

# Application For Volunteer



[www.pittcountysheriff.com](http://www.pittcountysheriff.com)

**Return to:**  
**Pitt County Sheriff's Office**  
**Training and Standards Unit**  
**124 New Hope Road**  
**Greenville, NC 27834**

VERSION 05/18/22

**VOLUNTEER CRITERIA CHECKLIST:**

**Selected Minimum Standards for PCSO Volunteer:**

- 1. U. S. Citizen \_\_\_\_\_
- 2. High school graduate or GED \_\_\_\_\_
- 3. Be of good moral character (references) \_\_\_\_\_
- 4. No criminal convictions \_\_\_\_\_

**Print legibly in black ink. Fill in all blanks. Applications missing supporting documents will not be processed.**

**PERSONAL INFORMATION:**

\_\_\_\_\_  
Last Name First Middle (Maiden or Suffix)

\_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Please attach a copy of your Driver's License to this application.)

Are you a United States Citizen? \_\_\_\_\_

Have you ever been arrested or otherwise charged with a criminal offense?

\_\_\_ No \_\_\_ Yes (If so, provide a statement detailing the incident and outcome in court)

**EDUCATION:**

High School Graduate \_\_\_\_\_ Some College \_\_\_\_\_

GED \_\_\_\_\_ College Graduate \_\_\_\_\_

**REFERENCES:**

Attach three letters of reference to this application.

**MEDICAL:**

Do you have any medical or physical condition which would prevent you from completing the duties of this position? \_\_\_No \_\_\_ Yes (If so, please explain on additional paper if needed.)

**LAW ENFORCEMENT EXPERIENCE:**

\_\_\_No \_\_\_ Yes (If so, please explain on additional paper if needed.)

**AUTHORIZATION TO CONDUCT BACKGROUND CHECK:**

I, \_\_\_\_\_, certify that all information submitted on this application is complete and correct to the best of my knowledge. My signature below represents a waiver giving permission to the Pitt County Sheriff's Office to conduct a background check to verify my qualifications and the information I have provided. I hereby expressly absolve and release this agency and its authorized employees from any and all liability to me for monetary damages and/or infringement of my rights if the agency withdraws my application at the discretion of the Sheriff or for good cause. I understand that this is not an offer of employment but for voluntary services only.



\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant



Pitt County Sheriff's Office  
Post Office Box 528  
Greenville, North Carolina 27835

DISCLOSURE OF INFORMATION FORM

To Whom It May Concern:

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly-authorized agent of the Pitt County Sheriff's Office, whether said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; records of loans, the records of commercial or retail credit agencies (including credit reports and ratings,) and other financial statements and records wherever found; medical and psychiatric records, treatments, and/or consultations including clinics, hospitals, private practitioners, and the United States Veterans Administration; employment and pre-employment records including background investigation reports, efficiency ratings, complaints filed by me, complaints or disciplinary reports filed against me, and the results of these reports; and the records and recollections of attorneys-at-law, or other counsel, whether representing me or other persons in any case, criminal or civil, in which I have or appear to have an interest.

I authorize the custodian of military personnel records in St. Louis, Missouri or any other United States military facility to fully disclose to the Pitt County Sheriff's Office any information contained in my military personnel records. This information may include, but is not limited to, medical and psychiatric evaluations, employment and pre-employment records, background investigations, security clearance ratings, efficiency ratings, complaints and grievances, arrests and/or detentions, convictions, any disciplinary records, type and date of discharge, date and locations of entry and assignments, training and educational records including medical and psychiatric records to be mailed directly to the Pitt County Sheriff's Office upon their request.

I understand that any information obtained by a personal background history investigation which is developed directly or indirectly, in whole or in part upon this release authorization, will be used in determining my suitability for employment with the Pitt County Sheriff's Office. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing said information to the Pitt County Sheriff's Office.

I also agree to pay any and all charges and fees concerning this request and can be billed for such charges at my home address. A photocopy of this release form will be valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

**SIGN HERE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Full Name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Social Security Number

Subscribed and sworn to before me,  
this the \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public / Approved Member

My Commission Expires: \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

This agreement made as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, between the Office of the Pitt County Sheriff and \_\_\_\_\_, employee.

1. I, \_\_\_\_\_, understand that as a result of my employment with the Office of the Pitt County Sheriff that I may be exposed to certain confidential information. I further understand that any such information should be held in the strictest confidence and that sharing this information with other persons may constitute a violation of the laws of the State of North Carolina.
2. I understand that unauthorized use or disclosure of confidential information may give rise to irreparable injury and may subject me to disciplinary action, including termination of employment, civil and/or criminal legal proceedings, and recovery of monetary damages from me as may be determined in a court of law.
3. I therefore agree to protect the confidentiality of any and all non-public information I may receive by virtue of my employment and agree not to deliver, disclose, or otherwise make available any such information without being so directed by the Pitt County Sheriff or his authorized designee.
4. I agree to be bound by the obligations set forth in this agreement until such time as I may be separated from employment with the Office of the Pitt County Sheriff or until such time as said confidential information may lawfully become accessible as public record.
5. This agreement shall be governed and construed in accordance with the laws of the State of North Carolina. This agreement sets forth the entire agreement between the Office of the Pitt County Sheriff and the employee named in Paragraph 1 above. The terms of this agreement may not be amended or modified except in writing signed by each of the parties named herein.

I hereby certify that I have read and understand this "Confidentiality Agreement" and freely execute this agreement and consent to be bound by its terms.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Employee Signature

**SIGN HERE**

\_\_\_\_\_  
Paula Dance, Pitt County Sheriff



# Pitt County Sheriff's Office

## Volunteer CAD Entry Form

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

**\*\*\*\*\*PROVIDING ANY OF THE FOLLOWING INFORMATION IS OPTIONAL\*\*\*\*\***

Drug Allergies: \_\_\_\_\_

Special Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Blood type: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Clergyman: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

### **Physician:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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