

# Collin County Detention Facility

## Inmate Programs Volunteer

### Background Screening Form & Application

Applications are accepted each year beginning **October 1<sup>st</sup>** for training the following year. All applications must include a copy of your Driver's License, a recent photo AND documentation indicated below.

Incomplete applications, including those without required documentation, will not be processed

**Notification of approval and registration for the next training and orientation session will be sent via email**

#### Please PRINT

Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Names Previously Used: \_\_\_\_\_ Preferred Name, if different: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_

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 you answered yes to any of the above questions please provide details, use additional paper if needed

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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 list the name of the facility and why you were removed

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

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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? \_\_\_\_\_

**List two references we may contact. Please include first AND last name, phone number and FULL address**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

**Please indicate below the days/times you are available to volunteer. Please mark all dates that apply**

Monday 9:00am—11:00am \_\_\_\_\_

Monday 1:00pm—3:00pm \_\_\_\_\_

Tuesday 9:00am—11:00am \_\_\_\_\_

Tuesday 1:00pm—3:00pm \_\_\_\_\_

Wednesday 9:00am—11:00am \_\_\_\_\_

Wednesday 1:00pm—3:00pm \_\_\_\_\_

Thursday 9:00am—11:00am \_\_\_\_\_

Thursday 1:00pm—3:00pm \_\_\_\_\_

Friday 9:00am—11:00am \_\_\_\_\_

Friday 1:00pm—3:00pm \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Received: \_\_\_\_\_ Comments: \_\_\_\_\_

Programs Coordinator: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_

Services Lieutenant: \_\_\_\_\_ Approved ( ) Denied ( ) Date: \_\_\_\_\_