

# VOLUNTEER APPLICATION

**Directions:** Fill out application in appropriate fields. Mail completed application to Attn: Jail Administration, Boone County Sheriff's Department, 2121 County Drive, Columbia, MO 65202.

**Name** (Last, First, Middle – Please Print)

Home Address	City	State	Zip Code
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Cell Phone	Home Phone	Business Phone	E-Mail Address
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Date Of Birth	Race	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Driver's License Number
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Present Employer	Occupation	Years in Present Occupation
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Employer's Address	City	State	Zip Code
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Have you ever been arrested for any law violations, or are you now under charges for any offense other than minor traffic violations? (Driving while Intoxicated (DWI) charges or convictions are not considered minor traffic violations).  YES  NO

If yes, this does not necessarily exclude you from consideration as a volunteer. If yes, give full explanation of all convictions and current charges whether convictions were misdemeanors or felonies; and state if you are or have been on supervised probation. Suspended execution of a sentence is considered a conviction. Suspended imposition of a sentence is considered a conviction until the probation term has been successfully completed.

Have you every worked in a Sheriff's Department or in a Detention Facility?  YES  NO  
Position(s) held:

Previous related experience (volunteer or otherwise).  YES  NO  
If YES, give details:

Have you ever been dismissed or relieved of volunteer status by any organization?  YES  NO  
If YES, give details:

Do you have any relatives or associations currently under the jurisdiction of this department as an offender or under the supervision of probation and parole?  YES  NO  
If YES, give details:

Have you visited any detainee currently in custody?  YES  NO  
If YES, give details:

Are you corresponding with any offender under the supervision of either the Department of Corrections or a detainee currently in custody?  YES  NO

If YES, give details:

**Personal Reference Other Than Family (Give complete information)**

Name	Address	City	State	Zip Code	Phone Number

Professional/Business/Other Organizations:

Please explain in your own words why you are interested in being a volunteer.

Is there a specific group or organization you want to represent?  
 YES  NO

If so, name the group or organization:

Is this an existing group or program at the Detention Facility?  
 YES  NO

If so, who referred you or represents the group?

The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.

Have you previously worked in or volunteered for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private)?  
 YES  NO If YES, please complete the following:

**Please identify each facility as indicated below:**

Facility #1	Name	
	Address	
	Phone Number	Contact Person
Facility #2	Name	
	Address	
	Phone Number	Contact Person

While working or volunteering at the above facilities or any other facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?

YES  NO

If YES, please explain below:

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**Criminal Charges:** have you pled guilty to or been found guilty of engaging in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent? This includes, but is not limited to, the following crimes;

- Forcible Rape (or attempted forcible rape)
- Statutory Rape (or attempted statutory rape)
- Sexual Assault
- Forcible Sodomy (or attempted forcible sodomy)
- Statutory Sodomy (or attempted statutory sodomy)
- Child molestation
- Deviate sexual assault
- Sexual Misconduct involving a child
- Sexual contact with a student
- Sexual misconduct
- Sexual abuse
- Sexual contact with a prisoner, detainee, or offender

YES  NO      If YES, please explain below:

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**Civil/Administrative Cases:** Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes any actions taken upon a professional license or a professional registry and any internal administrative investigation results.

YES  NO      If YES, please explain below:

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Failure to provide accurate and complete information on this application will be grounds for your volunteer status to be terminated.

I hereby freely offer to become a volunteer for the Boone County Detention Facility.

I hereby acknowledge that if chosen as a volunteer, during the period of service:

1. I will be under the jurisdiction and control of the Detention Facility
2. I will be serving in a position of trust and will be expected to comply with all Detention Facility policies and procedures and that I may have my volunteer status terminated for any violation of these policies and procedures.
3. I will authorize any police or law enforcement agency to release my arrest record, if any, to the Boone County Sheriff's Department.
4. This document might be subject to disclosure under The Missouri Sunshine Law, Ch. 610, RSMo.

**I certify the information contained is correct to the best of my knowledge and I understand that falsification of this information is grounds for disqualification from the Jail Ministry/Volunteer Program.**

Applicants Signature

Date

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# VOLUNTEER ORIENTATION

**Directions:** Please read the following information related to rules and expectations while volunteering in the Boone County Jail. Sign and date this page and return to custody staff along with your Volunteer Application.

The movement and access of volunteers will be restricted to the minimum level necessary to carry out their authorized function. Programs facilitated by volunteers are restricted to specific areas of the jail, and volunteers should not enter any other areas of the facility.

Volunteers are expected to maintain their personal appearance to basic standards of safety and hygiene.

Volunteers will not perform professional services which require certification or licensing unless they possess active credentials and/or certificates in the State of Missouri.

Should volunteers activities threaten the order or security of the facility or the personal safety of an individual, the jail administration shall limit or discontinue the activities until the problem is solved.

Volunteers will be asked to present a valid, government issued, photo identification each time they visit the facility.

Volunteers are not allowed to bring into the facility any sharp metal objects, cellular telephones, recording devices, tobacco products, lighters, or any item that could compromise the safety and security of the facility.

Volunteers are not permitted to provide any items to detainees without approval from custody staff.

For safety reasons, if a detainee exhibits inappropriate behavior during the program provided, volunteers should notify custody staff immediately for assistance. Intercoms are in all areas where programs occur.

The Boone County Jail retains the right to refuse or terminate appointment or services of volunteers at any time and for any reason, giving the specific reason for termination. Termination will be documented in a formal letter to the volunteer.

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