



# MELBOURNE BEACH POLICE DEPARTMENT VSU PRE-SCREENER CHECKLIST

DATE: \_\_\_\_\_

NAME (Last, First, Middle): \_\_\_\_\_

ADDRESS (No P.O. Boxes): \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STATE ISSUED DRIVER'S LICENSE / IDENTIFICATION CARD: \_\_\_\_\_

EMERGENCY CONTACT (Last, First, M.I.): \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SPECIAL SKILLS/ABILITIES (e.g., bilingual, sign language, computers)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANT AVAILABILITY:**

HOURS AVAILABLE:  8:00 a.m. – 12:00 p.m.

12:00 p.m. – 4:00 p.m.

DAYS AVAILABLE: MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY  SATURDAY  SUNDAY

**Certificate of Applicant:**

I hereby certify and affirm that all statements made by me on this application are true, correct and complete to the best of my knowledge. I also give full unqualified permission to the Melbourne Beach Police Department to make any and all inquires into my present and past personal and business status as may be deemed necessary in the interest of the department and my appointment therein.

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

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



# MELBOURNE BEACH POLICE DEPARTMENT VSU PRE-SCREENER CHECKLIST

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

- |    | YES   | NO                       |   |
|----|---|--------------------------|---|
| 1  | <input type="checkbox"/>  | <input type="checkbox"/> | Are you at least 19 years of age?   |
| 2  | <input type="checkbox"/>  | <input type="checkbox"/> | Are you a United States Citizen?  |
| 3  | <input type="checkbox"/>  | <input type="checkbox"/> | Do you possess a valid Florida Driver's License?  |
| 4  | <input type="checkbox"/>  | <input type="checkbox"/> | Has your driver's license EVER been suspended or revoked within the past 3 years for any reason?              |
| 5  | <input type="checkbox"/>  | <input type="checkbox"/> | Have you received more than 3 traffic moving violations within the past 3 years?                              |
| 6  | <input type="checkbox"/>  | <input type="checkbox"/> | Have you been charged with a DUI within the past 3 years?   |
| 7  | <input type="checkbox"/>  | <input type="checkbox"/> | Have you EVER been convicted of a Felony?   |
| 8  | <input type="checkbox"/>  | <input type="checkbox"/> | Have you EVER been convicted of a Misdemeanor?  |
| 9  | <input type="checkbox"/>  | <input type="checkbox"/> | Have you used marijuana (with or without a prescription) within the last year?                                |
| 10 | <input type="checkbox"/>  | <input type="checkbox"/> | Have you used cocaine within the past 5 years?  |
| 11 | <input type="checkbox"/>  | <input type="checkbox"/> | Can you volunteer a minimum of 16 hours per month?  |
| 12 | <input type="checkbox"/>  | <input type="checkbox"/> | Do you have any restrictions or availability issues if you are needed for a call-out or special event/detail? |
| 13 | <input type="checkbox"/>  | <input type="checkbox"/> | Are you willing to adhere to the dress code and grooming policy?  |
| 14 | How did you hear about the Melbourne Beach Police Department Volunteer Program? _____<br>_____  |                          |   |
| 15 | What do you know about the Melbourne Beach Police Department Volunteer Program? _____<br>_____  |                          |   |
| 16 | Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", where are you currently employed? _____<br>_____ |                          |   |
| 17 | What does your professional background consist of? _____<br>_____<br>_____  |                          |   |
| 18 | Do you have any special skills and/or training and experience? _____<br>_____   |                          |   |

DO NOT WRITE BELOW THIS LINE

Interviewer Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disqualified  Proceed to Application Process  Approved by Director: \_\_\_\_\_ Date: \_\_\_\_\_