

SOBRIETY DATE:

SARASOTA COUNTY SHERIFF'S DEPARTMENT

Application for Jail

Citizen Involvement and Volunteer Services Programs

Type of Service: AA or NA. (Please mark the box that show your area of services.)

Please type or print. E-MAIL:

Name:	DOB:
Address:	SS #:
City: State: Zip:	Home Phone:
Male <input type="checkbox"/> or Female <input type="checkbox"/>	DLN #: State:
Employer:	Work Phone:
Employer Address:	City: State: Zip:

Recommendation:

As the Program Director / Chairman for _____ I endorse the above named person as a volunteer for this program.

Signature _____ Print, Name and Title _____

NOTE: Attach copies of Professional Credentials, Certification and or a letter stating this information applicable). When changes occur, this information must be updated as soon as possible.

Signature of Applicant: _____ Date: _____

NOTE: Photocopy DL, ID & SS Cards of the applicant must be supplied with this application to considered.

For Jail Office Use only

Photograph received [] Yes [] No

Application Received by: _____ Date: _____

Approved: _____ [] Yes [] No

Signed: _____ Date: _____