

# **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@pbso.org](mailto:scrivners@pbso.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 of yourself and a copy of your DL, you will be contacted to schedule your fingerprint appointment (free for volunteers) at one of the PBSO Fingerprint locations (Monday - Friday, 8:00a to 4:00p). 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 PBSO and scheduled to complete a 2 hour training that will be conducted at the PBC Vista Center ( 2300 North Jog Road, WPB, 33411 phone 561 688-3980).

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 (561) 687-6772 office, 561 568-5343 cell or [robbinsm@pbso.org](mailto:robbinsm@pbso.org).



**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 \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ 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.

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Applicant's signature

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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.

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Applicant's signature

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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.



**PALM BEACH COUNTY**  
**SHERIFF'S OFFICE**

**RIC L. BRADSHAW, SHERIFF**



**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 your fingerprints completed.**

**PALM BEACH COUNTY**  
**SHERIFF'S OFFICE**

RIC L. BRADSHAW, SHERIFF



## APPLICATION FOR NCIC/FCIC CRIMINAL HISTORY VERIFICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Alias (if any) \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

DL # \_\_\_\_\_ DL Issued by State of \_\_\_\_\_

Place of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Company Name \_\_\_\_\_

Position/Title \_\_\_\_\_

PBSO Section Name \_\_\_\_\_

PBSO Contact Name \_\_\_\_\_

This individual will require: ☐ Escorted Access ☐ Unescorted Access

This individual will require access to a Corrections Facility: ☐ Yes ☐ No

Please note that any felony convictions will automatically disqualify applicants from being granted unescorted access. Any arrest history will require a review by the Florida Department of Law Enforcement prior to final approval of unescorted access.

This application must be filled out in its entirety in order to be processed.

I authorize the Palm Beach County Sheriff's Office to complete a background check.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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



**PALM BEACH COUNTY**  
**SHERIFF'S OFFICE**

*RIC L. BRADSHAW, SHERIFF*



**Please bring a copy of this page to your appointment!**

3/2/2022

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.

**You will be contacted to schedule your fingerprint appointment at one of our 3 locations:**

**Pine Trail Finger Print Center, 1937 N. Military Trail, West Palm Beach, FL**

**By Appointment Only!**

**or**

**Delray Beach Sheriff's Substation, 14925 Cumberland Dr., Delray Beach, FL**

**By Appointment Only!**

**or**

**Royal Palm Beach Sheriffs Substation, 11498 Okeechobee Blvd., Royal Palm Beach, FL**

**By Appointment Only!**

**\*\*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 received from FDLE.**

**Please bring a copy of this page along with your Drivers License or  
State Issued ID to your appointment.**