



## Sheriff's Inmate Services Bureau Contractor and Volunteer Application

### AUTHORIZATION FOR LOCAL AND NATIONAL CRIME INVESTIGATION CHECK

**As a prospective volunteer, contractor, or consultant requiring access, I understand it is necessary to conduct a background investigation to determine my suitability for access to the county jail. I understand that local and national crime investigation center information may be requested. I also understand that the information obtained in the investigation will be treated confidentially and will be retained only for purposes of verifying my facility access status to the county jail.**

**I understand that if I fail to provide the information requested on this application my application to serve as a volunteer, contractor, or consultant, my access will not be considered.**

**I voluntarily provide the following information so that a background check can be conducted.**

Signature: \_\_\_\_\_

Please complete this application in blue or black ink, make sure to print legibly.

|  |        |                    |                |  |           |       |
|--|--------|--------------------|----------------|--|-----------|-------|
| Legal Name: Last:  | First: | Middle:            | Date of Birth: |  |           |       |
| List ALL AKA's:  |        |                    |                |  |           |       |
| Age:   | Race:  | Sex:               | Hgt:           | Wgt:   | Hair:     | Eyes: |
| Driver's License Number:   |        | Social Security #: |                | Cell Phone #:  |           |       |
| Home Address:  |        | City:              | Zip:           | Home Phone #:  |           |       |
| Mailing Address (if different then above):   |        |                    |                |  |           |       |
| E-Mail:  |        |                    |                |  |           |       |
| Place of Birth:  |        |                    |                |  |           |       |
| Emergency Contact Person:  |        |                    | Relationship:  |  | Phone:    |       |
| Present Employer:  |        |                    | Your Job:      |  | How Long: |       |
| Program Applied for: Alcoholics Anonymous (AA): <input type="checkbox"/> Narcotics Anonymous (NA): <input type="checkbox"/> Jail Ministry: <input type="checkbox"/> Contractor: <input type="checkbox"/> Other (explain): <input type="checkbox"/> |        |                    |                |  |           |       |
| Name of Group Leader or Contractor:  |        |                    |                |  |           |       |
| Have you ever been arrested or received a ticket for something other than a traffic infraction?: Yes <input type="checkbox"/> No <input type="checkbox"/> How many times?:   |        |                    |                |  |           |       |
| If yes List Date(s), Charge(s), Arresting Agency, and Disposition(s):  |        |                    |                |  |           |       |
|  |        |                    |                |  |           |       |
|  |        |                    |                |  |           |       |
|  |        |                    |                |  |           |       |
| Are you on Probation (formal or informal)?: Yes <input type="checkbox"/> No <input type="checkbox"/>   |        |                    |                | Are you on Parole?: Yes <input type="checkbox"/> No <input type="checkbox"/> |           |       |

### Office Use Only

|   |         |       |           |
|---|---------|-------|-----------|
| Application Date:   | CH Run: | PREA: | Livescan: |
| Approved?: Yes <input type="checkbox"/> No <input type="checkbox"/> By: |         |       |           |