### **Application**

You are about to begin the application.

- 1. Be sure to complete all fields.
- If the question allows for only one answer, you will not be able to check multiple answers.
- 3. Save this to your local device before you begin.
- 4. Use Adobe Acrobat Reader to complete this form. This link will guide you through downloading the most recent version of Adobe Reader. If already installed on your device, this is not necessary to repeat.
  - a. <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>
- 5. Adobe Acrobat Reader has a feature where you can build a signature, then place it wherever we request your signature.
  - a. https://helpx.adobe.com/reader/using/sign-pdfs.html
  - b. Once you have added a signature, it will be available for any other documents you complete that require signatures.
  - c. Each time you add the signature, Adobe will force you to save the document.
- 6. Start on the first page and work through all pages until you are at the end page, where there is a submit button. Click submit to:
  - a. Verify you have completed required fields.
  - b. Send an email with this PDF form attached to <a href="mailto:ApplyLCSO@sheriffleefl.org">ApplyLCSO@sheriffleefl.org</a>
- 7. If you have questions about the success of transmission or any part of this application, please call 239-477-1323.

## When you are Finished: Finalize The Application and Send to Lee County Sheriff's Office

- 1. Have you gone through all of the pages a couple of times, making sure you are satisfied with what you are submitting?
- 2. Have you completed all required fields?
- 3. Please click the submit button below.

# Carmine Marceno Sheriff



### State of Florida County of Lee

### **VOLUNTEER APPLICATION**

Thank you for your interest in the Lee County Sheriff's Office.

Please complete the application in its entirety. If something does not apply, please write N/A acknowledging that you have read the question and it does not apply to you.

At a later date, during the application process, you will need to provide **ORIGINALS** of the following documents if applicable. Human Resources will notify you when you are to provide these.

<ul> <li>Valid Driver's License or State Issued ID</li> <li>Social Security Card</li> <li>Birth Certificate. Must be from Vital Statistics. If from another country, must be translated by a certified translator.</li> <li>Naturalization papers or Permanent Resident Card</li> <li>United States Passport (Expired passports not accepted)</li> </ul>	<ul> <li>□ All Military discharge(s) documents, including but not limited to DD-214 (Service-2 or Member-4 copy), DD-256, or NGB22. In the absence of a DD214, provide Military Enrollment documents</li> <li>□ Have all documents from another country translated by a certified translator.</li> </ul>
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Complete the application, then email it to <a href="mailto:ApplyLCSO@sheriffleefl.org">ApplyLCSO@sheriffleefl.org</a>; mail; or submit your application to Human Resources, Lee County Sheriff's Office, 14750 Six Mile Cypress Parkway, Fort Myers, FL 33912.

Sincerely,

Carmine Marceno, Sheriff



# Carmine Marceno Sheriff



## State of Florida County of Lee

#### **IMPORTANCE OF HONESTY STATEMENT**

The Lee County Sheriff's Office is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic you must demonstrate. It is extremely important that you are completely honest in all of your answers. The importance of honesty as you complete paperwork and during all interviews cannot be overemphasized. Failure to respond to any question truthfully, whether orally or in writing, will result in disqualification. Many applicants have been disqualified for dishonesty. While filling out documents, you are cautioned to take your time, to be thorough, and to be specific in all your answers. If you have any doubt in your mind concerning a particular question or if you are unsure whether to include certain information, the answer is "Yes"; include it.

You may think that something you have done will disqualify you from further consideration; it may or may not. What will certainly disqualify you is lying or distorting the truth.

Applicant's interviews may be recorded.

ACKNOVALIEDONATRITA

#### **COLLECTION AND USE OF SOCIAL SECURITY NUMBERS**

Effective October 1, 2007, in accordance with FSS 119.071, the Lee County Sheriff's Office may collect Social Security numbers for the following purposes:

 Application Process – for the purpose of collecting information related to background investigations, to include fingerprints, NCIC/FCIC checks, verification of employment, local and state records checks, clarification for duplicate names, verification of Military Service.

ACKNOWLEDGIVIENT.	
<mark>l</mark> ,,	
do solemnly attest that I have read and agree to the above information.	
Applicant's Signature: _x	
Print Applicant's Name: <u>x</u>	
Date: X	





## LEE COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION FORM

The Sheriff's Office is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, national origin, sex (including gender identity and expression, sexual orientation, and pregnancy), age, disability, marital status, religion or any other legally protected status.

This application shall become the property of the Sheriff's Office and the information received in the application process are public record, pursuant to Florida State Statute 119.071

1	Volunteer Position Desired:						
1.	Full Name (Last, First, Middle, Suffix): _						
2.	Social Security Number:						
3.	Date of Birth: Pla	ice of Birth:		Country:			
4.	Aliases: List all other names you have (for example: maiden name, former name)						
5.	Are you a U.S. citizen? ☐ Yes ☐ No	Naturalization Da	te: I	Permanent Resident Card:			
6.	Current Address:						
	Phone Number(s)						
	Email Address:						
	Marital Status: Married Divorced	☐ Single					
7.	Spouse's Name:						
	Current Address:						
	Phone Number(s):						
	Email Address:						
8.	Driver's License Number	State	Date Expires	Restrictions			
9.	Do you hold or have you ever held a dri	ver's license in and	l ther state2 □ Ves	□ No			
9. Do you hold or have you ever held a driver's license in another state?   Yes   No  Please list license number (if known), state, name used, approximate date:							
	(,,,	,					
10.	Have you ever been denied issuance of revoked? ☐Yes ☐No Details:						
11.	College/University, Trade, Vocational, E	Business or Military	Education (Include	school, address, dates			
	attended, if you graduated, and type of	diploma):					

Current Employer:Address:									
Dates Worked: I	rom:	Т	o:						
Title/Position:		s	Supervisor Name	e:					
Have you ever been a volunteer in any capacity for a law enforcement agency, i.e. Explorer, Auxiliary, Internship?   Yes  No If yes, please provide Agency name, year(s), and position held:									
Have you ever e	nlisted for acti		y in the Armed F						
anch	Rank	From	То	Dischar	ge Type	Active?			
Do you currently	possess a co	ncealed carry per	mit in any state	?  Yes  No	List state(s	s):			
		_		•		•			
•					•				
Have you ever b		-		•	/, etc.)? □	Yes 🗌 No			
	Phone(s): Dates Worked: File/Position: Have you ever be Internship? You have you ever be Tanch  Do you currently  Have you ever research  Have you ever research	Phone(s):	Phone(s):	Phone(s):	Phone(s):  Dates Worked: From:	Phone(s):			

20.	In the past ten (10) years, have you EVER possessed, used, bought, sold, delivered, made/grown, packaged/weighed what you knew, or believed to be, an illegal substance/drug including synthetic													
	drugs?		•	,		,	•				•	3	,	
	If you answered yes, please list all drugs and check <b>ALL</b> yes or no boxes.													
		First Used	Last Used	# of Times	Воц	Bought		Sold		vered	Made / Grown		Weighed/ Packaged	
	Drug	MM/YY	MM/YY	Used	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
21.	In the past t	en (10) ye	ars, have	you EVEI	R poss	essed	, used,	boug	ht, solo	l, deliv	ered, p	ackag	ed/weig	ghed
	what you kn	ew, or bel	ieved to b	e, <b>prescr</b>	iption	drugs	s for no	n-me	dical p	ourpos	ses?	Yes	□No	
	If you answe			•	-	_			-	-				
			First	Last	#	of							Weig	ghed/
				Used	Times		Bought		Sold		Delivered		Packaged	
	Drug		MM/YY	MM/YY	Us	sed	Yes	No	Yes	No	Yes	No	Yes	No
Appl	icant Signatu	re:						Date	):					
	-													