107 8 <sup>тн</sup> Street Glenwood Springs, CO 81601 Phone: 970-945-0453		AND			106 County Road 333-A Rifle, CO 81650 Phone: 970-665-0200
Date of Application: _		¥		(For Office Use On Date of Deactivation	ly) on:
Personal Data:					
Name: First		Middle		_Last	
Date of Birth:/	/ 5	Social Security Number:			
Any other names (incl	uding aliases, maiden n	ames, nicknames, etc.) by w	vhich you have	e been known:	
E-mail address:					
Mailing Address:	 Street/PO Box			City and State	Zip Code
	Street/10 box			City and State	
Physical Address:	Street/PO Box			City and State	Zip Code
Phone Numbers:	Home		Cell		
	Work		Other _		
Emorgona, Contacta					
Emergency Contacts:			Deletie	-	
Name:			Relatio	n to you:	
Physical Address:	Street/PO Box			City and State	Zip Code
Phone Numbers:	Home		Cell		
	Work		Other_		
			Deletie		
Name:			Kelatio	ii to you:	
Physical Address:	Street/PO Box			City and State	Zip Code
Phone Numbers:	Home		Cell		
	Work				

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Employment and Educa	<u>tion:</u>						
Current Employer:							
Employer's Address:	Street/PO Box		City and State		Zir	) Cod	
Phone Numbers:	Work	Other _					
Educational Background	l:						
Other valuable experier	ces / abilities:						
Volunteer Information: What programs are you	applying to volunteer with?						
	hy you are qualified to conduct this pro						
	,, .						<b>i</b>
Have you volunteered o	r applied to volunteer with The Garfield	County Sheriff's Office	before?	Circle:	YES	or	NO
Please list any organizat	ions you have previously volunteered w	ith:					
ONLY if you are interest	ed in religious programming,						
-	irch and/or religious affiliation:						

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## Legal:

Have you ever been arrested? Circle: YES or NO

If yes, please explain fully and include the dates and the charges:

Do you have a <u>personal relationship</u> (relative, friend, ex-relative, etc.) with anyone who is now or has ever been incarcerated in the Garfield County Sheriff's Office Detention Facility? Circle: YES or NO

If yes, list the name, relationship type, and the dates of incarceration:

## Signature:

I understand that the Garfield County Sheriff's Office Detention Facility requires a law enforcement criminal history records check, and I have no objections to this check being completed on me as a prerequisite for providing services in the Garfield County Sheriff's Office Detention Facility. I also understand that the criminal records check is not equivalent to the background investigation that would be required should I apply for employment with the Garfield County Sheriff's Office.

Signature \_\_\_\_\_ Date\_\_\_\_\_ Date\_\_\_\_\_

Please attach a copy of your Driver's License to your application. Thank you.

 Staff Signature
 Date

 Command Staff Signature
 Date



## Volunteer's Release and Waiver:

I, \_\_\_\_\_\_\_, affirm and agree that, having offered to provide certain services for the benefit of the inmates at the Garfield County Sheriff's Detention Facility, I am under no obligation to perform such services and if I do perform the same, I will receive no compensation of any kind from Garfield County. In the performance of such services, I will thus be a volunteer and should in no manner be regarded the employee or agent of Garfield County. Additionally, I will not be entitled to claim or receive any privileges or benefits of employment with Garfield County, including but not limited to worker's compensation coverage. I affirm that I have such personal health insurance and liability insurance coverage as I deem necessary to cover all risks to me in the performance of services in the Garfield County Sheriff's Detention Facility. If permitted to perform services in the Garfield County Sheriff's Office Detention Facility, I agree to waive all claims I may have at any time against Garfield County, it's elected officials, and agents arising out of my performance of services in the Garfield County Sheriff's Office Detention Facility, and further, I agree to release Garfield County, it's elected officials and agents from and against all claims I may have against Garfield County, it's elected officials or agents and representatives as a result of my performance of service in the Garfield County, it's elected officials, and it's agents with regard to any and all liability, loss, or damage which arises or occurs as a result, and any fashion or manner, of my performance of service in the Garfield County Sheriff's Office Detention Facility.

Signature

Date\_\_\_\_\_

## Notice and Waiver:

I, \_\_\_\_\_\_\_, am requesting contact with inmates in the Garfield County Detention Facility for the sole purpose of conducting approved Inmate Programs. I understand that my contact is not for social visits and my conversations with inmates will be limited to professional business only. I understand that I am entering a secure detention facility and that I am subject to search at any time. I understand that I am not to provide anything to the inmates which is prohibited under the rules of the Garfield County Detention Facility and that I am subject to criminal prosecution should I violate those rules. I understand that I am to follow the directives of detention staff at all times within the facility without question. Failure to do so may result in criminal prosecution. I understand that I am entering a detention facility and as such my safety cannot be guaranteed. I accept these terms at my own risk and hold harmless the Garfield County Government, its agents and representatives should I be injured or killed.

Signature	Date
Volunteer Confidentiality Agreement:	
I, confidentiality and security.	, will abide by all facility policies and rules, including those pertaining to
Signature	Date