

HAMPTON ROADS REGIONAL JAIL VOLUNTEER APPLICATION FORM

REQUIREMENTS FOR POSITIONS

- Applicant must be 18 years of age or older.
- Provide documentation of credentials (including at least your Driver License and Social Security card).
- Provide proof of TB test within the past year.
- Attend orientation.

AUTOMATIC DISQUALIFER

- A felony conviction of any kind.

INSTRUCTIONS

Answer all questions completely. If the answer to the question is none, write the word "NONE". Falsified statements of any kind in this application may invalidate the application. All applicants are subject to background investigations and records check.

I hereby make application to the Hampton Roads Regional Jail as follows:

SECTION 1. Personal Information

Position Applied For: _____ Date: _____

Name(Last, First, MI): _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Place of Birth: _____ DOB: _____ Sex: _____
City/State

Section 2. Education & Qualifications

Circle the highest grade completed prior to college: 1 2 3 4 5 6 7 8 9 10 11 12											Check one: H. S. Graduate _____ GED _____	
Last High School Attended:				Location:				Dates Attended:		Course of Study		
List College/University(s) Attended:				Location:				Dates Attended From: Mo./Yr. To: Mo./Yr.		Major/Minor	Degree/Date	
List specialized training, extracurricular activities, military schools and courses:												
If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected date of completion:												

SECTION 3. Skills Inventory

Do you have any typing and/or keyboarding skills: Yes No If yes, how many words per minute? _____

List office equipment that you use proficiently and computer skills (include software):

List other equipment that you operate proficiently: _____

List other skills, training, abilities, apprenticeships, licenses, certifications or professional registrations: _____

SECTION 4. Employment

Job Title: _____ Employer: _____
Type of Business: _____
Address: _____ Phone: _____
Immediate Supervisor: _____ Title: _____
Start Salary: _____ End Salary: _____ Start Date: _____ End Date: _____
Full time: _____ Part-time: _____ Hours/week: _____
Equipment Used: _____
Number and titles of employees you supervised: _____
Duties: _____

Reason for leaving: _____

Job Title: _____ Employer: _____
Type of Business: _____
Address: _____ Phone: _____
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Full time: _____ Part-time: _____ Hours/week: _____
Equipment Used: _____
Number and titles of employees you supervised: _____
Duties: _____

Reason for leaving: _____

SECTION 5. References

Provide the names of three (3) references. These individuals should know you well, but should not be related to you. Your references are important. Use complete and accurate names, addresses including zip codes, and phone numbers. Use professional references; for example, Police Officers, Teachers, Ministers, Co-Workers, etc.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 6. Acknowledgement/Background Disclosures

Do you know anyone incarcerated at the Hampton Roads Regional Jail (relative, friend, associate, etc.) Yes ___ No ___ (If yes, write in the below column.)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

(The Programs Manager must be notified immediately when you become aware of someone you know who is incarcerated at Hampton Roads Regional Jail.)

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No If yes, explain _____

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Any Doctor, Physician, Psychologist, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association

U. S. Armed Forces, Maritime Service, Veterans Association

Any academic Dean, Registrar, Principal, Guidance Counselor or authorized person at any: School, College, University, Business School, High School or Elementary School.

Any Local, State or Federal Law Enforcement Agency, Any Past or Present Employer, Credit Bureau or Retail Merchants Association, U. S. Selective Service System.

I, _____, Address: _____
have applied to be a volunteer with the Hampton Roads Regional Jail. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me (including a transcript of any academic record) to the Hampton Roads Regional Jail Superintendent or his designee.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Race: _____

Selective Service No.: _____ Sex: _____

Armed Forces Membership: _____ Service No.: _____

Veteran's Administration File No.: _____

GIVEN under my hand, this _____ day of _____, 20 _____

Signature Date

******* TO BE COMPLETED BY NOTARY BEFORE SUBMITTING *******

Commonwealth of Virginia City/ County of _____

Sworn and subscribed before me this _____ day of _____, 20 _____

Signature of Notary Public: _____ (Official Seal or Stamp)

Notary Registration Number: _____

My Commission Expires: _____, 20 _____

VOLUNTEER AGREEMENT

I hereby certify that all information contained in the application is correct. I give my permission for all references and employers specified in this application to be contacted. I give my permission for any law enforcement agency files pertaining to me to be examined. I realize that any false information contained herein is grounds for this application to be rejected and/or my privileges to serve as a volunteer to be subsequently terminated.

I affirm that I have read and understand the conditions for public access to the Hampton Roads Regional Jail, which emphasizes the inherently dangerous nature of the jail environment, and notes that by signing this agreement, the undersigned explicitly:

Assumes the risk of any injury, which may occur during the jail visit, including but not limited to the risk of being taken hostage while on the premises.

Holds harmless and forever discharges the Hampton Roads Regional Jail, its agents, employees, servants, successors, and assignees, from any and all liability for injury or damage arising out of such visit.

**Has read and agrees to abide by institution rules for clergy/volunteer visitation.
Will comply with verbal instructions of the officer-in-charge.**

Volunteer Rules and Regulations

All volunteers and their possessions are subject to search.

Volunteers are not permitted to bring into the facility any items not approved by the Superintendent, Assistant Superintendents, Captains, Shift Supervisors or the Programs Manager.

Volunteers are not permitted access to any inmate file.

Volunteers are not permitted in any unauthorized area of the facility.

Volunteers must abide by all rules and regulations set forth by the Captain of Operations or the Superintendent.

Volunteers are not permitted to bring or pass messages, clothing, or any other items to inmates.

Volunteers must report any indication of escape, suicide or other serious incidents that may involve the safety and security of inmates, staff and the public.

Volunteers are not permitted to use any security equipment with the exception of Call Boxes for communications and/or alarms (in the event of an emergency).

All volunteers must be identified prior to entering the facility.

Failure to comply with the above rules is cause of immediate dismissal.

Signature: _____ Date: _____

Print Name: _____