



Bureau of Corrections

Volunteer Application

One mission, one team

Sheriff's Office - Our vision is to enhance the quality of life in the Florida Keys through strong community partnerships, in a way that maintains the public trust. The men and women of the Monroe County Sheriff's office will pursue the highest standards of Law Enforcement Excellence in everything we do.

A recent photo must be attached and all areas must be complete or the application will not be processed.

Legal Name: _____
 Last **First** **Middle**

Maiden Name/Alias/AKA: _____

Home/Mailing Address: _____

City **State** **Zip Code**

Drivers License #: _____ **State:** _____

_____ **Home Phone #** _____ **Work Phone #** _____ **Cell Phone #**

Date of Birth - - **Place of Birth: City** _____ **State** _____
 M **D** **YY**

Social Security #: _____ - _____ - _____ **Race/Ethnic Origin:** _____
For background check only, number will be secured

Gender: **Male** _____ **or** **Female** _____

Height: _____ **Weight:** _____

Hair Color: _____ **Eye Color:** _____

Scars/Marks/Tattoos

Referred by? _____

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

- AA NA Clergy Literacy
 Re-entry Salvation Army VA Farm
 Aids Help JIP Other _____

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



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 Felony or Misdemeanor	Charge and Arresting Agency	Sentencing
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

Address: _____

_____ City _____ State _____ Phone Number

Length of Employment _____ to _____

Position is/was	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>
	Part-time <input type="checkbox"/>	Full-Time <input type="checkbox"/>

Describe your duties:

Name of Immediate Supervisor: _____

May we contact him/her? Yes No Phone # _____

EDUCATION

Indicate the highest year in school completed:

<input type="checkbox"/> Less than High school	<input type="checkbox"/> High School or GED	<input type="checkbox"/> Vocational Certification
<input type="checkbox"/> Some College	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Advanced Degree

Major or Certification: _____ Minor: _____

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? _____

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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. _____

Emergency Notification Information:

Name: _____ Phone _____

Relationship: _____ Alternate Phone number _____

Medical Alert Information:

Do you have any Medical conditions the may cause a medical alert, ie; (Allergies, Seizures or any other alerts you think we may need to know.) If you wish to disclose your information, please list _____

I confirm that all information provided on this application is true, accurate and complete.

Volunteer Signature

Date

Please return completed Application to:

Monroe County Detention Center
Programs Department
5501 College Road
Key West, Fl 33040

Allow two weeks for processing of this application, a letter will be sent to the address you have provided above advising you of approval or disapproval.

Thank you

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 will complete my annual training by mail or attendance. If I do not respond within 30 days to the letter received from Jail Programs, my volunteer privileges will be suspended.

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 employees from any liability for any injuries and damage that may be incurred while in or on the grounds of the facility.

I understand my personal information will be used during the application verification process to check my criminal history. If suspected information on matters with potential terrorism connections or warrants is returned on an applicant, it will be forwarded to the local Joint Terrorism Task Force (JTTF) or appropriate agency. (CORE 7B-01)

Volunteer Signature

Date

OFFICIAL USE ONLY:

Criminal History Checked by: _____ Date: _____

Approved [] Denied [] Date: _____

Justification of Denial:
