Street Apt. No. City State Zip Code

Home Phone ( ) Business Phone ( )

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. No. City State Zip Code

Community Name / Subdivision Name \_\_\_\_\_

Other Names Used (list chronologically)

Full Name	Dates Used	Reason for Change
_____	_____	_____

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_  
MM DD YY City County State

Social Security Number \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list charge, date, place, and disposition \_\_\_\_\_

Education Level \_\_\_\_\_

Special Skills, Abilities, or Interests \_\_\_\_\_

Yes, I would like to subscribe to the Polk County Sheriff's Office free monthly e-newsletter.

\_\_\_\_\_  
Please print e-mail address

Occupational License(s), Degrees, Teaching Certificates \_\_\_\_\_

Driver License Number \_\_\_\_\_

Driver License State \_\_\_\_\_

What duties would you be interested in performing? \_\_\_\_\_

Availability for volunteer work:

How often \_\_\_\_\_ Daytime hours \_\_\_\_\_ Evening hours \_\_\_\_\_

When will you be available to start: \_\_\_\_\_

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**EMERGENCY INFORMATION**

Please provide name, address, and telephone number of person to contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. No. City State Zip Code

In the event of injury requiring medical attention, if permission cannot readily be obtained from my emergency contact or myself, I hereby authorize the Polk County Sheriff's Office to provide such permission for medical treatment.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Completed applications may be hand-delivered or mailed to:

**Volunteer Services Unit  
Polk County Sheriff's Office  
1891 Jim Keene Blvd.  
Winter Haven, FL 33880  
(863) 298-6682**

**RELEASE**

I, \_\_\_\_\_, for myself, my heirs, executors and administrators, waive and release any and all rights and claims or damages I may have against the Polk County Sheriff's Office, its affiliates, officers, agents, employees, and contractors and their representatives and any and all claims of damages, demands, actions whatsoever in any manner, as a result of my participation as a Volunteer with the Polk County Sheriff's Office. I hereby release and indemnify those parties from any claims for acts of negligence on my part or those affiliated with me. I have read the above release and I understand and agree to the terms.

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

\_\_\_\_\_  
Date

## **Notification - Collection and Use of Social Security Numbers**

The collection of social security numbers by the Polk County Sheriff's Office (PCSO) is either specifically authorized by law or imperative for the performance of PCSO's duties and responsibilities as prescribed by law and the Florida Constitution. The following list identifies the purposes for which social security numbers may be collected, used, or disclosed, the relevant legal authority and whether collection of the social security number for the stated purpose is voluntary or required.

1. For employment eligibility and reports to IRS and the Social Security Administration, including for W-4's and I-9s [Required by federal statute and regulation 26 U.S.C. 6051 and 26 C.F.R. 31.6011(b)-2, 26 C.F.R. 301.6109-1 and 31.3402(f)(2)-1, and Fla. Stat. §119.071(5) (a) 6]
2. For income tax withholding (including for annuity and sick leave)/payroll deductions on W-2's [Required by 26 U.S.C. 3402, 26 C.F.R. 31.6051-1 and Fla. Stat. §119.071(5) (a) 6]
3. For enrollment/participation in the Florida Retirement System (FRS) and contributions to FRS [Required by Fla. Admin. Code 19-11.010, 19-11.006 and 19- 11.007 and Fla. Stat. §119.071(5) (a) 6 or required by Fla. Stat. §121.051 and 121.071 and Fla. Admin. Code 19-13.003 and Fla. Stat. § 119.071(5) (a) 6]
4. For social security contributions [Required by Fla. Admin. Code 60S-3.010 and Fla. Stat. §119.071(5) (a) 6]
5. For income deduction notices for child support, alimony and child support, and for child support enforcement [Required by Fla. Stat. § 61.1301 (2) (e), 45 C.F.R. 307.11, or Fla. Stat. §§ 61.13, 742.10, 409.2563, 409.256, or 742.031]
6. For unemployment compensation benefits [Required by Fla. Stat. Ch. 443 and Fla. Stat. §119.071(5)(a)6]
7. For reports of worker's compensation injury or death [Required by Fla. Stat. § 440.185, Fla. Admin. Code 69L-3.003 et seq. and Fla. Stat. § 119.071(5) (a) 6]; and worker's compensation petitions for benefits and responses [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5) (a) 6]
8. For Vendors/Consultants for whom a federal tax identification number is not available. [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. §119.071 (5) (a) 6]
9. For tort claims and tort notices of claim against PCSO [Required by Fla. Stat. § 768.28 (6), and Fla. Stat. § 119.071(5) (a)]
10. For verification of identity, background investigations, criminal history checks, criminal intelligence gathering and criminal investigations [Authorized by Fla.Stat. § 119.071(5) (a) 6]

11. The social security number may be disclosed for the purpose of the administration of health benefits for an PCSO employee or his or her dependents  
[Required by Fla. Stat. § 119.071(5) (a) 6]

12. The social security number may be disclosed to facilitate the direct deposit of funds by electronic or other medium to a payee's account [Authorized by Fla. Stat. § 119.071(5) (a) 6]

13. The social security number may be disclosed if it is expressly permitted or required by federal or state law, or a court order [Authorized by Fla. Stat. § 119.071(5) (a) 6]

14. The social security number may be disclosed if the individual expressly consents in writing to the disclosure of his or her social security number [Authorized by Fla. Stat. § 119.071(5) (a) 6]

15. The social security number may be disclosed if the disclosure is necessary for the receiving agency or governmental entity to perform its duties and responsibilities [Authorized by Fla. Stat. § 119.071(5) (a) 6]

16. The social security number may be disclosed if the disclosure is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224.

17. The social security number may be disclosed if the disclosure is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of Fla. Stat. § 119.071(5)

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS NOTICE REGARDING THE COLLECTION OF SOCIAL SECURITY NUMBERS.

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

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

WITNESS:

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

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