

Membership Application

Sun City Center Security Patrol, Inc.

1225 N. Pebble Beach Blvd, Sun City Center, Florida

33573 Telephone: (813) 642-2020

Minimum 3 hours per month

NAME _____ PHONE # _____

ADDRESS _____

Date of Birth _____ E-Mail Address _____

Driver's License # _____ State _____ Expiration Date _____

Driving Restrictions (please list) _____

Accidents Last 3 Years _____

Have you been convicted of a felony? YES NO If yes, please explain _____

Do you have any Physical Disabilities (please list)? _____

Previous Experience (driving or radio) _____

Can you serve 12 months a year? YES NO If 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

What shifts are you available to volunteer?

9 am – Noon; Noon – 3 pm; 3– 6 pm; 6– 9 pm;

How did you hear about the Security Patrol? _____

I CERTIFY THAT I currently have a valid driver's license. If for any reason I no longer have a valid driver's 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 -----

Contacted for Orientation _____	Patrol Roster ID _____	Team _____ Group _____
Orientation Completed On _____		Captain _____
Driving Orientation Completed On _____	House ID _____	Notified _____
Dispatch Training Completed On _____	Resident ID _____	
Date Approved By Chief of Patrol _____	E-mail Added _____	DL Added _____