



INDIAN SHORES POLICE DEPARTMENT

VOLUNTEER APPLICATION

SERVING INDIAN SHORES & REDINGTON SHORES
19305 Gulf Blvd, Indian Shores, FL 33785

Please complete the application as follows:

1. Answer all questions. If they do not apply to you, place N/A by the number.
2. Fully complete the “Employment History” section.
3. Make sure all forms needing a notary have been signed and stamped by the notary.

This application, when submitted, must be accompanied with the following documents (copies):

1. Birth certificate
2. High School Diploma
3. DD 214 form (if applicable)
4. Florida Driver’s License
5. Social Security Card
6. Any information you feel will enhance your application

Application questions may be directed to 727-595-5414, ext. 513 – Lori Kaess, Executive Assistant

APPLICATIONS SHOULD BE SUBMITTED BY:

MAIL: 19305 Gulf Blvd
Indian Shores, Florida, 33785

Or

FAX: 727-595-4785

NAME:

DATE:

(ALL job offers are conditioned on successful completion of a physical examination administered by an authorized Town physician)

DRIVING HISTORY

Do you have a valid Driver's License: YES NO

Driver's License Number: _____ State: _____

Type of License: _____

Has your License ever been suspended or revoked? YES NO

If YES, please explain in detail: _____

(NOTE: POLICE AND DRIVING RECORDS WILL BE CHECKED ON APPLICANT)

EDUCATION HISTORY

Are you a High School graduate: YES NO

Please list below, every school you attended and if you graduated:

| Dates Attended | Name of School | School Address | Did you graduate? |
|----------------|----------------|----------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Describe any job related specialized training, apprenticeship, skills, and extra-curricular activities: _____

State any additional job-related information you feel may be helpful to us in considering your application: _____

List any professional, trade, business, or civic activities you would like us to consider: _____

NAME:

DATE:

EMPLOYMENT HISTORY

Start with your present or last job, including any job-related military service assignments and volunteer activities. Please go back ten (10) years:

| | |
|-------------------------|----------------------|
| Employer: | |
| Address: | |
| Dates Employed: | Job Title: |
| Hourly Rate (Starting): | Hourly Rate (Final): |
| Reason for Leaving: | |

| | |
|-------------------------|----------------------|
| Employer: | |
| Address: | |
| Dates Employed: | Job Title: |
| Hourly Rate (Starting): | Hourly Rate (Final): |
| Reason for Leaving: | |

| | |
|-------------------------|----------------------|
| Employer: | |
| Address: | |
| Dates Employed: | Job Title: |
| Hourly Rate (Starting): | Hourly Rate (Final): |
| Reason for Leaving: | |

| | |
|-------------------------|----------------------|
| Employer: | |
| Address: | |
| Dates Employed: | Job Title: |
| Hourly Rate (Starting): | Hourly Rate (Final): |

NAME:

DATE:

REFERENCES

Please list 3 references that are **NOT** related to you:

| PERSONAL REFERENCE 1: | |
|------------------------------|-----------------------------|
| Name: | Relationship & Years Known: |
| Address: | |
| Telephone: | E-Mail Address: |
| PERSONAL REFERENCE 2: | |
| Name: | Relationship & Years Known: |
| Address: | |
| Telephone: | Email Address: |
| PERSONAL REFERENCE 3: | |
| Name: | Relationship & Years Known: |
| Address: | |
| Telephone: | Email Address: |

NAME:

DATE:

TOWN OF INDIAN SHORES
PERSONAL INQUIRY WAIVER

Name of Applicant: _____

Applicant's Address: _____

Date of Birth: _____ Social Security Number: _____

I _____, respectfully request and authorize you to furnish the Town of Indian Shores Police Department any and all information that you have concerning my work record, military record, reputation, financial and credit status.

This information is to be used to assist the Town of Indian Shores Police Department in determining my qualifications and fitness for the position I am seeking with the Town of Indian Shores Police Department.

I hereby release you and your organization, or others, from any liability or damage which may result from furnishing the above requested information. A copy of this waiver shall have the same force and effect as the original.

Thank you in advance for your prompt reply to this request.

DATE: ___/___/_____ APPLICANT'S SIGNATURE: _____

TO BE COMPLETED BY SWORN OFFICER OR NOTARY IN THEIR PRESENCE

I hereby certify that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgements, _____, to me well known to be the person described in and who executed the foregoing document or who has produced _____ as identification, and (he/she) acknowledges before me that (he/she) executed the same freely and voluntarily for the purposes therein expressed, and who did take an oath.

WITNESS my hand seal on this _____ day of _____, 20_____.

Signature of Person Taking Oath

Print Name of Person Administering Oath

Signature of Person Administering Oath

NOTARY SEAL:

STATE OF FLORIDA
COUNTY OF _____

NAME:

DATE:

**INDIAN SHORES POLICE DEPARTMENT
EMPLOYEE SCREENING FOR PUBLIC SAFETY NOTICE**

All employees required by law to be screened shall be required to undergo background screening as a condition of employment and continued employment including volunteer employment. Screenings may include any or all of the following, but may not be limited to, employment history checks, local criminal history checks through local police agencies, statewide criminal history checks through the Florida Department of Law Enforcement, and/or national criminal history checks through the Federal Bureau of Investigation.

Said employment positions to be screened include, but are not limited to, those critical to volunteers, security or public safety, or for any private contractor, employee of a private contractor, vendor, repair person, or delivery person who has access to any Town facility or Town operated facility that the governing body of this municipality, or its Chief of Police, finds is critical to security or public safety.

**I HEREBY ACKNOWLEDGE I HAVE RECEIVED THE EMPLOYEE SCREENING
NOTICE**

APPLICANT NAME: _____

DATE: _____

APPLICATION SIGNATURE: _____

NAME:

DATE:

**INDIAN SHORES POLICE DEPARTMENT
RELEASE OF INFORMATION
BACKGROUND INVESTIGATION**

I VOLUNTARILY GIVE PERMISSION TO THE TOWN OF INDIAN SHORES TO CONDUCT BACKGROUND INVESTIGATIONS PERTAINING TO MY CHARACTER AND RELIABILITY, AND DO HEREBY FULLY RELEASE THE TOWN AND ITS AGENTS LIABILITY FOR DOING SO.

APPLICANT NAME: _____

DATE: _____

APPLICANT SIGNATURE: _____

NAME:

DATE:

**INDIAN SHORES POLICE DEPARTMENT
ABILITY TO PERFORM THE FUNCTION
OF THE POSITION
FOR WHICH YOU ARE APPLYING**

I UNDERSTAND THE MEDICAL DOCTOR'S CERTIFICATION RELATIVE TO MY ABILITY TO PERFORM TO THE FUNCTION OF THE POSITION FOR WHICH I AM APPLYING AND I KNOW OF NO INFORMATION WHICH MIGHT CAUSE THE CERTIFYING MEDICAL DOCTOR TO CHANGE HIS OR HER OPINION. I BELIEVE I CAN PERFORM ALL THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH I AM APPLYING OR CAN DO SO WITH REASONABLE ACCOMMODATION.

DATE: ____/____/____ APPLICANT SIGNATURE: _____

APPLICANT ADDRESS:

(TO BE COMPLETED BY SWORN OFFICER OR NOTARY IN THEIR PRESCENCE)

I hereby certify that on this day personally appeared before me, an officer duly authorized to administer oaths and take acknowledgments, _____, to me well known to be the person described in and who executed the foregoing document or who has produced _____ as identification, and (he/she) acknowledges before me that (he/she) executed the same freely and voluntarily for the purposes therein expressed, and who did take an oath.

WITNESS my hand seal on this ____ day of _____, 20 ____.

(Signature of Person Taking Oath)

(Print Name of Person Administering Oath)

(Signature of Person Administering Oath)

STATE OF FLORIDA
COUNTY OF _____

NOTARY SEAL:

NAME:

DATE:

I, _____ hereby swear or affirm that this pre-employment application/questionnaire contains no misrepresentations, falsification, omission, or concealment of material fact, and that all information and statements contained herein are subject to investigation. I understand that, should investigation disclose misrepresentation, falsification, omission or concealment of material fact, my application may be rejected, and I may be subject to discharge from employment based all or in part on such information and statements.

I also acknowledge that records established and maintained may be classified as public records and may be released to parties requesting them. As an applicant for the position of volunteer, and in consideration of the Indian Shores Police Department and their members processing and considering my application for eligibility, certification and volunteer employment, I hereby expressly release the Indian Shores Police Department, along with their members and employees from any liability or damages which may result from the release of any record pertaining to my application.

Sworn to and subscribed before me this _____ day of _____ 20__

By, _____ who is personally known to me or has produced the following identification _____.

Signature of Applicant: _____

Signature of Notary/Officer: _____

Printed Name: _____

My Commission Number: _____

STATE OF FLORIDA: _____

COUNTY OF _____

NOTARY SEAL:

NAME:

DATE:

VOLUNTEER WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for receiving permission to volunteer, I hereby RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE, the Town of Indian Shores, its Council members, its officers, agents, servants or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity or which in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the normal and unusual risks involved and hazards connected with this activity. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES OR OTHERWISE.
4. I understand that the Town of Indian Shores does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio. Nothing contained herein shall constitute a waiver by the Town of Indian Shores, its Council Members, or employees, of its sovereign immunity or the provisions of § 768.28, Fla. Stat. Nothing herein shall be construed as consent by either party to be sued by third parties.
5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.
6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it

NAME:

DATE:

and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this _____ day of _____, 2020.

PARTICIPANT

Printed Name

Signature

If Participant is under the age of 18, Parent/Guardian consents to the minor's participation in the event, consents for the Town of Indian Shores to seek reasonable and necessary medical treatment for Participants during such event or associated activities and agrees to be responsible for any cost of such treatment.

Parent/Guardian Signature

Date

Waiver of Liability and Hold Harmless Agreement

STATE OF FLORIDA:
COUNTY OF PINELLAS:

The foregoing instrument was acknowledged before me this _____ day of _____, 2020, by _____ () who is personally known to me or () who has produced _____ as identification.

Notary Public
Print Name:
My commission expires: