

Suncoast Area Hospitals & Institutions Resource
Suncoast Area Fellowship Development Committee
Suncoast Area Services Committee

Sarasota County Sheriff's Department Application for Jail Citizen Involvement and Volunteer Services Program Instructions

All Suncoast Area H&I trusted servants wishing to serve on Suncoast Area H&I panels within the Sarasota County jails are required to submit the following:

- 1) Completed application on the following page
- 2) Photo copy of photo ID and Social Security card

The above may be submitted by email to hospitalsinstitutions@suncoastna.org or by hand to Scotty T. Applying trusted servant will be notified by the H&I Resource upon approval of their submission.

Thank you for your willingness to serve.

Suncoast Area Hospitals & Institutions Resource

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.

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 (if 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 be considered.

For Jail Office Use only

Photograph received Yes No

Application Received by: _____ Date _____

Approved: _____ Yes No

Signed:
Bureau Commander or Designee

Date: