

Sunrise of Pasco County, Inc.
Intern Application

Name: _____ Birthdate: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Emergency Contact (if under 18, must be parent/guardian): _____

Relationship: _____ Phone: _____

Are there any medical problems or issues of which we should be aware in the event of an emergency? If so, please list them below:

Highest Schooling Completed: _____ Course of Study: _____

Other Formal Education or Training: _____

Present Employer or School Attending:

Campus Liaison: _____

Phone: _____ Email: _____

Volunteer Experience

a. Organization: _____

Name of Supervisor: _____

Type of Work Performed: _____

Length of Time at Organization: _____

b. Organization: _____

Name of Supervisor: _____

Type of Work Performed: _____

Length of Time at Organization: _____

Have you ever been arrested for a crime or incarcerated (please circle)? Yes/No

If yes, please explain the nature of the crime and the date of the conviction and disposition:

Note: **Conviction of a crime is not an automatic disqualification for volunteer work.**

Do you have previous experience with a domestic or sexual violence program (please circle)?

Yes/No

If yes, in what capacity:

Do you speak, read or write any language other than English (please circle)? Yes/No

If yes, which one(s):

Do you have a reliable source of transportation (please circle)? Yes/No

References (Do Not Include Relatives)

a. Name: _____ Phone: _____

Address: _____

Email: _____

b. Name: _____ Phone: _____

Address: _____

Email: _____

c. Name: _____ Phone: _____

Address: _____

Email: _____

The following items are to help us make a good match. There are no right or wrong answers.

This is not a test, please answer to the best of your ability.

Why are you interested in volunteering with Sunrise and what do you hope to gain through your volunteer experience?

List any talents, skills, interests, or hobbies or professional expertise:



Pasco Sheriff's Office



STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

PSO Case No. (If applicable): _____

The Sheriff's Office collects social security numbers from individuals under certain circumstances, including, but not limited to: (1) employment applications; (2) arrestees; (3) individuals booked into the detention facility; (4) individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification; (5) citizen contacts during a consensual field interview; (6) traffic stops to verify identity of the driver and any other individuals present in the vehicle; (7) traffic citations; (8) when specifically authorized to do so by law, or when collection is imperative for the performance of the Sheriff's Office's duties and responsibilities as prescribed by law. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. These social security numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Pasco Sheriff's Office may have collected your social security number. The purpose of collecting, and the intended use(s) of, your social security number are to facilitate, ensure or enable:

1. Accuracy in our identification of you;
2. The proper crime is charged;
3. Effectiveness in our police practices;
4. Our ability to protect the health and safety of persons; and/or
5. Participation in mandatory federal programs such as income, SS and Medicare taxation.

Collection of your social security number was (check one):

Mandatory (If we have mandated your disclosure of your social security number, we have done so under the authority of Title 42, Sec. 405 of the Tax Reform Act of 1976; or Florida Statutes Chapters 901 or 933 (relating to arrest or search warrant), Chapter 937 (missing persons), or Chapter 790 (investigations/return of firearms).

Voluntary

From a source other than you

I acknowledge that the Pasco Sheriff's Office has provided me with a copy of this written statement.

Printed Name: _____ Signature: _____

Date: _____

CONSENT FOR LAW ENFORCEMENT RECORDS CHECK

TO WHOM IT MAY CONCERN:

I hereby authorize the Pasco County Sheriff's Department or another law enforcement agency to complete a records check, for the purpose of providing my background information to the Sunrise of Pasco County Program.

I hereby authorize the said law enforcement agency to release this information to a representative of the Sunrise of Pasco County Program.

FULL NAME: _____

SIGNATURE: _____

RACE: _____

SEX: Male Female

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____

POSITION APPLIED FOR: _____



**VOLUNTEER AGREEMENT
&
STATEMENT OF CONFIDENTIALITY**

1. I understand that I am being granted privileged access. As a result of that, I am subject to the constraints of F .S. Title V Chapter 39.908, which states information about clients or about the location of domestic violence center and facilities received by authorized persons employed by or volunteering services to a domestic violence center, through files, reports, inspection, or otherwise, is confidential. It is punishable by law for me to make unauthorized disclosure regarding anything I observe or hear while at this facility. Furthermore, I understand that the records and personal communications received by Sunrise in the course of its work are strictly confidential.

No client may be identified by name or distinguished characteristics to anyone other than Sunrise Staff.

The location of Sunrise of Pasco County, Inc (Domestic Violence Shelter and Domestic Violence group meeting places for adults and children) may not be divulged.

2. I hereby release all Sunrise personnel and volunteers from any and all responsibilities for my actions and well being while working in a volunteer position. I agree not to hold Sunrise responsible for any accident resulting in personal injury or property damage.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Witness _____