



PINELLAS COUNTY SHERIFF'S
**CITIZENS
ASSOCIATION**



PROGRAM APPLICATION

PLEASE COMPLETE THE APPLICATION FORM AND EITHER:

I. E-MAIL IT

Communityprograms@pcsonet.com

OR

2. MAIL IT

Pinellas County Sheriff's Office
Community Programs
P.O. Drawer 2500
Largo, FL 33779-2222

**A CRIMINAL BACKGROUND CHECK WILL BE COMPLETED ON ALL APPLICANTS.
APPLICANTS MUST BE U.S. CITIZENS.
IF YOU HAVE ANY QUESTIONS PLEASE CALL 727-582-6612.**

PERSONAL INFORMATION (ALL INFORMATION MUST BE FULLY COMPLETED | PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ Middle Initial: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Driver License #: _____ DL State: _____

Social Security # (Optional*): _____ Occupation: _____

E-mail Address: _____

* Providing your SSN is optional, but failure to provide your SSN may result in a delay in processing your application or request. PCSO's request for your SSN is permitted by state law because it is imperative for the agency in the performance of its duties and responsibilities for purposes of criminal history and verification of your identity, pursuant to Sections 119.071(5)(a)2.a.II, F.S. If you provide your SSN, PCSO will use it for purposes of identification as described above.

YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION INTO MY PERSONAL HISTORY.

SIGNATURE: _____ DATE: _____