



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

_____, _____, _____

In case of emergency notify: _____ **Phone:** _____

Relationship _____ **Address:** _____

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 [] Temporary []
Part-time [] Full-Time []

Describe your duties: _____

Name of Immediate Supervisor: _____

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

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: _____

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. _____

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 SignatureDate

OFFICIAL USE ONLY:

Criminal History Checked by: _____ Date: _____

Approved [] Denied [] Date: _____

Justification of Denial:
