

PALM BEACH COUNTY
SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



SCOTT SCRIVNER
POLICE ATHLETIC LEAGUE
PHONE: (561) 687-6771

FAX: (561) 586-1763

E-MAIL: scrivners@pbsso.org

Dear Volunteer Applicant,

Thank you very much for applying to become a PBSO/PAL Volunteer.

Please complete the application, return the completed application to the same person who gave it to you. Please make sure to list and describe everything in detail, items left out can be considered untruthful and grounds for the application to be denied.

Once you have completed and return the application with a picture and a copy of your DL, you will be notified when you need to go get fingerprinted at the Pine Trail Center (1937 Q North Military Trail, WPB, 33409, phone 561 688-3838). You will be fingerprinted twice, once for the DCF/ACHA database and once for the Sheriffs Office (FDLE).

Once you have been approved, you will be contacted by Community Services and scheduled to complete a 2.5 hour training that will be conducted at the PBC Vista Center (2300 North Jog Road, WPB, 33411 phone 561 688-3980). Residents of Belle Glade, Pahokee and South Bay can complete the training at PBSO District 5 if they choose. Arrangements will be made by the Western Communities PAL staff.

Once you have completed the training, you will be issued a PBSO/PAL Volunteer Badge, at this time you are considered an official volunteer of PBSO/PAL.

Any questions with the process can be answered by Midori Robbins at 561 568-5343 or robbinsm@pbsso.org.

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PAL Volunteer Application

Official Use Only (PAL)

Official Use Only (Comm Serv)

Pic Number _____

Background _____

Trained _____



Program _____

Point Person _____

Phone # _____

Process for driving? Yes No

DRIVERS LICENSE #: _____ SS#: _____

STATE: _____ PROVINCE: _____ EXPIRATION DATE: _____

DATE: _____

NAME: LAST: _____ FIRST: _____ MIDDLE INT. _____

HOME ADDRESS: _____ APT. _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE # (_____) _____ CELL PHONE # (_____) _____

DATE OF BIRTH ____/____/____ ALT. PHONE # (_____) _____

CITY AND STATE OF BIRTH _____

PREVIOUS ADDRESS _____

MAIDEN NAME _____ ALIAS (ES) _____

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYE _____

US CITIZEN? YES ___ NO ___ IF NO, NATURALIZATION CERT # _____ DATE _____

MARRIED? YES _____ NO _____ IF YES, SPOUSE'S NAME _____

RETIRED: YES ___ NO ___ Seasonal: YES ___ NO ___ HOW LONG: _____

ENGLISH PRIMARY LANGUAGE: YES ___ NO ___ IF NO, WHAT LANGUAGE _____

EDUCATION: HIGH SCHOOL: _____ COLLEGE: _____ POST GRAD: _____

EMAIL ADDRESS _____

OCCUPATION _____ EMPLOYER _____

ADDRESS _____

PREVIOUS VOLUNTEER WORK _____

BRIEFLY STATE WHY YOU WANT TO VOLUNTEER WITH THE PAL:

HAVE YOU EVER BEEN ARRESTED? YES _____ NO _____

DO YOU HAVE AN ARREST RECORD? YES _____ NO _____

(AN EXPUNGED RECORD STILL COUNTS AS AN ARREST; THEREFORE, ALL ARRESTS MUST BE EXPLAINED.)

IF YES, EXPLAIN:

I hereby certify all statements in this application are true, correct, and complete to the best of my knowledge. I give full permission to the Sheriff's Office of Palm Beach County to make any and all inquiries into my personal and business status as may be deemed necessary in the interest of the department and my appointment therein. I further acknowledge that I am responsible for the repair or replacement of any property received from the Palm Beach County Sheriff's Office. Upon my resignation or disqualification as a volunteer, I will surrender said property to the unit captain or liaison deputy.

DATE _____

SIGNATURE OF APPLICANT - type your name _____

1. EMERGENCY CONTACT NAME: _____ PHONE #: _____

2. EMERGENCY CONTACT NAME: _____ PHONE #: _____

NAME OF YOUR PHYSICIAN: _____ PHONE #: _____

ANY FALSE INFORMATION IS AN IMMEDIATE DISQUALIFICATION

VOLUNTEER APPLICANTS REQUIRED MINIMUM CRITERIA

All applicants must meet the following requirements:



Check appropriate box:

- 18 years of age
- Must be United States citizen or lawful permanent alien resident
- High School Graduate or GED
- Have a solid stable work history free of repeated disciplinary actions suspensions terminations and resignations
- Free of convictions involving domestic abuse or violence
- Free of convictions of any felony. Free of convictions and violations pertaining to Good Moral Character guidelines.
- Free of misdemeanor convictions involving perjury or false statements. Free of convictions or pleas of nolo contendere to any 1st or 2nd degree misdemeanor within the last three (3) years.
- Have not been dishonorably discharged from any of the Armed Forces of the United States
- Possess a valid Driver's License or a Florida Identification Card. If driving a vehicle is a job requirement the following applies: free from "at fault" accidents or convictions for violation(s) of traffic law to include adjudication withheld for the past six (6) months. A good driving record will include no Driver's License suspensions in the past one (1) year.
- Have not used marijuana in the one (1) year prior to volunteer application submission, all other illegal drug use in the three (3) years prior to volunteer application submission
- Able to perform the essential functions of the job for which applying with or without reasonable accommodation

I CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND MEET ALL OF THE REQUIRED MINIMUM CRITERIA. I FULLY UNDERSTAND NON-COMPLIANCE WITH ANY OF THE CRITERIA IS GROUNDS FOR REJECTION OF MY APPLICATION OR TERMINATION.

Applicant's signature

Date

VOLUNTEER PRE-APPLICATION

PLEASE INITIAL

_____ I understand my volunteering will be contingent upon the results of a complete background investigation. I am aware any omissions, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Sheriff's Office. I agree to the conditions and certify all statements made by me on this application are true, correct and complete, to the best of my knowledge. I also understand I will be fingerprinted.

_____ I understand the Palm Beach County Sheriff's Office has no funds available to reimburse any expenses I may incur in seeking volunteer position. I recognize the time required to process and select volunteers is lengthy and time consuming. No promises or commitments are expected as to a time when a decision and/or actual hiring will take place.

_____ I understand this application is the property of the Palm Beach County Sheriff's Office. Once submitted for pre-volunteer processing, it will not be returned to me.

_____ I am also aware any and all documents or information (including this application) submitted to the Palm Beach County Sheriff's Office will be subject to Public Records Law with the exception of certain personal information which is exempted under Florida Statute(s), Chapter 119.

_____ I understand the use of alcohol and / or tobacco by volunteers is prohibited during work or duty time, whether paid or unpaid, in any work area within the Palm Beach County Sheriff's Office, including Sheriff's Office vehicles.

_____ I understand the use or possession of illegal drugs by volunteers is prohibited at any time, whether on or off duty.

_____ I understand that employees or appointees are required to notify their immediate supervisors prior to or at the start of their work shift when they are either taking prescription medicine, or other medication which may impair their normal faculties.

_____ I understand and agree my acceptance for volunteer does not offer or guarantee any proprietary rights for continued volunteer.

Applicant's signature

Date

PURSUANT TO SECTION 119.071(5)(a), FLORIDA STATUTES, THE PALM BEACH COUNTY SHERIFF'S OFFICE IS PROVIDING THE FOLLOWING STATEMENT REGARDING ITS COLLECTION OF SOCIAL SECURITY NUMBERS:

SOCIAL SECURITY NUMBERS ARE COLLECTED BY THE SHERIFF'S OFFICE WHEN SPECIFICALLY AUTHORIZED BY LAW TO DO SO OR WHEN IT IS IMPERATIVE FOR THE PERFORMANCE OF THE SHERIFF'S DUTIES AND RESPONSIBILITIES AS PRESCRIBED BY LAW. THE SHERIFF'S OFFICE HAS COLLECTED YOUR SOCIAL SECURITY NUMBER FOR ONE OR MORE OF THE FOLLOWING PURPOSES: VOLUNTEER; BACKGROUND INVESTIGATIONS; CREDIT WORTHINESS; BENEFIT PROCESSING; PAYROLL AND TAX REPORTING; REPORTING TO THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT; IDENTIFICATION AND VERIFICATION; TO OBTAIN CRIMINAL HISTORY INFORMATION; BOOKING; AND CRIMINAL INTELLIGENCE AND INVESTIGATIONS.



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PBSO-PAL VOLUNTEER INFORMATION SHEET

Unit Name: PAL Unit #: 4460 Unit Manager: Scott Scrivner Phone: 687-6771

NAME: _____
LAST FIRST MIDDLE

ALIAS (ALL NAMES USED): _____
LAST FIRST MIDDLE

RACE: _____ SEX: _____

HAIR: _____ EYE: _____ HEIGHT: _____ WEIGHT: _____

DATE OF BIRTH PLACE OF BIRTH (STATE) SOCIAL SECURITY NUMBER
[] [] []

PERMANENT ADDRESS: _____

CITY STATE ZIP CODE

LOCAL ADDRESS: _____

CITY STATE ZIP CODE PHONE NUMBER

[] [] [] []

DRIVERS LICENSE NUMBER STATE EXPIRATION

SIGNATURE OF APPLICANT: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

[] []

TCN #(LOCATED ON FINGERPRINT FORM) TCN # (SECOND ATTEMPT)

COMPLETED BY: _____ ID: _____

[]

D.A.V.I.D.

[] [] [] [] []

CRIMINAL HISTORY DATE COMPLETED SUPERVISOR REVIEW (Y / N) SUPERVISOR DATE

PHOTO ID REQUIRED - please make sure to present when getting fingerprints at Pine Trail

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Applicant - Print this form for your information, you will be informed when to complete this process!!

4/2/2018

Dear PBSO/PAL Volunteer,

Due to Federal and State laws, all PAL staff and volunteers, who work with the youth for more than 10 hours per month, must be screened and cleared through the DCF Clearinghouse.

**Please take this letter along with your FL Driver License or FL state ID to:
PBSO - Pine Trail Finger Print Center, 1937 N. Military Trail, West Palm Beach, FL
Phone: (561) 688-3838; Hours: Mon.-Fri. 8:00am-4:00pm.**

**PINE TRAIL CENTER, SHERIFF'S OFFICE SATELLITE
1937 Q North Military Trail, West Palm Bach, FL 33409
Southwest corner of Military Trail & Okeechobee Blvd.
Same Plaza as Albertsons right next to Nutrition World**

561-688-3838

**Hours of Operation: 8 a.m. - 4 p.m. Mon.-Fri.
General Public**



****Fingerprint Technician****

*****Process Prints for both PBSO and DCF/ACHA*****

Waive the fingerprint fee & pay for the background check:

PROCESS UNDER NFUF to ORI# EDCFGN10Z OCA#: 09505306Z

Leave the Credit Card Field Blanks

Please forward the Electronic Fingerprint Transmittal Form to the Fingerprint Manager. PAL will reimburse once the bill is recieved from FDLE.

3228 Gun Club Road ▪ West Palm Beach, Florida 33406-3001 ▪ (561) 688-3000 ▪ <http://www.pbso.org>