Thank you for your interest in becoming a volunteer at the Kendall County Jail.

Attached you will find the “Volunteer Application & Background Check”. Please fill out the application completely and return it to the Programs Coordinator.

Once the application has been received, the Sheriff’s Office staff will conduct the appropriate background check. After that has been completed you will be advised whether or not you have been approved. If you are approved you will be required to attend training courses prior to beginning your service at the facility, and refresher courses along the way.

Along with the application you will need to submit

* A copy of your driver’s license or state ID card
* Any certifications which may be applicable to your service here at the facility (letters of ordination, degrees, etc.).

If you need more room to complete the answers to any of the questions please feel free to use additional sheets of paper and attach them when finished.

Sincerely;

 Sheriff Dwight A. Baird

**The following conditions are required of all applicants**:

* All applicants must submit to a criminal background investigation.
* All applicants must be at least 18 years of age or older.
* No applicant may have a relative / close personal friend in the custody of the Sheriff of Kendall County.
* No applicant may have been in the custody of the Sheriff of Kendall County for a period of at least five (5) years prior to the date of their application.
* No applicant may have been on parole, probation or mandatory supervised release (MSR) for a period of five (5) years prior to the date of their application.
* No applicant may have been convicted of any crime (felony or misdemeanor) for a period of five (5) years prior to the date of their application.
* No applicant may have pending criminal (felony or misdemeanor) charges.
* No applicant may be a current member or known associate of a street or prison gang, any hate group or other criminal organization.
* All applicants with a history of substance abuse must have a history of sobriety of at least one (1) year.
* Applicants may be denied at the discretion of Kendall County Sheriff’s staff.
* All Applicants must attend all required trainings.
* All applicants must be a member in good standing with the group / organization which they represent.
* Any applicant who knowingly or willfully gives false information at any time during the application process will result termination of that persons application process.
* Any change in contact information or any other information given during the application process must be reported to the Jail Commander immediately. Failure to do so will result in termination of the application process.

***Kendall County Jail***

***Volunteer Application & Background Check***

**PERSONAL INFORMATION** **PLEASE PRINT**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: | First Name: | Middle Name: | Women Only-Maiden Name: |
|  |  |  |  |
| Address: | City: | State | Zip |
|  |  |  |  |
| Phone #: | Cell Phone# | Work Phone: | E-Mail: |
|  |  |  |  |
| Height: | Weight: | Eye Color: | Hair Color: | Date of Birth: | Race: | Sex: |
|  |  |  |  |  |  | M [ ]  F [ ]  |
| Social Security #: | Driver’s License # & State | Expiration Date: | Birthplace (City/ST/Country) |
|  |  |  |  |

**EMERGENCY CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name of your emergency contact person: |  |
| Their relationship to you: |  | Their telephone number: |  |
| Do you have any allergies and/or medical conditions our staff should be aware of? If Yes, please list below. | [ ]  Yes [ ]  No |
|  |
|  |
| Are you taking any medications for the above? Please list below. | [ ]  Yes [ ]  No |

**EMPLOYMENT: LIST ALL EMPLOYERS FOR PAST 3 YEARS STARTING WITH CURRENT EMPLOYER**

|  |  |
| --- | --- |
| Employer: |  |
| Job Title: |  | Supervisor Name: |  |
| Work Phone#: |  | Employment Length: | Yrs. Mo. |
| Job Duties: |  |
|  |
|  |

|  |  |
| --- | --- |
| Employer: |  |
| Job Title: |  | Supervisor Name: |  |
| Work Phone#: |  | Employment Length: | Yrs. Mo. |
| Job Duties: |  |
|  |
|  |

|  |  |
| --- | --- |
| Employer: |  |
| Job Title: |  | Supervisor Name: |  |
| Work Phone#: |  | Employment Length: | Yrs. Mo. |
| Job Duties: |  |
|  |
|  |

**BACKGROUND**

|  |
| --- |
| Have you ever failed a background check? If so, please describe below. [ ]  Yes [ ]  No |
|  |
|  |

**EDUCATION**

|  |
| --- |
| Please check the highest level of education you have COMPLETED? |
| High School/GED [ ]  | Trade [ ]  | AA/AS/AAS [ ]  | BA/BS [ ]  |
| Masters [ ]  | Post Grad [ ]  | PhD [ ]  | Other (explain below) [ ]  |
|  |
| Do you posses any certifications which would apply to your services at the facility? If YES please explain below and attach a copy of the certification to the application packet. |
|  |
|  |

**CRIMINAL HISTORY**

|  |  |
| --- | --- |
| Have you ever been arrested for any reason? | [ ]  Yes [ ]  No |
| Have you ever been convicted of a crime? | [ ]  Yes [ ]  No |
| Have you ever been incarcerated (jail or prison)? | [ ]  Yes [ ]  No |
| Are you currently on court supervision? | [ ]  Yes [ ]  No |
| Are you now or have you ever been required to register as a sex offender? | [ ]  Yes [ ]  No |
| Are you currently on probation, parole or mandatory supervised release (MSR)? | [ ]  Yes [ ]  No |
| Do you have any criminal charges pending? | [ ]  Yes [ ]  No |
| Have you ever been subject to an Order of Protection or Restraining Order? | [ ]  Yes [ ]  No |
| Have you ever been fingerprinted? | [ ]  Yes [ ]  No |
| If you answered YES to any of the questions above, please use the space below to explain. Be as specific as possible with all information given (dates, locations, outcomes, etc.). The more information that you provide, the more it will help when conducting your background check. |
|  |
|  |

**PREA**

|  |  |
| --- | --- |
| Have you engaged in sexual abuse in a confinement setting or resign during a pending investigation of sexual abuse in a confinement setting (115.17)? | [ ]  Yes [ ]  No |
| Have you ever been civilly or administratively adjudicated to have engaged in activity described above (115.17)? | [ ]  Yes [ ]  No |
| Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse (115.17) | [ ]  Yes [ ]  No |
| If you answered YES to any of the questions above, please use this space to explain. Be as specific as possible with all information given (dates, locations, outcomes, etc.). The more information that you provide, the more it will help when conducting your background check. |
|  |
|  |
|  |

**SUBSTANCE ABUSE HISTORY:**

|  |  |
| --- | --- |
| Have you ever taken illegal drugs? | [ ]  Yes [ ]  No |
| Have you ever abused other substances? | [ ]  Yes [ ]  No |
| If you answered YES to either question above, please explain your answer below. |
|  |
|  |
| If you do have a substance abuse history are you CURRENTLY clean and sober? | [ ]  Yes [ ]  No |
| If you answered YES to the above question, how long? | Years: Months: |
| Were you in a substance abuse program? [ ]  Yes [ ]  No | If yes, where? |

**VOLUNTEER INFORMATION**

|  |  |
| --- | --- |
| Have you ever volunteered with the Kendall County Sheriff’s Office? If yes please describe when and in what capacity below. | [ ]  Yes [ ]  No |
|  |
|  |
| Are you currently an approved volunteer for the Kendall County Sheriff’s Office? If YES please fill out the shaded area below. | [ ]  Yes [ ]  No |
| In what volunteer program do you currently participate? |  |
| What organization do you represent (name of church, group, etc.)? |  |
| Who is your team leader? |  |
| In what capacity do you wish to volunteer at Kendall County Sheriff’s Office? |
|  |
|  |
| Who referred you to the Kendall County Sheriff’s Office for volunteer opportunities? |  |
| Name: |  | Telephone #: |  |
| Position in the organization: |  |

**VOLUNTEER INFORMATION: LIST ADDITIONAL ORGANIZATIONS AND CONTACTS ON THE BACK**

|  |  |
| --- | --- |
| Have you ever volunteered with another organization? If yes please describe when and in what capacity below. | [ ]  Yes [ ]  No |
|  |
|  |
| Are you currently approved as a volunteer for another organization? If YES please fill out the shaded area below. | [ ]  Yes [ ]  No |
| In what volunteer program do you currently participate? |  |
| What organization do you represent (name of church, group, etc.)? |  |
| Who is your team leader? |  |
| In what capacity do you volunteer with other organizations? |
|  |
|  |
| Contact |  | Telephone #: |  |
| Position in the organization: |  |
| Have you ever failed a background check for volunteer services? [ ]  Yes [ ]  No |
| If yes, when and where? |

**PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Are you now or have you EVER been a member of or associated with a street or prison gang, a hate group or any other criminal organization? If YES, list below. | [ ]  Yes [ ]  No |
|  |
|  |
| Are you related to anyone currently in the custody of the Kendall County Sheriff’s Office? If YES, please describe below. | [ ]  Yes [ ]  No |
|  |
|  |
| Are you a relative of any employee of the Kendall County Sheriff’s Office or any other law enforcement organization? If yes please describe below. |  [ ]  Yes [ ]  No |
|  |
|  |
| Do you have any scars, marks or tattoos? If YES, please describe in area below (please note if it is a scar, mark or tattoo, its specific location on your body and description).  | [ ]  Yes [ ]  No |
|  |
|  |
| Have you ever used a name other than the name given on page one? If YES please describe below (include nicknames, married names, and abbreviated names). | [ ]  Yes [ ]  No |
|  |
|  |

**Signature of Approval:**

|  |  |  |
| --- | --- | --- |
| I, |  | Agree to allow the Kendall County Sheriff’s  |
| Office to conduct a background check to investigate my suitability to provide volunteer services within Kendall County Jail. I attest that the information provided in this security screening form is true and correct. Furthermore, I agree to IMMEDIATELY notify the Kendall County Sheriff’s Office upon my arrest, charge, or conviction for any offense or change in my contact information while I am serving as a volunteer for the Kendall County Sheriff’s Office. I understand that if I fail to do so that my volunteer status may be suspended or terminated. |
|  |  |  |
| (Signature) |  | (Date) |

# OFFICE USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Application Complete: | Photo ID Included: | Background Check: | Status: |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Pass [ ]  Fail | [ ]  Approved [ ]  Denied |
| Assigned Area: | Team Leader: |
| [ ]  Addiction [ ]  AMSB [ ]  Bible Study [ ]  Chaplain [ ]  Church [ ]  Coping Skills [ ]  Education [ ]  Parenting [ ]  Other |  |
| Authorized Signature: | Date: |
|  |  |

Your Logo Here or delete this text