



Columbia County Sheriff

Volunteer Services Application Packet

To Volunteer Services Applicants,

Thank you for your interest in partnering with the Sheriff to improve public safety services in Columbia County. Volunteers in Partnership with the Sheriff (VIPS), the Columbia County Search and Rescue Team and the Columbia County Sheriff's Posse make up the core volunteer services provided by the Sheriff's Office and compose a vital step in the Sheriff's plan to improve the service delivery to county residents and visitors by:

- Protecting life, liberty and property;
- Reducing criminal activity and opportunity;
- Preserving civil order; and
- Providing assistance and customer service to the community and to the public safety agencies with which we work – through education, advice, community involvement and proactive law enforcement operations

Volunteers represent a tremendous resource to the sheriff to assist him in his mission. It is important that the volunteers who partner with the sheriff undergo a thorough background check consistent with the level of confidence the Sheriff desires to have in those who join him in this partnership.

This Volunteer Services Application asks you to document important personal information and to grant to the Sheriff and his designees the right to investigate your background for possible appointment to the volunteer ranks of the Columbia County Sheriff's Office. This is not a promise or indication of probable appointment, but an important step in the process of establishing qualified volunteers to help us in this critical civic duty.

Thank you for taking the time to fill this application out in its entirety. Your interest in providing enhanced public safety service to your fellow citizens is noteworthy and gratefully received!

With warm regards,

A handwritten signature in black ink that reads "Jeff Dickerson".

Jeff Dickerson
Columbia County Sheriff



Columbia County Sheriff's Office

Volunteer Services Application

Date of Application: ____ / ____ / ____

Volunteer Position Applied For:

Applicants for all positions are considered without regard to race, color, sex, national origin, age, marital status, or the presence of disabilities. CCSO is an equal opportunity employer

- VIPS Volunteer
- Search and Rescue Volunteer
- Mounted Posse Member

PERSONAL INFORMATION

Name: _____
Last First Middle

Mailing Address: _____
Number Street City State Zip Code

Residence Address (if different) _____

Home Telephone: () _____ - _____ Work Telephone: () _____ - _____

May we contact you at work? Yes No

Cellular Telephone () _____ - _____ Email Address: _____

Date of Birth _____

Social Security Number _____ - _____ - _____ Drivers License _____ / _____
State Number

EDUCATION INFORMATION

	School Name & Location	Dates Attended From / To	Date Graduated	Degree Awarded (BA, MS, Ph.D) Major/Minor	Credit Hours Earned
High School Or G.E.D.					
College Or University					
Graduate School					
Other Education (Trade or Business)					
Are you taking courses now? <input type="checkbox"/> YES <input type="checkbox"/> NO	School Name & Location: _____ _____ _____		Course(s): _____ _____ _____		

MILITARY STATUS

Have you served in the United States Armed Forces: Yes No N/A
Honorable Discharge: Yes No N/A
 Yes No Branch: _____ Dates (From – To) _____

While in the military service were you ever arrested for an offense which resulted in a trial by Deck Court or by Summary, Special or General Court Martial? Yes No If yes, using a separate sheet to record this information give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Are you presently a member of U.S. Reserve or National or State Guard organization? Yes No (If yes complete the following)

Grade and Service No. _____ Service and Component: _____

Organization and Station or Unit and Location: _____ Active, Inactive, Standby: _____

Indicate Reserve Obligation, if any: _____

EMPLOYMENT AND VOLUNTEER EXPERIENCE

Do you have any **pending or prior** applications with any other police, fire, or protective agency? Yes No
If Yes, supply department name, date applied and status:

Please list specific skills and interests you have relevant to your volunteer services application:

Do you have any law enforcement experience? No Full-time Part-time Seasonal Military Police
Department: _____ Length of Employment: _____

Using a section for each position, describe in detail your work experience (up to four employers) beginning with your most recent employment:

Job Title:	Supervisor:	Phone # ()
Employer:	Address:	City, State, ZIP
Dates Employed: (MO/YR) Begin: End:	Salary Begin: Salary End:	No. of people YOU supervised:
Hours per Week: Full-time _____ Part-Time _____ Volunteer: _____		Reason For Leaving
Special Skill		
Job Duties (Be Specific):		
Job Title:	Supervisor:	Phone # ()

Employer:	Address:	City, State, ZIP
Dates Employed: (MO/YR) Begin: End:	Salary Begin: Salary End:	No. of people YOU supervised:
Hours per Week: Full-time _____ Part-Time _____ Volunteer: _____		Reason For Leaving
Special Skill		
Job Duties (Be Specific):		
Job Title:	Supervisor:	Phone # ()
Employer:	Address:	City, State, ZIP
Dates Employed: (MO/YR) Begin: End:	Salary Begin: Salary End:	No. of people YOU supervised:
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Employer:	Address:	City, State, ZIP
Dates Employed: (MO/YR) Begin: End:	Salary Begin: Salary End:	No. of people YOU supervised:
Hours per Week: Full-time _____ Part-Time _____ Volunteer: _____		Reason For Leaving
Special Skill		
Job Duties (Be Specific):		

REFERENCES

Reference

Name (_____) Telephone #

Address (Number and street or P.O. Box) City State ZIP

Email Length of Acquaintance

Reference

Name (_____) Telephone #

Address (Number and street or P.O. Box) City State ZIP

Email Length of Acquaintance

Reference

Name (_____) Telephone #

Address (Number and street or P.O. Box) City State ZIP

Email Length of Acquaintance

Reference (Alternate)

Name (_____) Telephone #

Address (Number and street or P.O. Box) City State ZIP

Email Length of Acquaintance

PERSONAL HISTORY

"Have you ever been arrested or charged with crime? If so please provide a detailed explanation."

RESIDENCE INFORMATION

The following minimum qualifications must be met for further consideration for an appointment to any of the volunteer services programs with the Columbia County Sheriff's Office:

Check One

- I am a U.S. Citizen – or I am legally living in the United States True False
- I have a high school diploma, a GED, or I am currently in school True False
- I do not drive or I have a valid driver license True False
- I have not had a DUII conviction within the past 5 years. True False
- I have not had my driver license suspended/revoked within the past 5 years True False
- I have never been convicted of a felony True False
- I have not used an illegal drug within the past 3 years True False
- I have not taken a hallucinogenic drug (e.g. LSD, mushrooms, PCP, ecstasy) in the past 5 years True False
- I understand that any criminal record I have could result in dismissal of this application True False
(Depending on the nature of the criminal record, the time elapsed since it was recorded, etc)

I have reviewed the minimum qualifications for acceptance as a Columbia County Sheriff's Office Volunteer and certify to the best of my knowledge that I meet the requirements. True False

IN ORDER TO BE ELIGIBLE, ALL RESPONSES TO THE ABOVE QUESTIONS MUST BE TRUTHFULLY ANSWERED "YES" OR "TRUE."