Pinellas County Sheriff's Office

Volunteers In Partnership (VIP) Application

1. Name: _____
(Last) (First) (Middle)

2. Address: _____
(Street Address) Apartment - Lot

_____
(City) (State) (Zip Code)

3. Home Telephone: _____ Business Telephone: _____

4. Date of Birth: _____ Past/Present Employer: _____

5. Social Security Number: _____ Driver License Number: _____ State: _____

6. How did you hear about the Sheriff's Volunteers In Partnership program? _____

7. What skills would you like to utilize? _____

8. Are you a U.S. Citizen? _____ If not, what is your status? _____

9. Personal Reference: List three (3) personal references, local if possible. Must include complete address, city, state and zip code.

(1) _____

(2) _____

(3) _____

10. Name of person to be contacted in case of _____

Relationship: _____ Address: _____ Telephone: _____

11. Arrest, Summonses, etc.:

(a) Have you ever been arrested, taken into custody, or convicted of any offense(s)? Yes ☐ No ☐

(b) If yes, list below all arrest: _____

_____

_____

I HEREBY RELEASE THE PINELLAS COUNTY SHERIFF'S OFFICE, IT'S OFFICERS, AGENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY FOR ANY INJURIES AND DAMAGES THAT MAY BE INCURRED,

I, _____, being duly sworn, depose and say I am the above named person. I affirm that all questions have been fully answered and attest that each and every answer is true and correct in every respect.

_____
(Applicant sign here in presence of Notary Public)

Sworn to before me this _____ day of _____, AD. _____
Personally Known ☐ or ☐ Produced Identification
Proof of Identification Produced: _____
My Commission Expires: _____