Sarasota County Sheriff's Office

Corrections Department

Application: Citizen Involvement and Volunteer Services Program

Please Type or Print:

Name:	DOB: / /
SS#:	Driver's License #:
Home Phone:	Work Phone:
()	()
Your Street Address:	City: Zip:
Your Email Address:	Sponsoring Organization:
Sponsoring Organization Phone#: ()	Organization Contact Person:
Organization Street Address:	City: Zip:
Emergency Contact Name/Relationship:	Emergency Contact phone #: ()
I, the undersigned Volunteer, agree to abide by all facility policies, particularly those relating to security and confidentiality of information.	
Signature of Volunteer Applicant	
Recommendation : As the person with oversight of the organization above named, I endorse the above named applicant as a representative of this organization.	
Signature of organization representative/Printed nar	me and Title Date
For Office use only	
Copy of Driver's License : () Yes () N	lo
Application received by	Date
Approved: () Yes () N	10
Signed: Commander or Designee	Date