



Cocoa Beach Police Department VOLUNTEER APPLICATION



Return Completed Application to:
20 South Orlando Ave, Cocoa Beach, FL 32931

Personal Information

Last Name: _____ **First Name:** _____ **MI:** _____

Home Address: _____ **Apt. #:** _____

City: _____ **State:** _____ **Zip:** _____

How long have you lived at your current address? _____

Sex: Male _____ Female _____ **Race:** _____

Social Security Number: _____ **Date of Birth:** _____

Need Social Security Number for Background Purposes

Driver's License #: _____ **State:** _____

Home #: _____ **Cell #:** _____

Work #: _____ **Email Address:** _____

Do you use tobacco products? Yes _____ No _____

If so, what kind? _____

We are a smoke free workplace

*Personal interview with Police Supervisor or Sworn Coordinator and Volunteer
Applicant on:*

Date: _____ *Police Supervisor or Sworn Coordinator:* _____

General

How did you hear about the Cocoa Beach Police Department Volunteer Program?

Why do you want to be a Cocoa Beach Police Department Volunteer at this time?

What do you know about the Cocoa Beach Police Department Volunteer Program?

What do you hope to get out of volunteering with the Cocoa Beach Police Department?

What do you think you have to offer the Cocoa Beach Police Department Volunteer Program?

Are there any physical or mental impairments that would either put constraints on your assignment or which need special accommodations? Yes No

If yes, please explain: _____

Do you need assistance with any of the following items?

Hearing Walking Breathing Vision

If yes, please explain: _____

Do you have problems with Night Vision? Yes No

If yes, please explain: _____

Is there anything that we should be aware of that isn't disclosed in this application?

Employment

Are you currently employed? Yes No

If so, where are you currently employed? _____

Address: _____

Phone Number: _____

Name of immediate supervisor: _____

Have you ever been terminated or asked to resign? _____

If so, explain the circumstances: _____

What does your professional background consist of? (Be Specific) _____

What special skills do you possess? _____

What special training do you possess? _____

Of all the job functions you had in the past, what was your favorite job function or position?

Why? _____

Employment History

List chronologically your employment history for the past 10 years beginning with the most recent. Include addresses while attending school or away from home and all military addresses. Add an additional sheet, if necessary.

Employer: _____ From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Position(s) Held: _____

Supervisor: _____ Type of Business: _____

Description of Duties: _____

Reason for leaving: _____

Employer: _____ From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Position(s) Held: _____

Supervisor: _____ Type of Business: _____

Description of Duties: _____

Reason for leaving: _____

Employer: _____ From: _____ To: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Position(s) Held: _____

Supervisor: _____ Type of Business: _____

Description of Duties: _____

Reason for leaving: _____

Reference/Contacts

List three (3) character references that you have known for at least 5 years that are not family members or employers:

Name: _____ Home Phone #: _____

Address: _____ Work Phone #: _____

City: _____ State: _____ # Years Known: _____

Name: _____ Home Phone #: _____

Address: _____ Work Phone #: _____

City: _____ State: _____ # Years Known: _____

Name: _____ Home Phone #: _____

Address: _____ Work Phone #: _____

City: _____ State: _____ # Years Known: _____

Our Volunteer Program Overview

We ask that you commit to at least 8 hours a month when volunteering with the C.B.P.D. Volunteer Program. Listed below is an overview of our programs. Please check which one(s) you are interested in:

- Citizens Observer Patrol** - This program is an extension of the police department's "eyes and ears" and enables our volunteers to patrol the boundaries of the City of Cocoa Beach searching for and reporting suspicious activity, people, or objects. They assist police officers with emergencies and provide traffic assistance at the discretion of the Officer.
- House Check Program** – We provide visual perimeter checks of residents who are on vacation and of seasonal unoccupied homes on a weekly basis.
- Marine Patrol** – We provide high visibility on the waters of Cocoa Beach to include the inner canals and river while patrolling for suspicious activities and unsafe operation of watercraft.
- Special Events** - Volunteers run errands and assist in areas of the police department. COPs have the opportunity to participate in city functions such as National Night Out, Cocoa Beach Christmas Parade, etc.
- School Crossing Guard** - Trained volunteers provide crossing in the mornings and afternoons in school crossing areas when Parking Enforcement Officers are not available.
- Traffic Control Officer** - Trained volunteers provide traffic control when requested by Law Enforcement for traffic crashes, special hazards, parades and any other city events where traffic control is needed.
- Beach Patrol** - Once certified, volunteers patrol the beach within the Cocoa Beach City limits patrolling for animals on the beach, suspicious persons/incidents, hazardous conditions, injured sea life, as well as providing assistance in looking for lost/missing persons.
- Office Administration** - Volunteers assist with typing, filing, scanning or working on special projects on an as needed basis.

Participation Availability

If participating in multiple volunteer programs; please indicate the dates and times you would be available for each program of interest.

What volunteer program(s) are you interested in? _____

What day(s) would you be able to volunteer with us?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What timeframe(s) are you available? _____

Are you interested in another program? If so, which one? _____

What day(s) would you be able to volunteer with us?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What timeframe(s) are you available? _____



Minimum Training and Experience

All volunteers will receive necessary training for their assignment. Selection requirements: candidate must be a Brevard County resident, at least 19 years of age and pass a Criminal History Background Investigation.

Candidates must not have any physical limitations that would prohibit them from performing specific volunteer functions assigned and must be able to drive a vehicle, have a valid driver's license and should be able to see and hear adequately, including night vision to perform those specific functions. Must be able to donate at least 8 hours a month and we ask that they attend our Monthly Volunteer Meeting which may last up to 2 hours.

Criminal History

Have you ever been arrested for, charged, or convicted of any felony and/or misdemeanor?

Yes

No

If yes, explain in detail, giving the date, charge, location and actions taken:

Have you ever been involved in any criminal activity, even if undetected?

Yes

No

If yes, explain in detail, giving the circumstances: _____

Do you now or have you ever had any regular associations with persons whom you knew, or should have known, were under criminal investigation or indictment, or who had a reputation in the community or with law enforcement agencies for involvement in criminal behavior?

Please explain: _____

I hereby certify there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Cocoa Beach Police Department Volunteer Program.

I also understand that registration with a particular agency does not restrict my choice of volunteer jobs: I am free to accept or reject any placement offered me.

Volunteer Signature

Date

Print Name: _____

DRIVING HISTORY

1. Yes No Do you possess a valid FL. driver's license?

License Number: _____ State: _____

2. Yes No Have you ever had a driver's license suspended or revoked? (List all details including date and state.) _____

3. Was your license restored? Yes No Date: _____

4. Yes No Have you received a traffic citation in the last 5 years, other than parking? If yes, complete the section below:

City/County/State	Issuing Agency	Date	Charge	Disposition

In case of an emergency, we should notify:

Name: _____ Phone #: _____

Relationship: _____ Alternate Phone #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

If unavailable, another contact is:

Name: _____ Phone #: _____

Relationship: _____ Alternate Phone #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

CERTIFICATION OF INFORMATION

Please read and sign in the presence of a Notary Public

I CERTIFY that the information contained in this application is correct and complete to the best of my knowledge. I agree to inform the Cocoa Beach Police Department in writing of any additional information relating to questions raised on this application, which occur after completing the application. I realize that misrepresentations of facts or the failure to include or update information may be cause for rejection or dismissal after acceptance with this agency.

I understand that each application will be given consideration, but its receipt does not imply that the candidate will be accepted. This offer of acceptance as a volunteer with the Cocoa Beach Police Department is contingent upon the satisfactory completion of all pre-acceptance procedures, which includes the following: application screening, initial interview, and background investigation and any other testing that the Cocoa Beach Police Department deems necessary.

I ACKNOWLEDGE that I have read and understand the above statement and the conditions for acceptance as a volunteer with the Cocoa Beach Police Department.

To be signed in the presence of a Notary Public (available at Cocoa Beach Police Dept.)

Printed Name of Volunteer Applicant

Signature of Volunteer Applicant

Date of signature: _____

NOTARY:

Before me personally appeared: _____, who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

Sworn to and Subscribed before me this _____ day of _____, 20_____.

Notary Public

- Personally Known
- Produced Identification

Type of Identification: _____

My Commission Expires:

RELEASE OF INFORMATION

Please read and sign in the presence of a Notary Public

APPLICANT: Please read carefully before signing this form. If you have any questions regarding the following statement or any questions contained in this application, please contact the Cocoa Beach police Department before signing.

I RESPECTFULLY request and authorize you to furnish the Cocoa Beach Police Department any and all information that you may have concerning my work record, school record, military record, reputation, personal background, civil/criminal records, driver's license information/driving history and financial and credit status.

Please include any and all reports including all information of a confidential or privileged nature, and copies of same, if requested. This information is to be used to assist in determining my qualifications and suitability for the position I am seeking with the Cocoa Beach Police Department. I hereby release you, your organization or others from liability or damage, which may result from furnishing the information requested above.

I UNDERSTAND that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for acceptance by the Cocoa Beach Police Department. This release will expire two (2) years from the date signed.

To be signed in the presence of a Notary Public (available at Cocoa Beach Police Dept.)

Printed Name of Volunteer Applicant

Signature of Volunteer Applicant

Date of signature:_____

NOTARY:

Before me personally appeared:_____, who says that they have executed this authorization of their own free will and with full knowledge of its purpose.

Sworn to and Subscribed before me this _____ day of _____, 20_____.

My Commission Expires:

Notary Public

- Personally Known
- Produced Identification

Type of Identification:_____