

Fairfax County Sheriff's Office
Stan Barry, Sheriff

4110 Chain Bridge Road
Fairfax, VA 22030-4041
703-246-2845



Fairfax County Adult Detention Center Volunteer/Support Staff Application



Please type or print clearly with a black ball-point pen.

I. Personal Information

Last Name: _____ First _____ MI _____

Address: _____
(Street) (Apt. #)

(City) (State) (Zip)

Telephone Numbers: Home: _____
Work: _____
Cell: _____

E-mail Address: _____

U. S. Citizen? Yes No
If No, provide legal documentation of your status with this application.

Date of Birth: _____ Place of Birth: _____
(mm/dd/yyyy)

Race: _____ Sex: _____

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

Emergency Contact: _____ Relationship: _____

Home: _____ Work: _____ Other: _____

Social Security Number: _____

II. Employment Information (attach resume if available)

Employer: _____ Length of Employment: _____

Address: _____ City _____ State _____

Occupation: _____

Supervisor: _____ Phone: _____

III. Education (check all that apply)

High School

GED

College:	Associate	_____	(field of study)
	Bachelor	_____	(field of study)
	Master	_____	(field of study)
	Ph.D.	_____	(field of study)

Professional Certification(s): _____

IV. Volunteer and Institutional Experience/Affiliations

Community Affiliations: _____

Program Volunteer/Support: _____

Do you have any previous experience working with adult and/or juvenile offenders?
Yes No If yes, supply information below (continue on additional page if necessary). Include facility, duties, contact person, and dates.

Indicate reasons for terminating involvement in above facilities:

Are you currently working inside another correctional facility? Yes No
If yes, please indicate where, describe your activities, and name a contact person:

Are you related to or do you know anyone who is currently incarcerated, or has previously been incarcerated, in the Fairfax County Adult Detention Center?
Yes No If yes, indicated the person and your relationship to that person.

Have you ever been charged with or convicted of a criminal offense? Yes No
If yes, please supply the following information:

Year	Charge	Jurisdiction	Disposition
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Please be advised that a criminal background check will be conducted. We will also check your participation in activities in other correctional facilities, if applicable. A member of the Programs Staff in whose section you will be volunteering your services will interview you. The interviewer will also discuss the importance of jail security.

I, _____, certify that the information supplied on this application is true to the best of my knowledge. Any false information is grounds for immediate termination of my involvement with the Fairfax County Adult Detention Center.

Applicant's Signature: _____ Date: _____



FAIRFAX COUNTY OFFICE OF THE SHERIFF
STAN BARRY, SHERIFF
4110 Chain Bridge Road
Fairfax, VA 22030-4041
(703) 246-3260



ENTRANCE AGREEMENT

I, _____, hereby apply for admission to the Fairfax County Adult Detention Center for the purpose of:

1. ____ Touring the facility.
2. ____ Providing contract services as: _____.
3. ____ Providing volunteer services as: _____.
4. ____ Other: _____.

I understand that a background investigation and/or criminal history record check may be conducted in connection with my application for admission and consent to such investigation and/or record check.

I will abide by those rules; regulations and conditions specified by the Adult Detention Center for individuals in my category and will fully comply with instructions of the Sheriff's Office Personnel while in the facility. This includes submission to search of my person and possessions on request.

I fully understand the risk and responsibility associated with my admission to the Adult Detention Center. I will conduct myself in a professional manner; mindful to the need to be security conscious at all times. I understand that during the conduct of my business in the facility, I may be exposed to information pertaining to prisoners and the facility operations, which is privileged. I agree to treat such information as confidential and will not discuss matters pertaining to prisoners; facility policies; procedures; or personnel outside the confines of the Adult Detention Center unless authorized by Sheriff's Office Personnel. Should I become aware of information that is essential to the preservation of life, order and security of the facility/prisoners/staff/volunteers/visitors, I will immediately notify proper authority in the facility.

The Fairfax County Sheriff's Office has "Zero Tolerance" for any type of sexual misconduct within the Adult Detention Center or any facility operated by the Office of the Sheriff. Any type of sexual misconduct, sexual assault, consensual sexual contact, sexual abuse, rape and/or sexual harassment towards any inmate(s) by inmates, staff, volunteers or visitors will not be tolerated. All incidents of sexual misconduct must be reported immediately to a staff member or supervisor. Your complaints may either be verbal or in writing. All reported complaints, suspicions or criminal acts of sexual misconduct will be investigated and pursued up to and including prosecution under Virginia Code.

Should I be taken hostage, I understand that I will receive no preferential consideration because of my status or position. I further agree to relieve Fairfax County, the Sheriff, or the Adult Detention Center liable for accident or injury, which I may incur by virtue of my being admitted to the facility.

I agree to accept full responsibility for my actions and any actions, which may involve me while in the Fairfax County Adult Detention Center, and understand that my entrance privilege may be curtailed or terminated at any time without cause.

Signature of Applicant

Date

Witnessed By

Fairfax County Adult Detention Center Rules for Volunteers

The following are the rules that volunteers in the Adult Detention Center must follow. Any deviation from these rules within reason will be at the discretion and written authorization of the Programs Director. In your training, you have signed for these rules, and by doing so have agreed to follow them. If you have any questions concerning these rules-ASK! You will be notified of any revisions.

As a volunteer in the Fairfax County Adult Detention Center, I:

Will abide by the procedures outlined in the *Volunteer's Handbook*, or as directed by the Programs Director or programs staff.

Will obey the conditions of the Adult Detention Center *Entrance Agreement*.

Will obey the laws of the Commonwealth of Virginia (see Appendix D for specific Virginia Code sections applicable to local jails).

Will keep all client/inmate/facility data confidential, and will not discuss the names of clients/inmates or security information outside of the ADC.

Will not bring anything into or out of the Adult Detention Center for an inmate, or from an inmate, at any time, no matter how innocent or trivial it may seem, unless with the prior authorization from the Programs Director or his/her designee. I will not bring in items that are deemed to be contraband and will say "no" to inmate requests for it. If necessary, I will ask a staff member for clarification.

Will not allow an inmate into my class whose name is not on an approved program list.

Will not take phone or written messages for inmates and deliver them. If while working in the ADC, I receive an emergency message, I will notify staff immediately.

Will not perform *any* type of errand or favor for an inmate, including but not limited to, contacting friends, families, attorneys, etc.; delivering messages to other inmates in the ADC or other correctional facilities; and writing letters of reference for inmates without written authorization from the Programs Director. If I am an OAR volunteer, I will adhere to all OAR guidelines concerning family contact.

Will not testify in court on behalf of an inmate or write letters to judges or attorneys on behalf of an inmate without written approval from the ADC Programs Director.

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Will not divulge to an inmate my home or work telephone numbers, addresses, cell phone numbers, pager numbers or e-mail addresses. Organization post office box numbers and 800 numbers are permitted.

Will not accept phone calls from inmates housed in the Adult Detention Center.

Will not obtain for an inmate any confidential records, including but not limited to: criminal histories, educational transcripts, financial/tax records, etc. I may assist inmates in completing forms and following procedures to obtain such records themselves.

Will not take photographs of inmates.

Will not mail anything for an inmate and will direct the inmate to follow ADC procedures for incoming and outgoing mail.

Will not leave clothing for an inmate, place money in his or her account, or intercede concerning a visiting list. Exceptions include charitable donations of clothing to inmates pending release or supplying court clothes to an indigent inmate. Sworn staff authorization in these cases is required.

Will not visit the residence of an inmate or his or her family, nor seek contact with an inmate's family. OAR volunteers will follow OAR guidelines concerning family contact.

Will notify, in writing, my programs section volunteer coordinator that I have a family member or a friend incarcerated in the Adult Detention Center. The coordinator will inform the Programs Director.

Will notify sworn Sheriff's Office staff immediately if I come across any information that jeopardizes the safety and welfare of the Adult Detention Center, any staff member, any inmate, any visitor, and the public.

Will not bring guest speakers, visitors, or members of the media into the Adult Detention Center without prior approval and in accordance with existing procedures.

Will have all class/mentoring material, including videotapes, approved in advance by my respective program section staff.

Will notify the sworn program staff immediately if I have not followed or I have disobeyed a volunteer rule or procedure.

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Remember: If you do not understand something, ASK!