



Perry County Sheriff's Office & Detention Center  
Volunteer Application



**Application Checklist**

Thank you for your interest in volunteering at the Perry County Sheriff's Office and Detention Center.

Please complete the following Volunteer application packet and bring it with you to your scheduled Volunteer Orientation. Please complete all of the enclosed forms honestly and accurately.

Application Checklist

In order to ensure you have completed all required documents and procedures please "check" off each item once you have completed it.

- Application for Registered Volunteer
- Background Check for Volunteer
- Statement of Confidentiality
- Volunteer Waiver of Liability
- Facility Volunteer Emergency Contact Information
- Emergency Preparedness Personal Information
- Statement of Trafficking Laws and Authorization of Search
- Volunteer Orientation Training
- Documentation of Volunteer Training (Complete all training modules prior)
- Acknowledgement of Receipt of Training (PREA)(Complete PREA training prior)
- Acknowledgement of Volunteer Training (Complete all training modules prior)



## Perry County Sheriff's Office & Detention Center Volunteer Application



### Volunteer Background Check Agreement

By the person's signature on this letter, he/she is aware of and has agreed to a criminal history check through the Perry County Sheriff's Office as part of a background investigation. This person is aware that the information received will be considered in our determination if approval or denial of their position as a volunteer. This information will only be shared on a "need to" basis.

LAST NAME		FIRST		MIDDLE	MAIDEN	
STREET ADDRESS			CITY		STATE	ZIP CODE
ADDRESS LAST 5 YEARS			CITY		STATE	ZIP CODE
DATE OF BIRTH		STATE OF BIRTH	SSN		DRIVER'S LICENSE NO.	
STATE OF DRIVER'S LICENSE		SEX		RACE		WEIGHT
HEIGHT	HAIR	EYES		FELONY CONVICTIONS NO _____ YES _____ IF YES EXPLAIN ON THE BACK OF THIS SHEET		
LAST EMPLOYER	ADDRESS			CITY		STATE
IF BORN OUTSIDE THE UNITED STATES, HOW OLD WERE YOU WHEN YOU ARRIVED IN THE U.S.? _____						
IF BORN OUTSIDE THE UNITED STATES, WERE YOUR PARENTS IN THE U.S. MILITARY AT THE TIME OF BIRTH? NO _____ YES _____						
PASSPORT NO. _____ GREEN CARD NO. (FORM 1-90) _____						

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\* DEPARTMENT USE ONLY \*\*\*\*\*

Check Performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Signature



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**Application for Volunteer**

Name of Applicant: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Program or Volunteer Group: \_\_\_\_\_

Briefly Describe the Program:

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Desired Schedule/Availability:

	Sun	Mon	Tues	Wed	Thu	Fri	Sat
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

\_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-monthly \_\_\_\_\_ Monthly Other: \_\_\_\_\_

Volunteer Experience:

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What is your Education – Special Training?

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What prompted you to volunteer for the Perry County Sheriff's Office?

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What are your hobbies/interests?

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Do you have any bi-lingual skills?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are you currently or have you ever volunteered at another correctional facility? If so, where?

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Do you have any family members currently or previously incarcerated in this facility or another? If yes, explain:

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Are you presently visiting or have you previously visited an offender at this or any other correctional facility? If yes, explain:

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Do you have any known immediate family (spouse, parents, siblings, children) or close associates (any person other than a relative whom you reside) currently employed by or who provide services to a correctional facility?      Yes \_\_\_\_\_      No \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Facility: \_\_\_\_\_

Have you ever been convicted of a felony?      Yes \_\_\_\_\_      No \_\_\_\_\_

Are you currently on parole or probation?      Yes \_\_\_\_\_      No \_\_\_\_\_

If applicable, length of probation/parole: \_\_\_\_\_



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Have you ever been convicted of a domestic violence offense, or charged with domestic violence and plead down to a lesser offense?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, explain:

Offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

Date: \_\_\_\_\_

Locations: \_\_\_\_\_

Do you have any criminal charges pending?      Yes \_\_\_\_\_      No \_\_\_\_\_

If yes, explain:

Offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

Date: \_\_\_\_\_

Locations: \_\_\_\_\_

Have you ever been convicted of ANYTHING OTHER THAN A SPEEDING TICKET? (DWI/OWI is NOT as speeding ticket)      Yes \_\_\_\_\_      No \_\_\_\_\_

Failure to answer truthfully will be construed as a fraudulent application for volunteerism and may result in you not being able to volunteer at the Perry County Detention Center.

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined formally for violence in the workplace?      Yes \_\_\_\_\_      No \_\_\_\_\_

Please advise of any physical limitations or medical conditions which would affect your service as a volunteer:

\_\_\_\_\_  
\_\_\_\_\_



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Will you be required to use/carry prescription medications which would affect your service as a volunteer?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you had a TB screening within the last 12 months?    Yes \_\_\_\_\_    No \_\_\_\_\_

Name (Printed): \_\_\_\_\_

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

Today's Date: \_\_\_\_\_



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**Statement of Confidentiality**

In order to conduct its business, the Perry County Sheriff's Office is required to collect information relating to offenders and staff. Some of this information is confidential by nature and, as such, shall not be released except in accordance with Federal and State law and/or Sheriff's Office policies and procedures. The release of some information may result in the endangerment of staff, offenders or the public and breach on the security of the facility and/or Department.

During the course of carrying out assigned duties, staff may be given access to information that is confidential and, if released, may result in a threat to the safety and security of the facility, staff offenders or the public. The types of information which shall not be released without prior authorization includes, but is not limited to; staff and offender medical/mental health information, victim/witness information, investigative materials, substance abuse treatment records, security threat group information, policies and procedures that have been declared confidential for security reasons, staff personnel records, etc.

Staff may not release any confidential information to any other person unless authorized to do so by his/her supervisor or other authorized supervisory staff. If a staff member has questions about whether information may be released, he/she shall contact his/her immediate supervisor or other staff designated by the facility head of office.

The release of restricted or confidential information without the required authorization may result in disciplinary action, up to and including termination of employment with the Perry County Sheriff's Office and Detention Center and possible referral for criminal prosecution.

I have read and understand the above. I agree to abide by all laws and Department procedures regarding the release of information.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witness: \_\_\_\_\_ Date Signed: \_\_\_\_\_



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**Volunteer Waiver of Liability**

I, \_\_\_\_\_, realize that once I am accepted as a Perry County Detention Center volunteer, I hereby waive and release any and all rights or claims of any kind that may exist or accrue in the future against the State of Indiana, Perry County, its personnel, or its agents as a result of my duties and responsibilities which I will undertake as a volunteer. I am voluntarily signing this waiver.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature below acknowledges that I am refusing to sign this waiver and I understand that by my refusal I will not be accepted as a volunteer at this time.*

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_





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**CONFIDENTIAL**

**Volunteer Emergency Data Sheet**

*This information shall be confidential and maintained in the Personnel Office. Only the Sheriff or his/her designee may access this form in an emergency situation. The information shall be used to ensure proper medical treatment and supply personal information necessary during a hostage situation, or other emergency. Volunteers shall complete this form prior to starting volunteer work.*

Volunteer Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Alt Phone No: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

1<sup>st</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_ Alt Phone No: \_\_\_\_\_

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

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_ Alt Phone No: \_\_\_\_\_

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

3<sup>rd</sup> Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No: \_\_\_\_\_ Alt Phone No: \_\_\_\_\_

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

*\*\*\*\* The below information is voluntary. Be advised that failure to complete this section could result in endangerment to yours or others safety in the event of a riot or disturbance.*

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone No: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

\_\_\_\_\_ ***I decline to provide the requested medical information.***

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



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**Statement of Trafficking Law and Authorization for Search**

The following Indiana Statutes are brought to your attention. As a person desiring to enter a correctional facility, either as an employee or for other approved purposes, it is important to understand the content of these laws.

**IC 35-44-3-5 states:**

**b) Except as provided in subsection (d), a person who, without the prior authorization of the person in charge of a penal facility or juvenile facility knowingly or intentionally:**

- (1) delivers, or carries into the penal facility or juvenile facility with intent to deliver, an article to an inmate or child of the facility;
- (2) carries, or receives with intent to carry out of the penal facility or juvenile facility, an article from an inmate or child of the facility;
- (3) delivers, or carries to a worksite with the intent to deliver, alcoholic beverages to an inmate or child of a jail work crew or community work crew; or
- (4) possesses in or carries into a penal facility or a juvenile facility:

- (A) a controlled substance; or
- (B) a deadly weapon; commits trafficking with an inmate, a Class A misdemeanor.

**(c) If the person who committed the offense under subsection (b) is an employee of:**

- (1) the department of correction; or
- (2) a penal facility; and the article is a cigarette or tobacco product (as defined in IC 6-7-2-5), the court shall impose a mandatory five thousand dollar (\$5,000) fine under IC 35-50-3-2, in addition to any term of imprisonment imposed under IC 35-50-3-2.

**(d) The offense under subsection (b) is a Class C felony if the article is:**

- (1) a controlled substance;
- (2) a deadly weapon; or
- (3) a cellular telephone or other wireless or cellular communications device.

*As added by Acts 1976, P.L.148, SEC.4. Amended by Acts 1977, P.L.340, SEC.67; Acts 1981, P.L.300, SEC.2; P.L.223-1996, SEC.1; P.L.183-1999, SEC.2; P.L.243-1999, SEC.2; P.L.30-2004, SEC.1; P.L.128-2009, SEC.2.*

I, the undersigned, have read and understand the above statutes. I recognize the potential danger of contraband or prohibited property of any nature entering or leaving the facility. I do hereby express my willingness to submit to a thorough search of my person, articles in my possession or any vehicle that I may operate on the grounds of the facility at any time that the Facility Head or designee authorizes.

I understand that refusal to submit to such a search shall be cause to be refused entrance to the facility or to be removed from the facility and may constitute grounds for termination of my position or referral for criminal prosecution.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



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## Documentation of Volunteer Training

I have received the orientation Volunteer Training. I have indicated below those topics in which I received training. It is my understanding that this constitutes my orientation training required of active volunteer for the Perry County Detention Center.

**I further understand that if I do not sign this document, along with the volunteer agreement, trafficking and search form, waiver of liability, and statement of confidentiality my volunteer services will be terminated and I must re-apply if I desire to volunteer in the future.**

*Initial beside each training component received:*

- \_\_\_\_\_ Module 1: Volunteer Ethics
- \_\_\_\_\_ Module 2: Trafficking Laws
- \_\_\_\_\_ Module 3: Criminal Manipulation
- \_\_\_\_\_ Module 4: Professional Employee/Volunteer Conduct
- \_\_\_\_\_ Module 5: Criminal Manipulation
- \_\_\_\_\_ Module 6: Prison Rape Elimination Act (PREA)
- \_\_\_\_\_ Module 7: Preventing Sexual Harassment
- \_\_\_\_\_ Module 8: Mentoring Offenders
- \_\_\_\_\_ Module 9: Safety in the Workplace
- \_\_\_\_\_ Module 10: Do's and Don'ts
- \_\_\_\_\_ Module 11: ACT for Suicide Prevention
- \_\_\_\_\_ Module 12: Legal Issues - Civil/Criminal Liability
- \_\_\_\_\_ Module 13: Offender Rules – ADP Code of Conduct
- \_\_\_\_\_ Module 14: Offender Grievances
- \_\_\_\_\_ Module 15: Special Needs Offenders
- \_\_\_\_\_ Module 16: Substance Abuse

\_\_\_\_\_  
Name of Volunteer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**Acknowledgement of Volunteer Training**

I acknowledge that on \_\_\_\_\_ (date) I completed reviewing the required Volunteer Training PowerPoint modules to volunteer at the Perry County Detention Center.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness Signature