



# Fairfax County Adult Detention Center Volunteer/Support Staff Application

Please Type

## I. Personal Information

Last name:  First:  MI:

Other names used:

Address:  City/state:  Zip:

Home phone:  Work:  Cell:

Email:  Date of Birth

Social Security Number:  Race:  Sex:

Height:  Weight:  Hair color:  Eye color:

Emergency contact:  Relationship:

Home phone:  Work:  Cell:

## II. Employment Information

Employer:  Length of employment:

Address:  City/State:  Zip:

Supervisor:  Phone:

## III. Education - check all that apply and include graduation year

High school Year   GED Year

College:  Associate Year:  Field of study:

Bachelor Year:  Field of study:

Master Year:  Field of study:

Ph.D. Year:  Field of study:

Professional certifications

#### IV. Citizenship

- a.  I am a U.S. citizen by birth in the U.S. or U.S. territory. (Answer items b and d.)  
 I am a U.S. citizen, but I was not born in the US. (Answer items b, c and d.)  
 I am not a U.S. citizen. (Answer items b and e.)

b. Mother's maiden name:

- c. U.S. citizenship: If you are a U.S. citizen, but you were not born in the U.S., please provide information about one or more of the following proofs of citizen.

Naturalization certificate - Where were you naturalized? City:  State:

Certificate number:  Court:  mm/dd/yyyy issued:

Citizenship certificate - Where was certificate issued? City:  State:

Certificate number:  mm/dd/yyyy issued:

U.S. passport number (current or previous):  mm/dd/yyyy issued:

- d. Dual citizenship: If you are, or were, a dual citizen of the U.S. and another country, provide the name of that country.

- e. Alien: If you are an alien, please provide the following information.

City/State where you entered U.S.  Date (mm/dd/yyyy)

Alien registration number:

Country(ies) of citizenship:

**V. Volunteer and Institutional Experience/Affiliations**

Community affiliations:

Program volunteer/support:

Do you have previous experience working with adult and/or juvenile offenders? If yes, list facilities, dates and contact person. Describe your duties:

Indicate reasons for terminating involvement in above facilities:

Are you currently working inside another correctional facility? If yes, list facility, contact person and your duties:

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? If yes, indicate person(s) and your relationship:

**VI. Police Record**

Have you ever been charged with or convicted of a criminal offense?  yes  no

Have you ever been charged with or convicted of a firearms or explosives offense?  yes  no

Have you ever been charged with or convicted of any offense related to drugs or alcohol?  yes  no

Are there currently any charges pending against you for any criminal or traffic offense?  yes  no

Have you ever been or are you currently on probation or parole?  yes  no

If you answered yes to any of the above questions, please supply the following information:

Year	Charge	Jurisdiction	Disposition

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 Sheriff's Office 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 and affirm that all information presented in this form is true and correct, that any documents I have presented to the Sheriff's Office are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury, and I understand that knowingly making a false statement on this form is a criminal violation. Any false information is grounds for immediate termination of my involvement with the Fairfax County Adult Detention Center.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fairfax County Adult Detention Center 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 I give 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 from 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 and be mindful of 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, I will immediately notify the proper authority in the facility.

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 of liability 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 that may involve me while in the Fairfax County Adult Detention Center, and I understand that my entrance privilege may be curtailed or terminated at any time without cause.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_