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# Volunteer - Internship Application

2300 A1A South  
St. Augustine, FL 32080  
Ph: (904) 471-3600 or [Contact@sabpd.org](mailto:Contact@sabpd.org)

## ST. AUGUSTINE BEACH POLICE DEPARTMENT APPLICATION DISQUALIFIERS

### **Criminal Convictions/Arrests:**

- Have been convicted of ANY felony or of a misdemeanor involving perjury or a false statement. Any person who, after July 1, 1981 pleads guilty or Nolo Contendere to or is found guilty of ANY felony or of a misdemeanor involving perjury or false statement, regardless of suspension of sentence or withholding adjudication will not have the application processed (F.S 943.13 (4)).
- Convicted of or pled Nolo Contendere to any charges involving moral turpitude (F.S. 48.021 (2)5).
- Any domestic violence convictions or pleas pursuant to 18 U.S.C. §922 (g)(9).
- Any Arrest over the past three years.

### **Military:**

- Any discharge other than honorable, uncharacterized, or general with honorable conditions from any of the Armed Forces of the United States.

### **Tobacco/Nicotine:**

- The Tobacco/Nicotine use policy of the St. Augustine Beach Police Department (SABPD) is that all members shall not use tobacco in their assigned vehicle, in public while in uniform or on any official SABPD business. Tobacco/nicotine use can include but is not limited to smoking, vaping, and chewing tobacco.

### **Drug Use:**

- Ever sold drugs illegally or acted as a middle person in a drug transaction.  
(If prior to 18 years of age, Evaluated case by case.)
- Any repeated experimentation of illegal drugs other than marijuana, within the past two years.
- Failure to disclose illegal drug use as a request in the initial application will result in disqualification.

Providing any false information on this application is an automatic disqualifier. I have read and understand that I do not meet any of the listed immediate disqualifiers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## CIVILIAN VOLUNTEER / INTERNSHIP APPLICATION

“The City of St. Augustine Beach is an Equal Opportunity Employer. Applicants will not be discriminated against in any aspect of employment based on race, color, religion, sex, age, national origin, disability or marital status”.

### VITAL STATISTICS

This information is required to conduct background investigation only. Applications with a government agency are, except for “personal information,” a matter of public record and are not subject to confidentiality.

Name \_\_\_\_\_  
Last First Middle Maiden

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

Phone \_\_\_\_\_  
Home Number Cell Number

Email \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
mm/dd/yyyy

List all other names you have used and include circumstances and time periods under which the names were used. \_\_\_\_\_  
\_\_\_\_\_

Are you a United States citizen?  Yes  No

If naturalized, please provide

Date \_\_\_\_\_ Place \_\_\_\_\_

Court \_\_\_\_\_ Naturalization Number \_\_\_\_\_

Do you have any relatives working for the City of St. Augustine Beach?  Yes  No

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

List all addresses where you have lived in the past five (5) years.

Address	City	State

List chronologically 5 years of employment beginning with present employment, including summer and part- time employment while attending school. If unemployed for a period, set forth dates of unemployment. Use additional sheet if necessary.

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of duties: \_\_\_\_\_ Contact #: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of duties: \_\_\_\_\_ Contact #: \_\_\_\_\_

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Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of duties: \_\_\_\_\_ Contact #: \_\_\_\_\_

**VOLUNTEER / INTERSHIP INFORMATON**

Are you applying for  Civilian Volunteer or  Internship Program

How did you hear about our program? \_\_\_\_\_  
\_\_\_\_\_

Why are you interested in our Civilian Volunteer program or Internship Program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High School (Last):

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Did you Graduate?  Yes  No

If no, do you have a general education diploma (G.E.D) or High School equivalency?

Yes  No State: \_\_\_\_\_ Year: \_\_\_\_\_

College:

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Did you Graduate?  Yes  No GPA: \_\_\_\_\_

College (Postgraduate):

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Did you Graduate?  Yes  No GPA: \_\_\_\_\_

Other Schools or Significant Training (Academy / Trade / Technical / Business)

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Did you Graduate?  Yes  No GPA: \_\_\_\_\_

Indicate any foreign languages you can speak, read, or write with proficiency? \_\_\_\_\_

\_\_\_\_\_

Awards, Honors Citations? \_\_\_\_\_

\_\_\_\_\_

Clubs Affiliations? \_\_\_\_\_

\_\_\_\_\_

Interest and Hobbies? \_\_\_\_\_

\_\_\_\_\_

Do you have previous volunteer experience?  Yes  No If so, provide more information:

Name Organization	City and State	Supervisor	Contact Information

Have you ever interned before?  Yes  No If so, Where?

Name Organization	City and State	Supervisor	Contact Information

Personal References: Give at least four (4) references (NOT relatives, former or present employers, fellow employees ) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, or ministers, who have known you well for the past five (5) years.

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

Contact Information: \_\_\_\_\_

**CRIMINAL HISTORY** (Mandatory for background)

Have you ever been arrested, charged, received a notice or summons to appear for any criminal violation?     Yes  No

If yes, list all such matters even if not formally charged, or no court appearance, or found not guilty, or nolo contendere to any charge for which adjudication was withheld, or matter settled by payment of fine or forfeiture of collateral. Include juvenile records and records of your arrests which have been sealed or expunged, if any.

Date	Place & Department	Charge	Court & Place	Disposition

Have you ever been detained or interviewed by any law enforcement agency for reason (including investigative purpose), or have you ever been the subject of or a suspect in any criminal investigation?  Yes  No If yes, explain \_\_\_\_\_

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Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?  Yes  No

Do you possess a valid Florida Drivers License?  Yes  No

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Restrictions / Endorsements \_\_\_\_\_

Have you ever held an operator license in another state?  Yes  No

If yes, please provide state(s), name used, and approximate dates license(s) was/were held:

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***Both applicants and members of the St. Augustine Beach Police Department are prohibited, as defined in Florida State Statute Chapter 893, from the use, possession or sale of any illegal drug or substance. This includes the use, possession or sale of any legal prescription drug not prescribed to the applicant or member. Applicants will not be considered for employment for use of any illegal drug or legal drug prescribed to another person. Any applicant may be disqualified regardless of the year limit or have the time limit extended due to extenuating circumstances (frequency of use and/or specific type of illegal or prescribed drug used) at the discretion of the Chief of Police.***

Do you now, or have you ever illegally used, obtained, possessed, supplied, or sold any prescription drug(s), narcotics (morphine, opium, codeine, etc) or controlled substance such as, but not limited to, marijuana, hashish, CBD oil, cocaine, LSD, amphetamines, heroin, steroid or any drug of a similar nature?

Yes  No If yes, please complete the following:

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

- a. Circumstances: \_\_\_\_\_
- b. Number of times used/possessed/supplied/sold: \_\_\_\_\_
- c. First time used/possessed/supplied/sold: \_\_\_\_\_
- d. Last time used/possessed/supplied/sold: \_\_\_\_\_
- e. Additional: \_\_\_\_\_

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

- a. Circumstances: \_\_\_\_\_
- b. Number of times used/possessed/supplied/sold: \_\_\_\_\_
- c. First time used/possessed/supplied/sold: \_\_\_\_\_
- d. Last time used/possessed/supplied/sold: \_\_\_\_\_
- e. Additional: \_\_\_\_\_

### CERTIFICATION STATEMENT

I certify that all of the above questions have been answered to the best of my knowledge and that any false answers, omissions or deceptions may be the basis for my rejection or termination from volunteering with the St. Augustine Beach Police Department. I also understand that a criminal history check, personal history check, driver's license check, reference check and personal interview will be conducted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When using this additional page please note the specific section you are referring to:

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