MONROE COUNTY SHERIFF'S OFFICE
BUREAU OF CORRECTIONS
FACILITY CLEARANCE APPLICATION
FOR VOLUNTEER PROGRAMS

PLACE

PHOTO

HERE

Photo must be attached

Return to:
Programs Department
5501 College Road.
Key West, FL 33040

NAME: _____
(LAST) **(FIRST)** **(MIDDLE)**

MAIDEN NAME/ALIAS/AKA: _____

MAILING ADDRESS: _____

_____
CITY **STATE** **ZIP CODE**

PHYSICAL ADDRESS: _____

_____
CITY **STATE** **ZIP CODE**

DRIVER'S LICENSE #: _____ **STATE:** _____

HOME PHONE #: ____-_____-_____ **WORK PHONE#:** ____-_____-_____

DOB: ___-___-____ **PLACE OF BIRTH: City**_____ **State**_____

SSN: ____-___-_____ **RACE:** _____ **SEX:** _____

HEIGHT: _____ **WEIGHT:** _____

HAIR: _____ **EYES:** _____

Scars/Marks/Tattoos

_____

All areas must be complete or the application will not be processed.

Revised 09-22-05

CHARACTER REFERENCES: **Please provide the name, address and telephone number for three local references (excluding relatives and/or former employers) indicating their relationship to you. Addresses and telephone numbers must be complete and accurate.**

1._____

2._____

3._____

Are you now or have you ever served in the United States Armed Forces?

YES [ ] NO [ ] Branch of service: _____

Date and type of discharge: _____

Have you ever been arrested? Yes [ ] No [ ]

If you answered yes, please provide the details of the arrest including the disposition:

Date of Arrest	Charge and Arresting Agency	Disposition and Date

Are you presently on any form of probation or community control? YES [ ] NO [ ] If yes, when does the control/probation end?_____

Probation Officer Name:_____
Phone Number: ( )_____-_____

****

Name of Employer:_____
(Present or Most recent)

Address:_____

_____
City State Phone Number

Length of Employment _____ to _____

Position is/was Permanent [ ] Temporary [ ]
Part-time [ ] Full-Time [ ]

Please describe your duties: _____

Name of Immediate Supervisor: _____

May we contact him/her? Yes [ ] No [ ]

****

EDUCATION

Indicate the highest year in school completed:

[ ]Less than High school [ ] High School or GED [ ] Vocational Certification
[ ]Some College [ ] College Graduate [ ] Advanced Degree

Major or Certification: _____ Minor: _____

****

Which program are you interested in participating in? (Please Check One)

[ ] Art Behind Bars [ ] AA [ ] NA [ ] Clergy [ ] Literacy

[ ] Parenting [ ] Disease Prevention [ ] VA [ ] Farm

[ ] Aids Help [ ] JIP Other _____

What experience have you had in counseling, corrections, law enforcement or related community service? _____

_____

What courses, special training and skills have you taken or gained that may assist you as a volunteer for the Monroe County Detention Facility? _____

_____

Please write a brief statement reference your interest in this particular program and your purpose/reason for offering your services as a volunteer. _____

_____

_____

What do you expect to gain from volunteering at this facility? _____

_____

_____

****

Interns/Students Only:

Sponsoring School:_____

Department:_____ Professor _____

Level/Year:_____ Credit Hours to be received: _____

****

Clergy Volunteers Only:

Denomination:_____

Church/Pastor Affiliation:_____

Address of Congregation:_____

_____

City State Zip Phone Number

****

Narcotics Anonymous and Alcoholics Anonymous Only:

Are you approved through the Chairperson of the H & I Committee or other governing body to facilitate NA or AA meetings in a hospital or institutional setting?

[ ] Yes [ ] No

Chairpersons Name _____

****

Do you require any additional assistance from the Monroe County Detention Facility to assist you in fulfilling your volunteerism? If yes, please indicate what type of assistance you require._____

MONROE COUNTY DETENTION CENTER
VOLUNTEER AGREEMENT

This is to acknowledge that I have received a copy of the Monroe County Detention Facilities Volunteer Handbook. I have read and understand the Rules and Regulations for Volunteers as outlined in the Handbook Section III and agree to abide by these rules. I understand that any violation of the rules may result in the suspension and/or termination of the privilege of entering the Monroe County Detention Center.

I am aware of the nature of this institution, and will take due caution in the performance of my duties. I do hereby release the Monroe County Sheriff's Office, its officers, agents and employers from any liability for any injuries and damage that may be incurred while in or on the grounds of the facility.

_____ _____
Volunteer Signature Date

****
OFFICIAL USE ONLY

Approved[ ] Denied [ ] Probationary Volunteer[ ] Date:_____

Justification of Denial _____

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