

Membership Application

Sun City Center Security Patrol, Inc.
1005 Pebble Beach Blvd N, Sun City Center, Florida 33573-5352
Telephone: (813) 642-2020

NAME _____ TELEPHONE _____

ADDRESS _____

DATE OF BIRTH _____ E-MAIL ADDRESS _____

DRIVER'S LICENSE # _____ STATE _____ EXPIRATION DATE _____

DRIVING RESTRICTIONS _____

ACCIDENTS LAST 3 YEARS _____

PHYSICAL DISABILITIES _____

PREVIOUS EXPERIENCE _____

RADIO EXPERIENCE (CD, HAM, ETC.) _____

HAVE YOU BEEN CONVICTED OF A FELONY? YES NO

CAN YOU SERVE 12 MONTHS A YEAR YES NO LIST THE MONTHS YOU CAN SERVE:

Would you like to drive, dispatch or both DRIVE DISPATCH BOTH RIDER W/SPOUSE

How often would you like to volunteer? WEEKLY MONTHLY AS NEEDED

When are you available to volunteer? MORNINGS (7:00 - 12:00) AFTERNOONS (12:00-6:00) EVENINGS (6:00 - 11:00) ANYTIME

How did you hear about the Security Patrol? _____

I CERTIFY THAT I currently have a valid drivers license. If for any reason I no longer have a valid drivers license, it is MY responsibility to immediately notify the SCC Security Patrol Office IN WRITING and I will immediately cease to drive SCC Security Patrol Cars. In accordance with the By-Laws, I understand that my membership in the Patrol may be terminated at any time for cause and that should I be terminated, I must turn in my badge. I understand that the Sun City Security Patrol will conduct an FDLE Level 1 background check.

SIGNATURE: _____ DATE: _____

- - - - - FOR OFFICE USE ONLY ACTION AND DATE - - - - -

CONTACTED FOR ORIENTATION _____ CAPTAIN _____ NOTIFIED _____

ORIENTATION COMPLETED ON _____ TEAM ASSIGNMENT _____ GROUP # _____

DRIVING ORIENTATION COMPLETED ON _____ DISPATCH TRAINING COMPLETED ON _____

HOUSE ID _____ MEMBER ID _____ PATROL ROSTER ID _____

DATE APPROVED BY CHIEF OF PATROL _____
SSCSPWEB 6/17/15