CIVILIAN FIREARMS SAFETY AND FAMILIARIZATION CLASS

Conducted by

The Volusia Sheriff's Office

Training Academy

08/25/2026

Volusia Sheriff's Office

Michael J. Chitwood, Sheriff

Thank you for your interest in the Civilian Firearms Safety and Familiarization Class, sponsored by the Volusia Sheriff's Office.

In order that we may process your request, please be sure to **completely** fill out your application, have it **notarized** and return the following to the address listed **below** at least 1 week prior to your requested class date.

Mail Required Documents to:
Volusia Sheriff's Office 3901 Tiger Bay Rd. Daytona Beach, FL 32124

Required Documents:

1) Application
2) Release/Disclaimer of Liability
3) Copy of Florida Driver's License or personal Florida ID Card

Once we receive your application, a background check and a weapon check will be completed. Upon completion, we will notify you with the date of your class. Incomplete applications will be returned. Application must be received, at least **one (1) week prior** to the class date.

Class Dates:

- **Saturday, December 12, 2026 8:00 AM**

If you have any questions, please call: (386) 239-6522 Sincerely,
Michael J. Chitwood, Sheriff

CIVILIAN FIREARMS SAFETY COURSE INFORMATION

The Volusia Sheriff's Office is pleased to sponsor a Firearms Safety Course. This course is structured for the beginner; however, it is open to anyone 18 years of age or older who wishes to become more familiar with firearm safety. This course will also meet educational requirements for the State of Florida concealed weapon permit application. This course is free of charge.

You may bring your lunch or snack.

Location:

Volusia Sheriff's Office - Deputy Stephen Saboda Training Center
3901 Tiger Bay Road
Daytona Beach, Florida 32124

Equipment:

Each participant **must bring a handgun** that is in good, clean, working condition; 10 rounds of factory-loaded ammunition for the handgun. Shooters may bring their own ear and eye protection; however, ear and eye protection will be provided for the live fire portion.

The Range Master will inspect all weapons prior to the firing exercise. Defective, unsafe, or questionable weapons will not be allowed to be used in this exercise. The Range Master makes the final decision as to whether a gun will be used in the exercise.

Contact Person:

Volusia Sheriff's Office - Training Academy

Phone #: (386) 239-6522

Email: Training@volusiasheriff.gov

Arrival Instructions:

1. Firearms are to be unloaded before arriving on Sheriff's Office property. They are to be left in your vehicle and secured in a holster or gun case.
2. No ammunition is to be brought into the classroom.
3. The Range Master has the right to dismiss anyone, at any time and will, for safety violations.
4. You are to notify the Range Master of any medical conditions you have.

CIVILIAN FIREARMS SAFETY COURSE APPLICATION

(Please Type or Print legibly/Incomplete Applications will be returned to you)

Please attach copy of Florida Driver's License or personal Florida ID Card

Name: _____

Last First Middle (Maiden Name)

Address: _____

City: _____ State: _____ ZIP: _____

Telephone Number: ( ) _____ Work ( ) _____

Date of Birth: _____ Email: _____

SS#: _____ FL Driver License# _____

Date of the Civilian Firearms Class You Wish To Attend: _____ Alternate Date: _____

Have you ever been arrested? Yes_____No_____. If yes, state when and where and explain: (State Statutes #943.0585 and #943-059 requires that you must disclose any sealed or expunged record when applying to take the Civilian Firearms Safety Course).

_____

_____

_____

Weapon Make	Model	Caliber	Serial Number
_____	_____	_____	_____

Medical condition, which may affect shooting a firearm: _____

_____

Why do you want to attend this course?

_____

_____

I hereby certify that the above information is true and correct and all statements are subject to investigation. I agree to comply with all orders, rules and regulations of the Volusia Sheriff's Office.

Signature: _____ Date: _____

Please attach copy of Florida Driver's License or personal Florida ID Card

PLEASE DO NOT WRITE BELOW THIS LINE

WARRANT CHECK	CRIMINAL HISTORY	WEAPON CHECK
_____	_____	_____
Date/Initials	Date/Initials	Date/Initials

RELEASE AND WAIVER OF LIABILITY
For Volusia Sheriff's Office Civilian Firearms Safety Course

I, the undersigned, in consideration of the opportunity to participate in the Civilian Firearms Safety Course at the Volusia Sheriff's Office Firearms Range and Training Facility in Daytona Beach, Florida ("Range"), and/or to use Range facilities or equipment, or to participate in activities on Range property, do hereby agree to the terms below.

I hereby assume the risk of personal injury or death or property damage or other loss arising from my presence at the Range, the use of Range facilities or equipment, or participation in activities on Range property.

I understand the Range is used for firearms training involving the use of live ammunition. I understand and accept the inherent risks involved in the use of firearms with live ammunition. Including but not limited to, stray bullets, fragmented bullets, ricocheted bullets or fragments, accidental discharges, etc. I further understand and accept that said risks could result in injury, permanent disability, or death to me.

I hereby agree to release, waive and forever discharge the Volusia Sheriff (Sheriff) and the Volusia County Board of County Commissioners (County), their officers, employees and agents from any liability, claims, demands, damages, expenses, fees, fines penalties, suits, proceedings, actions and cost of actions, including attorneys' fees for trial and appeal arising out of or resulting from my presence at the Range, use of Range facilities or equipment, or participation in activities on Range property. Furthermore, I agree to defend, indemnify and hold harmless the County and Sheriff, their officers, employees and agents against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed wrongful act or omission of mine while present on Range property. I understand that this release and indemnity agreement includes any claims based on the negligence, gross negligence, actions or inactions of the County or the Sheriff, their employees, agents, representatives and covers bodily injury and property damage, suffered by me. This release, waiver and hold harmless agreement shall be binding upon me and my heirs, personal representatives, successors and assigns.

I hereby authorize Volusia Sheriff's Office and its employees or agents to seek emergency medical attention for myself in the event of injury or medical emergency. I understand that the cost of said medical care or transportation shall be solely my responsibility.

I understand and agree that my presence at the Range, my use of Range facilities or equipment, and my participation in activities on Range property may be terminated at any time by a designee of the Volusia Sheriff.

Further, I authorize the Volusia Sheriff's Office to conduct a criminal history records check for the purpose of determining my eligibility to participate in the Civilian Firearms Safety Course.

I hereby execute this hold harmless and indemnification on behalf of myself and my heirs and assigns.

_____	_____
Signature	Date
_____	_____
Print Name	Phone
_____	_____
Address	Email Address
_____	_____
City, State and Zip Code	Phone
_____	
Emergency Contact	

STATE OF FLORIDA COUNTY OF VOLUSIA

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization,this_____day of _____ , 20_

by_____
Affiant's Name

_____
Signature of (Notary Public-State of Florida OR Law Enforcement Officer)

_____
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known OR Produced Identification

_____
(Type of Identification Produced)

NOTICE TO PERSONS REGARDING COLLECTION OF

SOCIAL SECURITY NUMBERS

The Volusia Sheriff's Office collects Social Security Numbers of persons who:

1. Apply for employment or are employed by this Office;

2. Apply to qualify with a firearm pursuant to HR 218, Nationwide Concealed Carry Act for Retired Law Enforcement Officers;

3, Apply to volunteer with this Office;

4. Are arrested or contacted for investigative reasons by this Office;

5. Are fingerprinted by this Office, or;

6. Provide information for any other purpose.

For the performance of duties and responsibilities prescribed by law, the Volusia Sheriff's Office collects Social Security Numbers for the following reasons:

1. To verify identity.

2. To conduct employment background investigations.

3. To check for wanted person, driver's license, and criminal history queries.

4. Payroll purposes.

5. For any other purpose deemed imperative for the performance of duties and responsibilities prescribed by law.

Civilian Firearms Safety Course
Directions to the
Volusia Sheriff's Office Training Academy
3901 Tiger Bay Road
Daytona Beach, FL 32124

From the intersection of Interstate 95 and International Speedway Blvd. (U.S.92), travel west on International Speedway Blvd., 4.2 miles to Indian Lake Road.

Turn right at the signal (north) on Indian Lake Road and travel .8 miles to the intersection of Tiger Bay Road.

Turn left on Tiger Bay Road and travel .5 miles to the Volusia Sheriff's Office Training Academy (Sign for Training Academy says Deputy Stephen Saboda Training Center). If you end up at Tomoka State Prison, you have gone too far.

Turn left on to the Training Center driveway and go to the last building straight to the end of the driveway.

