

**Lee County Sheriff's Office
Badge Access Program**

Vendors and Contractors doing business on-site at any Lee County Sheriff's Office Facilities must secure clearance to do so through the Agency's Badge Clearance Access Program. Clearance is obtained through the submission of a Badge Access Program Application and a clear Criminal History.

To obtain Clearance, all information for the Badge Access Program Application must be completed and submitted with a copy of applicant's Valid Driver's License. Criminal histories for approved applicants must meet the following criteria:

- No Felony Convictions within 5 years
- No Misdemeanor Convictions within 3 years
- No Convictions for any Violent Felonies
- No Convictions for Misdemeanor Battery
- No Convictions for Domestic Violence Battery

**Carmine
Marceno**
Sheriff



"Proud to Serve"

State of Florida
County of Lee

**Corrections Bureau
Application for Programs Volunteers**

Complete all sections of this application. Incomplete applications will not be accepted a new application will need to be submitted. Return completed form, along with a **copy of your driver license**, to your group liaison.

Group: (circle)- AA , NA , CA , Al-Anon , Other _____

Last Name First Name Middle

Maiden Name Nickname/Alias Email Address

_____/_____/_____
DOB Social Security # Place of Birth Gender

Eyes Hair Race Height Weight

Home Address City State Zip

*Previous Address (If less than two years) City State Zip

Home Phone: _____ Cell _____ Phone: _____

Current Employer (occupation if self-employed) How Long?

Work Address Phone

Emergency Contact Name Relationship Phone (_____) _____

FOR OFFICIAL USE ONLY

Cleared NCIC Check: Yes _____ No: _____

NCIC Operator: _____ Date Ran: _____

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Have you ever been arrested? (circle) Yes or No - Misdemeanor or Felony

When? _____

Where? _____

What name did you use at the time of your arrest? _____

Group information:

Organization / Self Help Group

Group Facilitator/Liaison

How long have you been attending

Responsibility at the Group

Do you have any previous prison or jail volunteer experience? _____ When? _____

Where? _____ How Long? _____

Please Provide the name of who recommended you?

I hereby declare that all statements contained in this application are true and correct. I also understand that false or inaccurate information in this application may result in immediate termination of my volunteer status at the Lee County Sheriff's Office.

*Signature

Date

*Applications will not be accepted without a signature, a new application may be required.

LEE COUNTY SHERIFF'S OFFICE

COLLECTION AND USE OF SOCIAL SECURITY NUMBERS

Effective October 1, 2007, in accordance with FSS 119.071, the Lee County Sheriff's Office may collect Social Security numbers for the following purposes:

- Application Process – for the purpose of collecting information related to background investigations, to include fingerprints, NCIC/FCIC checks, Credit Bureau reports, verification of employment, local and state records checks, clarification for duplicate names, verification of Military Service.
- Payroll – for reporting wages to Internal Revenue Service, Division of Retirement and New Hire Reporting.
- Insurance – for medical, dental, flexible spending, life insurance policies, and long-term disability enrollment and reporting.
- Medical Leave – for Worker's Compensation reporting and medical purposes associated with Workers' Compensation.

ACKNOWLEDGMENT: I, _____, do solemnly attest that I have read the above and understand the Waiver for Social Security Number Notice of as set forth above.

(Applicant's Signature)

(Date)

(Witness)