

STOP WATCH



Application for STOP WATCH Volunteer:

Name: _____ Date of Birth: ____/____/____

Social Security Number: _____

Florida Driver's License Number: _____

Address: _____

Phone: _____ Home: _____ Business: _____

E-mail Address: _____

Current Occupation: _____

Current Employer: _____

Vehicle(s) to be used in STOP WATCH activities:

Year: _____

Year: _____

Color: _____

Color: _____

Make: _____

Make: _____

Model: _____

Model: _____

Tag Number: _____

Tag Number: _____

Bus Stop Preference Area: _____

Days/Times Available: _____

Two References: Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

I agree to and understand that my selection is contingent upon a full criminal history and driver's license check via FCIC/NCIC.

Signature: _____ Date: ____/____/____

STOP WATCH is not an hours-based volunteer program. Volunteers commit time when and if it is available once they are accepted. Any time you can give is greatly appreciated.

Please return the completed application to:

Fax: 772-871-5351

In Person: St. Lucie County Sheriff's Office, 4700 W. Midway Road, Fort Pierce, FL 34981 -or-
Crime Prevention Unit, 250 NW Country Club Drive, Port St. Lucie, FL 34986

U.S. Mail: St. Lucie County Sheriff's Office, 4700 W. Midway Road, Fort Pierce, FL 34981