



# Sheriff's Advisory Board

## Program Application

Please complete the application form and either:

**E-Mail It**

Communityprograms@pcsonet.com

**Mail It**

Pinellas County Sheriff's Office  
Community Programs  
P.O. Drawer 2500  
Largo, FL 33779-2222

1

OR

2

A criminal background check will be completed on all applicants.  
If you have any questions please call 727-582-6612.

### PERSONAL INFORMATION

**All information must be fully completed | Please Print Clearly**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Driver License #: \_\_\_\_\_ DL State: \_\_\_\_\_

Social Security # (Optional\*): \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Referred By: \_\_\_\_\_

**Which Club Would You Be Attending?**

South County  North County

\* Providing your SSN is optional, but failure to provide your SSN may result in a delay in processing your application or request. PCSO's request for your SSN is permitted by state law because it is imperative for the agency in the performance of its duties and responsibilities for purposes of criminal history and verification of your identity, pursuant to Sections 119.071(5)(a)2.a.II, F.S. If you provide your SSN, PCSO will use it for purposes of identification as described above.

You are hereby authorized to make any investigation into my personal history.

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