

**DENTON COUNTY
SHERIFF'S OFFICE**

*The Honorable
Tracy Murphree, Sheriff*
DENTON COUNTY

JAIL VOLUNTEER APPLICATION PACKET

INSTRUCTIONS

The Jail Volunteer Application Packet is the property of the Denton County Sheriff's Office.

The Jail Volunteer Application packet must be accurate, complete, and orderly. Each section must be filled out completely. **DO NOT leave anything blank. If something does not apply to you, mark all available spaces as N/A.**

It is important that you provide all requested information (to the best of your knowledge and recollection) in each of the specified areas. Failure to comply with written and or verbal instructions may result in disqualification for further consideration in the process.

A background check will be made based on your application responses and a criminal history through TCIC/NCIC shall be ran.

The Jail Volunteer Application packet is to be hand printed in BLUE ink in your own handwriting.

If adequate space is not provided in any area, you may continue on the back of the page or add an additional page to the packet.

DO NOT REMOVE any pages form the packet.

The booklet is to be returned, in person, on the specified date and time to:

**Denton County Sheriff's Office, Inmate Programs
127 Woodrow Lane
Denton, TX 76209**

DO NOT SIGN pages, 12 – 15 unless you are in front of a Notary.

REQUIRED DOCUMENTS

Applicant Self Check	Document	Reviewed/Accepted
_____	Copy of a Valid Texas Driver's License- In Color (must have current address)	_____
_____	For Religious Volunteers- a Letter of recommendation from the current Pastor	_____
_____	For Programs Volunteers- a letter of recommendation from the leader of the Program you are representing.	_____
_____	If a Minister, a copy of license, Ordination, or certification as a Minister	_____
_____	Letter of support from current employer	_____

**Denton County Sheriff's Office
Application for Programs Volunteers**

Initial Renewal

Complete all sections of this application. Incomplete applications will not be accepted. A new application will need to be submitted. Return completed form, along with a copy of your driver license, to:

Denton County Sheriff's Office 127 Woodrow Lane Denton, TX 76205. ATTN: Chaplain's Office

Last Name First Name Middle

Maiden Name Nickname/Alias Email

Home Address City State Zip

Previous Address (If less than two years) City State Zip

_____/_____/_____
DOB (MDY) _____
Social Security Number _____
Driver's License Number and State

Eyes Hair Race Sex ^{M / F} Height Weight

_____ () - _____ Home Phone	_____ () - _____ Cell Phone	_____ () - _____ Work Phone
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Complete, in full employment information: current, self-employed or if unemployed (with explanation).

Current Employer (Occupation if self employed) How Long?

Work Address City State Zip Phone

Job Title Duties Supervisor

May we contact your current employer Yes No

**Emergency Contact Name Relationship Phone

Home Address City State Zip

**Emergency contact information must be entered completely.

Personal References: List three persons who know you well enough to provide current information about you. Please **DO NOT** include relatives for a reference. Fill out each space completely.

Name: _____ Street Address _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Years Known: _____ Occupation: _____

Name: _____ Street Address _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Years Known: _____ Occupation: _____

Name: _____ Street Address _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone: _____

Years Known: _____ Occupation: _____

If applying for Jail Religious Ministry: Home church information:

Licensed / Certified / Ordained Minister

Lay Person (if a lay person, you will need a letter of recommendation from your pastor to minister in the Denton County Sheriff's Office Jail)

Church Name _____ Church Phone (____) _____ - _____

Address _____ City _____ State _____ Zip _____

Senior/Lead Pastor _____ How long have you been attending? _____

Responsibility at the church _____

If applying for Inmate Programs: (AA, ACTS, Educational, Internship, Counselor assistance):

_____ (____) _____ - _____

Group/Organization you will be representing

Group/Organization Contact Number

Group/Organization Leader/Supervisor

How long have you been with this group/organization?

Responsibility within this group/organization.

Do you have any previous prison or jail volunteer experience? Yes No

When?

Where?

What group/organization/ church / individual recommended you to be a volunteer?

Why do you want to become a volunteer?

Have you ever been arrested? Yes No

Misdemeanor Felony

When?

Where?

What name did you use at the time of your arrest?

Have you ever been convicted of a crime? Yes No

Do you know any relatives, friends or personal contacts who are or have been involved in any type of criminal activity? Yes No

Person _____
Person _____

Activity _____
Activity _____

Relationship _____
Relationship _____

Has a member of your family, close relative(s), in-laws, close friend of the family, or anyone else you are associated with ever been arrested for anything other than traffic violations? If yes, list below.

Yes No

Do you have any acquaintances, friends or relatives currently incarcerated at the Denton County Jail?

Yes No

If Yes, the name of the person and your relationship with them _____

Have you ever taken anything including money from a place where you worked? Yes No

What? _____ When? _____

Have you ever taken anything from a store without paying for it? Yes No

What? _____ When? _____

What? _____ When? _____

When was the last time you were intoxicated? _____

Have you ever missed work/class because of drinking? _____

Have you ever used hard drugs? Yes No How many times? _____ Last Usage Date? _____

Have you ever used marijuana? Yes No How many times? _____ Last Usage Date? _____

Have you used any inhalants? Yes No How many times? _____ Last Usage Date? _____

Have you ever gone to work/school high? Yes No

Have you ever given another person drugs to take advantage of them? Yes No

Have you provided drugs for another person? Yes No

Have you ever sold drugs? Yes No

Have you ever taken or gone with someone to buy drugs? Yes No

Have you ever offered a favor or payment to get out of a jam? Yes No

Have you ever broken policy by accepting gifts you knew you should not have? Yes No

Have you ever been arrested? Yes No

If yes to being arrested, the date of the arrest(s), the charge(s), and the disposition of the case.

Are there any incidents in your life or details not previously mentioned in this document which may affect the evaluation of your suitability for voluntary service or possibly become a cause for embarrassment to the Denton county Sheriff's Office? Yes No

If "YES", explain:

HAND PRINT a BRIEF description of your life FROM THE AGE OF 18 TO THE PRESENT.

Volunteer Selection and Placement Policy

Service as a volunteer with the Office shall begin with an official notice of acceptance or appointment to a volunteer position. Notice may only be given by an authorized representative of the Office, normally the program coordinator. No volunteer should begin any assignment until he/she has been officially accepted for the position. Each volunteer should complete all required enrollment paperwork and will receive a copy of his/her position description and agreement of service with the Office.

Volunteers should be placed only in assignments or programs that are consistent with their knowledge, skills, abilities and the needs of the facility.

The minimum requirements for volunteers are as follows:

- a. Not currently on Parole or probation
- b. Not have been on Parole or Probation in the past 3 years
- c. No pending criminal charges (misdemeanor or felony)
- d. No violent crime convictions in the past 10 years, to include but not limited to, assault, robbery, homicide, abuse, neglect, carrying a concealed weapon, domestic violence and stalking
- e. Alcoholics Anonymous (AA) volunteers must have at least a one year of sobriety
- f. Cocaine Anonymous (CA) and Narcotics Anonymous (NA) or any drug rehab volunteers must have at least 18 months of sobriety
- g. No incarcerations in the past 5 years
- h. There must be a need for the service the volunteer will provide
- i. There must be time and space available for the services the volunteer will provide
- j. Must not have been prohibited from entering a secure facility
- k. If they are volunteering for church/religious ministry, they must have a letter from the Pastor, Priest, or qualified leader of the organization they will represent.

Volunteers may be denied access to the Denton County Jail for any of the following reasons. This list is not inclusive.

- a. Breach of confidentiality
- b. Unlawful conduct or breach of facility rules and regulations
- c. Extended physical illness or emotional illness
- d. Unwillingness to cooperate with the staff
- e. Erratic, unreliable attendance
- f. Any other activity, which may threaten the order, security and/or safety of the facility, staff, inmates, and the public

I have read and understand the above mentioned policy and hereby agree that I comply and will comply with the provisions of this policy.

Volunteer Applicant Signature

Date

ENVIRONMENTAL HAZARDS

I, _____, understand that if I am selected by the Denton County Sheriff's
(Volunteer Applicant Printed Name)

Office, as a volunteer, I may encounter certain unavoidable and/or disagreeable situations in the normal course of the performance of my duties.

I further understand that such situations may include, but not limited to, any or all of the following:

- Foul or abusive language
- Threats of bodily harm and/or injury
- Threats against the family
- Physical confrontations (combative inmates or suspects)
- Having body fluids/excretions thrown on my person
- Exposure to communicable disease
- Noxious odors
- Cigarette Smoke
- Explicit sexual gestures and/or verbal suggestions
- Nudity
- Being spit on
- Excessive noise levels

Volunteer Applicant Signature

Date

AGREEMENT OF CONFIDENTIALITY

I, _____ having filed an application for
(Print Full Name)

Voluntary Service with the Denton County Sheriff's Office, hereby acknowledge I understand that in conjunction with the processing of said application, a comprehensive background investigation will be conducted.

I further understand that the said investigation will be confidential in its nature and the said investigation will be designed so as to thoroughly and completely explore my personal background.

I also understand that the information obtained pursuant to said investigation will be kept in confidence and will be utilized only by authorized personnel of the Denton County Sheriff's Office in the determination of my suitability for voluntary service with the Denton County Sheriff's Office.

I further acknowledge that the contents of the said background investigation cannot and will not be divulged to me.

DO NOT WRITE BELOW THIS LINE

This document must be signed in the presence of a Notary Public.

I have read and understand the foregoing and hereby agree to comply with the provisions There of as they may affect me. I further agree to indemnify and hold the Sheriff of Denton County and/or Denton County, its employees, officers, agents, servants, and/or attorneys harmless of and from any and all claims and causes of action of any kind which may arise from my filing this application for voluntary service with the Denton County Sheriff's Office.

X _____
Applicant Signature

X _____
Date

DO NOT WRITE BELOW THIS LINE

Subscribed and sworn to before me, the undersigned authority on this the

____ day of _____, year _____.

Notary Seal

Notary Public
in and for
The State of Texas, County of _____

DECLARATION OF AUTHENTICITY

I, _____ do hereby affirm that I have completed the
(Print Full Name)

foregoing application for voluntary service consideration by the Denton County Sheriff's Office, that I understand the content and that the answers I have given and the statements I have made herein are true and correct. I also understand that false or inaccurate information in this application may result in immediate termination of my volunteer status at the Denton County Sheriff's Office.

*Signature

Date

*Applications will not be accepted without a signature, a new application may be required

I also understand that any willful misrepresentation of fact or deliberate falsification of any answer or statement made by me herein may subject me to disqualification from the voluntary service, and/or possible criminal prosecution under Article 37.02 and/or 37.10 of the Texas Penal Code or other State or Federal Penal statutes.

DO NOT WRITE BELOW THIS LINE

This document must be signed in the presence of a Notary Public.

Before me, the undersigned authority, on this day personally appeared the person whose signature is affixed upon the line designated "Applicant", and upon his/her oath stated that he/she is an applicant for voluntary service with the Denton County Sheriff's Office and that he/she has executed the foregoing application voluntarily and knowingly for the purposes therein set out.

X _____
Applicant Signature

Sworn to and subscribed before me this the ____ day of _____ year ____

Notary Public
In and For
The State Of Texas, County Of _____

Notary Seal

DENTON COUNTY
SHERIFF'S OFFICE

CURRENT/PREVIOUS EMPLOYER CONTACT AGREEMENT & RELEASE

I, _____, do hereby acknowledge and understand that I am being seriously considered for voluntary service by the Denton County Sheriff's Office and that prior to such voluntary service, my current/previous employer must and shall be contacted for verification of employment and reference purposes.

I further understand that any and all information provided by my current employer will be strictly confidential in nature and will be used solely in the final determination of my suitability for voluntary service with this agency.

I also understand that this document shall supersede any and all previous documents signed by me regarding contact with my current employer.

I do hereby release, indemnify and hold harmless any individual(s) requesting and/or furnishing such personal information of and from any and all claims and causes of action of any kind.

Before me, the undersigned authority, on this day personally appeared the person whose signature is affixed upon the line designated "Applicant", and upon his/her oath stated that he/she is an applicant for voluntary service with the Denton County Sheriff's Office and that he/she has executed the foregoing application voluntarily and knowingly for the purposes therein set out.

X _____
Applicant Signature

Sworn to and subscribed before me this the ____ day of _____ year _____

Notary Public
In and For
The State Of Texas, County of _____

Notary Seal

Authorization for the Release of Personal Information

I, _____ do hereby authorize a review of and full

(Print Full Name)

disclosure of all records concerning myself to any duly authorized agent of the Denton County Sheriff's Office, whether the said records are of a public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, the results of any internal affairs investigations and the records and recollections of attorneys at law, or of other counsel whether representing me or another person in any case, either criminal or civil in which I presently have, or had interest. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon release authorization will be considered in determining my suitability for voluntary service with the Denton County Sheriff's Office. I also certify any person(s) who may furnish such information; and I do hereby release, indemnify and hold harmless any individual furnishing such personal information to the Denton County Sheriff's Office and/or Denton County, its employees, officers, agents, servants and/or attorneys of and from any and all claims and causes of action of any kind. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

DO NOT WRITE BELOW THIS LINE

This document must be signed in the presence of a Notary Public.

X _____
Applicant

Address

City State Zip

Before me, the undersigned authority, this day personally appeared the person whose signature is affixed upon the line designated "Applicant", who after being duly sworn acknowledged that the release herein above was executed by him voluntarily and knowingly for the purposes therein set out.

Sworn to and subscribed before me this the _____ day of _____ year _____
Notary Seal

Notary Public, in and for
State of Texas, County of _____