ESCAMBIA COUNTY ANIMAL SERVICES
VOLUNTEER PROGRAM BACKGROUND SCREENING FORM

FOR OFFICE USE ONLY: **Screening Type:** ☐ Escambia Sheriff's Department (Local) ☐ Florida Department Of Law Enforcement (State) ☐ National Crime Information Center (National)	Division Manager Approval: _____ Volunteer Location _____ Date _____ Date Copy To Human Resources _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

Applicant Name: (Please Print) _____
Last First Middle

Please List All Other Names You Have Used (i.e. Alias, Maiden)

1. _____ 2. _____

Social Security Number: ____ ____ ____ Date Of Birth: ____ ____ ____
Month Date Year

Race: (Circle One) Black White Asian/Pacific Islander American Indian Other: (Specify) Sex: ☐ Male ☐ Female

Present Address: _____

City State Zip Code County

Previous Address (if less than one year at present address) _____

City State Zip Code County

It is the highest priority of Escambia County Animal Services Division to ensure the safety of our citizens while visiting our facility. In order to provide a safe and secure atmosphere for our community's citizens, division volunteers will be screened through the Escambia County Sheriff Department, the Florida Department of Law Enforcement (FDLE), or the National Crime Information Center. Animal Services Division will incur all costs of the background screenings. All information received from the background check applications and reports returned from either of the agencies mentioned, will be used for the purpose of determining applicant's eligibility as a volunteer participant with Escambia County Animal Services. Thank you for your cooperation in this very important matter.

NO VOLUNTEER APPLICANT WILL BE ACCEPTED WHO HAS BEEN:

A. Arrested or convicted of any crime involving sexual misconduct with or against a minor.
B. Arrested or convicted for any type of violent crime.
C. Arrested or convicted of any crime involving illegal drugs or alcohol.
D. Arrested or convicted of child abuse or domestic violence.

All other arrests and convictions will be examined in order to determine whether the incident is related to the volunteer position. In these situations eligibility determinations will be based upon a minimum of the last five years.

Any applicant that is turned away based upon the background screening, will be notified by the Volunteer Coordinator of the findings via certified letter. The volunteer may then provide a written appeal for reconsideration to the program. The volunteer must be willing to discuss with the Division's Volunteer Committee his or her previous record(s). Once the volunteer has presented his or her case, the Volunteer Committee will decide to uphold or reverse the screening decision. The Volunteer Committee's decision will be final concerning program eligibility. (Volunteer Committee consist of Volunteer Coordinator, Animal Services Division Manager and Community Affairs Deputy Director)

Escambia County Animal Services reserves the right to make changes to the Volunteer Background Check Guidelines-Eligibility Criteria without notice whenever deemed necessary for the safety and protection of all citizens.

I certify that the above information is true to my knowledge and understand that it will be utilized to obtain a background screening check as a condition of volunteering with Escambia County Animal Services Division.

Applicant Signature Date