



VOLUNTEER APPLICATION

"The Eagle County Detention Facility promotes the safety of Eagle County by establishing and maintaining a high professional level of jail standards, utilizing best practices within jail operations, and hiring professional and committed employees."

Volunteer Name

Last: _____

First: _____

VOLUNTEER APPLICATION QUALIFICATIONS

All persons applying to the Volunteer Program with the Eagle County Detention Facility must meet the following requirements:

- Applicant must be at least 18 years of age.
- Possess a valid government issued ID (i.e. Colorado Driver's License, Colorado ID, Military ID, Passport, etc.). A copy will be kept on file.
- Applicant must submit a completed application form (Incomplete applications will be denied).
- Applicant must sign a Release of Liability Form.
- Must submit to a criminal background check.
- Applicant must not have any sex offense convictions within the past 10 years.
- Applicant may not be on Probation or Parole.

Additional Expectations for Volunteer Applicants

- Applicant should have good interpersonal and communication skills.
- Applicant must be willing to commit to their preferred program.
- Complete training on facility rules, expectations, and safety protocols.
- Must follow all rules for safety and security as explained in the volunteer training.
- Must conduct themselves in the facility and in the community in a respective and responsible manner.

Before completing your application please consider the following about the Eagle County Sheriff's Office volunteer personnel selection process. The Sheriff's Office has established personnel standards that are higher than you will encounter with most volunteer organizations. We believe these high standards are necessary because of the nature of our work and because of the legal obligations of the Sheriff. This is not meant to discourage your application for participation in a very worthwhile program, but to help you understand why we require so much personal information.

PLEASE PRINT IN INK. Complete every section. If a question does not apply to you, write N/A. Should you require more space than is available for the answer, attach a sheet of paper with the written information. All information is subject to verification. **Be sure to sign the waiver on the last page and attach a copy of your government issued ID.**

VOLUNTEER AREA OF INTEREST: _____

PERSONAL DATA:

Name: _____

Other names(including aliases, maiden names, nicknames, etc.) by which you have been known:

Address: Physical: _____ Mailing: _____

City: _____ Zip: _____

Phone Numbers: Personal #: _____ Work #: _____

E-mail: _____

Birth Date: ___/___/___ Social Security Number: _____

Drivers License #: _____ Exp Date: _____

**Please submit a copy of your driver's license or government issued ID with application*

Sex: _____ Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Are there any issues that may create a challenge to you coming into the jail facilities? ___ Yes ___ No

If Yes, please explain _____

EMPLOYMENT:

Current Employer: _____ Length of time with Employer: _____

Employer's Address: _____

Employer's Phone #: _____

IN CASE OF AN EMERGENCY: Please list the name of a family member or friend that may be contacted

Name: _____ Relationship: _____

Cell: _____ Work: _____ Other: _____

LEGAL:

Have you ever been arrested, charged, or convicted of any sex related offense? Yes No

If Yes, please explain (list dates, charges, & location) _____

Have you ever been arrested, charged, or convicted of any felony? Yes No

If Yes, please explain (list dates, charges, & location) _____

Are you currently or have you ever been on probation or parole? Yes No

If Yes, please explain (where, how long, date ended or will end) _____

Are any members of your family or any friends currently incarcerated in this jail or prison? Yes No

If Yes, please explain (include location): _____

Within the last two years have you visited, written to, or corresponded with any inmate? Yes No

If Yes, please explain (include location): _____

Are you currently or have you previously been involved with a gang? Yes No

If Yes, please explain when and where

VOLUNTEER INFORMATION & SKILLS:

List any foreign languages you speak and rate your level of ability for each as; Excellent, Good, or Fair.

Please explain why you are interested in becoming a volunteer for the Eagle County Sheriff's Office. Include in your response what qualifies you to conduct this program, what other organizations you have previously volunteered with, and any additional skills/experiences you may have.

AUTHORIZATION FOR THE RELEASE OF INFORMATION AND RECORDS

POLICY: Submit to a criminal history background check and photograph. Ex-offenders will be considered, provided they meet all selection criteria, are not serving a term of probation or parole at the time of application, and if a minimum of one (1) year has passed since any period of incarceration in any federal, state, county or city facility.

Having completed this application, I understand that this is the first step in becoming a Volunteer with the Eagle County Sheriff's Office. I hereby authorize representatives from the Eagle County Sheriff's Office to make any and all inquiries regarding my background, and release this organization and all persons whatsoever from any liability which may result from such action. I hereby acknowledge that I am aware the results of this investigation are confidential for Eagle County Sheriff's Office use only and will not be disclosed to me or any other person.

By signing this application, I give permission for this process to be conducted and understand the Sheriff's Department reserves the right to deny this application without providing a reason and to terminate this agreement.

Applicant's Signature: _____ Date: _____

RETURN OR MAIL APPLICATION TO THE VOLUNTEER PROGRAMS COORDINATOR AT THE EAGLE COUNTY SHERIFF'S OFFICE:

PHYSICAL: 885 EAST CHAMBERS AVENUE, EAGLE, CO 81631
MAILING: PO BOX 359, EAGLE, CO 81631

ANY APPLICATIONS THAT ARE NOT COMPLETE MAY BE RETURNED WITHOUT APPROVAL. THEY MAY BE RESUBMITTED WHEN COMPLETED. THE VOLUNTEER PROGRAM COORDINATOR WILL NOTIFY YOU WITH NEXT STEPS.

****DEPARTMENT USE ONLY****

RECORD CHECK DATE: _____

BY: _____

COMMENTS: _____

REVIEWED BY: _____ DATE: _____

___ APPROVED

___ DENIED