

# Ontario County Sheriff's Office Corrections Bureau

3045 County Complex Drive  
Canandaigua, NY 14424



## Jail Volunteer Program Application Form

### PERSONAL

Full Name: \_\_\_\_\_

Maiden name or other names used: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

### EDUCATION

Education Background (circle highest completed):

High School: 9 10 11 12 College: 1 2 3 4 Postgraduate: 1 2 3 4 Degree: \_\_\_\_\_

Relevant professional training, workshops, seminars: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

### EMPLOYMENT

Place of employment: \_\_\_\_\_

Years of Service (if less than 5, please tell us about your previous employer): \_\_\_\_\_

Relevant previous work experience: \_\_\_\_\_

### SOCIAL INFORMATION

Talents, hobbies, special skills that would be helpful as a volunteer: \_\_\_\_\_

Type of volunteer position desired: \_\_\_\_\_

Do you drink alcohol (if yes, how much)? \_\_\_\_\_

Do you engage in the use of recreational drugs (if yes, last use)? \_\_\_\_\_

Have you ever sought treatment for any drug or alcohol abuse (if so, when)? \_\_\_\_\_

**AVAILABILITY**

Amount of hours you are available per week: **1 2 3 4**

We generally prefer applications for no less than one year commitment

What is your preference for days and times (indicate one or more)?

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**CRIMINAL HISTORY – Please include jurisdictions, charges, and outcome.**

Have you ever been convicted of a misdemeanor? YES NO

If yes, please specify: \_\_\_\_\_

Outcome: \_\_\_\_\_

Have you ever been convicted of a Felony? YES NO

If yes, please specify: \_\_\_\_\_

Outcome: \_\_\_\_\_

Are you currently under the supervision of Probation? YES NO

If yes, which County? \_\_\_\_\_ Probation Officer: \_\_\_\_\_

Are you currently under the supervision of Parole? YES NO

If yes, who is your Parole Officer: \_\_\_\_\_ Parole Officer: \_\_\_\_\_

*If you are currently under the supervision of Parole or Probation, your application may be automatically denied*

Are you related to anyone under the supervision of ANY correctional agency? YES NO

If yes, who? \_\_\_\_\_

Are you related to anyone currently incarcerated at the Ontario County Jail? YES NO

If yes, who? \_\_\_\_\_

**EMERGENCY CONTACT #1 – Who should we contact in the event of an emergency?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

**EMERGENCY CONTACT #2 – Who should we contact if #1 can't be reached?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

**MEDICAL**

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_ Do you have a signed DNR order? YES NO

Do you carry any lifesaving medication? \_\_\_\_\_

Do you have any physical limitations to be considered in arranging volunteer assignments? YES NO

If yes, please explain: \_\_\_\_\_

**CHARACTER REFERENCES** – List three character references that you have known for at least three years and are not related to.

**Reference #1**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Is your relationship personal, casual, or business?: \_\_\_\_\_

**Reference #2**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Is your relationship personal, casual, or business?: \_\_\_\_\_

**Reference #3**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Is your relationship personal, casual, or business?: \_\_\_\_\_

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## Release of Liability

The undersigned voluntarily signs this Release (hereinafter this "Release") this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**WHEREAS**, the Ontario County, New York Sheriff (hereinafter the "Sheriff" operates the Ontario County Jail (hereinafter the "Facility"); and

**WHEREAS**, in connection with the operation of the Facility, the Sheriff has established certain programs in which community volunteers teach and interact with inmates and former inmates in certain areas, all of which are generally aimed at helping inmates and former inmates gain the skills to better interact with family and others and/or to become self-sufficient and law-abiding citizens, some of which may continue after the inmate's release from the facility (hereinafter individually a "Program"); and

**WHEREAS**, signing this Release is a requirement to participate as a volunteer in a Program, and I sign this Release so the Sheriff will permit me to participate as a volunteer.

**NOW THEREFORE**, I hereby agree as follows:

1. I understand that there is a possibility of injury to my person or property while in the Facility. I also understand that there is the potential danger of being taken hostage by inmates of a maximum security facility and that the policy of the Facility is not to recognize the hostages as a basis for bargaining with any inmate.
2. I have been informed about the nature of the Program in which I wish to volunteer and, after gaining knowledge of the Program, I still wish to be a volunteer.
3. In consideration of being permitted to participate as a volunteer in the Program Unit, I release and discharge the Sheriff, Ontario County, New York, their successors, agents, elected and appointed officials, deputies, and support employees (collectively hereinafter the "Released Parties") from any and all injuries, damages, costs and liability of any kind arising from or related to my participation in the volunteer program, whether or not caused or contributed by the actual or alleged negligence of any of the Released parties, including any and all members of an inmate with whom I work in connection with the Program. This covenant shall bind my estate, my dependents, my heirs, and my personal representatives.
4. In signing this Release, I rely wholly upon my own judgment and knowledge of the nature of my decision to participate in the volunteer Program. I have not been influenced to any extent whatsoever in signing this Release by any representative or statements made by any of the Released Parties.
5. I promise to maintain the dignity of the inmates with whom I associate, including respect for their privacy, property, family and friends. I agree to abide by the rules that the Sheriff or other representatives of the Facility may establish from time to time. I understand that the Sheriff, in the Sheriff's sole discretion, may discontinue the Program in which I am volunteering at any time, and also further recognize that the Sheriff in the Sheriff's sole discretion may revoke my status as a volunteer at any time without just cause.

**I CERTIFY** that I have read the foregoing Release of Liability, understand its terms, agree to all of them, and that I sign it voluntarily.

Dated: \_\_\_\_\_

PRINT Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

WITNESS (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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## Confidentiality Agreement

It is necessary for this Agency's records to contain personal and confidential data. It is the responsibility of all personnel, staff, and volunteers alike, to protect the confidentiality of this information and case material. A volunteer does not have the right to discuss any inmate's case or release any information concerning an inmate or any jail activity to anyone except Ontario County Jail personnel.

If the volunteer comes into possession of any information that he/she believes should be relayed to a source outside of the Ontario County Jail (ie: treatment facilities or law enforcement), the volunteer is to provide this information to the Sheriff of Ontario County, or his designee.

If a volunteer is contacted by an outside source and requested to provide information concerning an inmate, the volunteer is not to share any information concerning an inmate. The volunteer instead is to direct the inquiry to the Sheriff of Ontario County, or his designee.

Divulging confidential information to unauthorized persons or for unauthorized purposes, can result in liability against both the volunteer and the agency, and would be cause for termination of the volunteer.

I hereby acknowledge that I have reviewed this policy, fully understand its content, and agree to abide by the contents contained herein.

Dated: \_\_\_\_\_

PRINT Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

WITNESS (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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## Corrections Bureau

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### Rules for Volunteers

1. As a volunteer working in the Ontario County Jail, you are expected to follow jail policies and recognize that the officer is in charge. Please direct any questions to the Chief Correction Officer.
2. I understand that I am not allowed to wear any jewelry, scarves, jackets, or carry purses, wallets, or car keys into the secure portion of the Facility and that these items are to be left in my vehicle.
3. I am to report any police contact as soon as practicable to the Chief Correction Officer; whether summoned by me or called against me (No need to contact staff if you receive a parking or speeding ticket). Failure to do so could result in your immediate termination as a volunteer.
4. It is crucial for safety that all programs will end before meal times (12:00PM and 4:00PM)
5. Do not accept collect calls from inmates or make calls on their behalf.
6. Do not answer personal questions about you or your family.
7. Rumors, hearsay, negative comments about the facility, inmates or staff will not be exchanged with inmates.
8. Physical contact will be limited to a handshake.
9. While volunteering here, you cannot visit any individual inmate housed in this facility.  
(Contact the Chief Correction Officer to be placed on temporary inactive status if such visits are needed).
10. Do not carry ANYTHING out of the jail for an inmate unless it falls within the scope of your program: ie: Storybook. Never mail or hand deliver any item. This is a MAJOR security breach.
11. Do not provide stamps or anything of value to inmates. Never put money into an inmate's account. Indigent inmates are supplied appropriate necessities, including postage and hygiene items.
12. All religious and other printed materials intended for inmates should be reviewed by the Chief Correction officer or designee prior to distribution.
13. If tapes or other audio-visual materials are brought in for programs use, the volunteer(s) is/are responsible for insuring that these items are kept in their possession at all times. Inmates are not allowed to operate any of the equipment.
14. Any verbal or physical altercations among the inmates will immediately be reported to the Programs Officer, or by pressing the intercom in the classroom which will connect you with the Central Control Room. If you become aware of any potential inmate self-harm or threats to others it is essential that you report this to a Deputy before leaving the facility.

I understand and agree to abide by these rules while volunteering at the Ontario County Jail.

PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Criminal Record Investigation Form

It is the policy of the Ontario County Sheriff's Office, to conduct an investigation of the criminal history record and driving record history of final candidates for all County positions (including volunteer positions). This release form will not be considered part of your volunteer application and will be filed separately. The information contained in this form will not be used to make the approving decision, except in the case of refusal to authorize the investigation.

I hereby authorize the Ontario County Sheriff's Office to conduct a criminal record investigation and driving record investigation using the information I have provided below. I release Ontario County, its officers, employees, successors and assigns from any liability that may result from the conduct of such investigation, in order to facilitate such an investigation. I willingly provide the following necessary information.

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Maiden Name (If applicable): \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Current Address: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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

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## Reference Checks and Administrative Decision

### REFERENCE #1

Name: \_\_\_\_\_ Date Contacted; \_\_\_\_\_

Officer: \_\_\_\_\_ Badge: \_\_\_\_\_

1. How long have you known this person? \_\_\_\_\_
2. Explain how you know this person: \_\_\_\_\_
3. Do YOU consider your relationship personal, casual, or business? \_\_\_\_\_
4. Has he/she ever been in trouble to your knowledge? \_\_\_\_\_
5. Do you consider him/her to be a citizen in good standing in the community? \_\_\_\_\_
6. Do you feel as if he/she will interact positively with the inmate population? \_\_\_\_\_
7. Do YOU feel that we should grant him/her volunteer status? \_\_\_\_\_
8. Would you like to add anything else? \_\_\_\_\_

### REFERENCE #2

Name: \_\_\_\_\_ Date Contacted; \_\_\_\_\_

Officer: \_\_\_\_\_ Badge: \_\_\_\_\_

1. How long have you known this person? \_\_\_\_\_
2. Explain how you know this person: \_\_\_\_\_
3. Do YOU consider your relationship personal, casual, or business? \_\_\_\_\_
4. Has he/she ever been in trouble to your knowledge? \_\_\_\_\_
5. Do you consider him/her to be a citizen in good standing in the community? \_\_\_\_\_
6. Do you feel as if he/she will interact positively with the inmate population? \_\_\_\_\_
7. Do YOU feel that we should grant him/her volunteer status? \_\_\_\_\_
8. Would you like to add anything else? \_\_\_\_\_

### REFERENCE #3

Name: \_\_\_\_\_ Date Contacted; \_\_\_\_\_

Officer: \_\_\_\_\_ Badge: \_\_\_\_\_

1. How long have you known this person? \_\_\_\_\_
2. Explain how you know this person: \_\_\_\_\_
3. Do YOU consider your relationship personal, casual, or business? \_\_\_\_\_
4. Has he/she ever been in trouble to your knowledge? \_\_\_\_\_
5. Do you consider him/her to be a citizen in good standing in the community? \_\_\_\_\_
6. Do you feel as if he/she will interact positively with the inmate population? \_\_\_\_\_
7. Do YOU feel that we should grant him/her volunteer status? \_\_\_\_\_
8. Would you like to add anything else? \_\_\_\_\_

### ADMINISTRATIVE DECISION

Fingerprint Response completed: YES NO Date: \_\_\_\_\_

Jail Records Check completed: YES NO Date: \_\_\_\_\_

**Volunteer Approved:** YES NO Restrictions: \_\_\_\_\_

Approving Authority: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Denied:** YES NO Reason: \_\_\_\_\_

Denying Authority: \_\_\_\_\_ Date: \_\_\_\_\_