**Collin County Detention Center**

Background Screening Form & Application

**Volunteer Training & Orientation 2019**

All applications **MUST** include a copy of your Driver’s License, a recent photo AND documentation requested

Incomplete applications and applications without requested documentation **WILL NOT** be processed

**Please PRINT**

Last Name: Legal First Name:

Preferred Name (if different): Phone:

Address: City:

State: Zip Code: Email:

Social Security #: Driver’s License #:

Birthdate: Place of Birth: Male Female

White Black Hispanic Asian Other (Please Specify)

Have you ever been convicted of a felony? ( ) YES ( ) NO

Have you ever been convicted of a misdemeanor? ( ) YES ( ) NO

Have you been accused of a misdemeanor in the past 5 years? ( ) YES ( ) NO

Have you been accused of a felony in the past 5 years? ( ) YES ( ) NO

If yes, please explain.

Have you ever volunteered in a Correctional Facility? ( ) YES ( ) NO

Name/Location

Are you currently volunteering in another Correctional Facility? ( ) YES ( ) NO

Name of Facility: Contact Name & Number:

Have you ever been denied or removed from volunteering in a Correctional Facility? ( ) YES ( ) NO

If yes, please explain.

Why do you desire to work with those who are incarcerated?

Are you related to anyone currently employed with the Collin County Sheriff’s Office? ( ) YES ( ) NO

Name of Employee:

Are you related to anyone currently incarcerated in the Collin County Detention Facility? ( ) YES ( ) NO

Name of Inmate:

What is your occupation? What are your interest/hobbies?

Name of Program Applying for:

Are you applying to teach an Evidenced Based or Educational program? ( ) YES ( ) NO

*A copy of subject matter credentials and a professional reference MUST be attached to application*

Are you applying to conduct religious services? ( ) YES ( ) NO

Name of Organization

*A letter of recommendation from the organization MUST be attached to the application*

Are you applying to bring AA or NA Meetings? ( ) YES ( ) NO Date of sobriety?

Two References:

Name: Phone:

Address, City, State, Zip:

Name: Phone:

Address, City, State, Zip:

Indicate below your preferred date to attend the mandatory Training & Orientation Class. Please note, completed applications with all attachments MUST be received by the indicated deadlines. You will receive notification of approval and enrollment confirmation via email. All classes are subject to cancellation and/or change and all related communication will be sent via email.

 Tuesday, January 29, 2019, 1:30pm—4:00pm \*Enrollment Deadline: January 18, 2019 by 5pm

 Thursday, February 28, 2019, 9:30am—Noon \*Enrollment Deadline: February 15, 2019 by 5pm

 Tuesday, March 26, 2019, 6:30pm—9:00pm \*Enrollment Deadline: March 15, 2019 by 5pm

**Applicant Signature: Date:**

Date Received: Comments:

Programs Coordinator: Approved ( ) Denied ( ) Date:

Services Captain: Approved ( ) Denied ( ) Date: