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) _____

Other Skills/Experience: (ex. Plumbing, I.T., Event Planning, Accounting, Marketing, Sales, etc.)_____

_____

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/Companion**

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? _____

EMERGENCY CONTACT: Name:_____**Relationship**_____

Phone:_____ **Email:**_____

Member & Emergency contact information will be retained for office and key leaders use only

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 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:**_____

MEMBER NAME:_____

- - - - - - - - - - FOR OFFICE USE ONLY - - - - - - - - - -

Contacted for Orientation	Date	Notes

Roster ID: _____ Team #:_____

Driver Orientation Class completed:_____

Driver In Car Training #1

Date:_____ **N/S:**_____**Trainer:**_____

Driver In Car Training #2

Date:_____**N/S:**_____**Trainer:**_____

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Dispatch In Class Training completed:

Dispatch Training #1

Date:_____**Trainer**_____

Dispatch Training #2

Date:_____**Trainer**_____

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Captain In Class Training:_____

Captain Dispatch Training:_____

Captain Shadow:_____

Team Assignment:_____

Last Revised 06/18/2025