



# OFFICE OF SHERIFF – COUNTY OF ONTARIO

## ONTARIO COUNTY CORRECTIONAL FACILITY

VOLUNTEER/INTERN & PROFESSIONAL SERVICES APPLICATION – SHORT FORM  
(To be completed only when directed by the Lieutenant of Programs)

<b>PLEASE CHECK THE BOX THAT MOST CLOSELY DESCRIBES YOUR APPLICATION REASON:</b>						<input type="checkbox"/> Clergy
<input type="checkbox"/> Sheriff/Jail Intern	<input type="checkbox"/> Public Defender Intern	<input type="checkbox"/> Medical/MH Intern	<input type="checkbox"/> Probation Intern	<input type="checkbox"/> Program Provider		
Legal Last Name:		Legal First Name:		Legal Middle Name:		
Street Address:			City:	State:	Zip Code:	
Contact Number:		Email Address:		Marital Status:		
Date of Birth:		Driver's License Number:		State DL Issued:		
<b>WORK EXPERIENCE</b>						
Employer:			Employer Address:			
Supervisor:		Telephone Number:		How long have you been employed there?:		
<b>BACKGROUND/SERVICES EXPERIENCE</b>						
Have you ever been incarcerated? If Yes, explain (include if you are on Probation, Parole, or restricted in any way by the Judicial system):						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in educational services? If yes, explain when and where:						<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list your formal/informal experience in services:						
Briefly explain why you wish to provide services in the Ontario County Correctional Facility:						
<b>EMERGENCY CONTACT</b>				<b>AFFIRMATION</b>		
Name:				I certify that I have made no willful misrepresentation in this application, nor have I withheld information in my statements and answers to questions. I am aware that this information will be investigated, and I understand that any misrepresentation, falsification or omission of information may be just cause for the application to be rejected.		
Relationship:						
City:		State:	Zip:			
Telephone:		Alternate Telephone:				
				Signature of Applicant _____ Date _____		
<b>DETERMINATION BY LIEUTENANT OF PROGRAMS</b>						
<input type="checkbox"/> <b>APPROVED</b>		<input type="checkbox"/> <b>DENIED</b>		List any Restrictions/Denial Reason:		
Lieutenant Signature:				Date:		<b>OSCO USE ONLY</b> _____ WebRici search completed _____ Sallyport search completed _____ Warrant check completed _____ Social Media Searches