

Northern Neck Regional Jail

Application for Volunteer/Contract Service

General Information

Name: _____

Address: _____

Phone # _____

SSN: _____

Date of Birth: ____/____/____

Volunteer/Contract Service

Date of Application

County of Residence

Length of Residence

Yrs _____ Months _____

Qualifications

Profession: _____

Education Level: _____

Last School Attended: _____

Additional Qualifications:

Questionnaire

Do you have any relatives working at this facility ?
() Yes () No
If Yes, Whom? _____

Do you have any relatives incarcerated here?
() Yes () No
If Yes, Whom? _____

Have you ever had relatives incarcerated here?
() Yes () No
If Yes, Whom? _____

Criminal History

Have you ever been convicted of a law violation (s), including moving traffic violations, but excluding offenses committed before your eighteenth birthday which were finally adjudicated in juvenile court or under a youth offender law?
() Yes () No

If Yes, Explain: _____

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
() Yes () No

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
() Yes () No

If Yes, Explain

Have you ever been civilly or administratively adjudicated to have engaged in the activity described in the above question?
() Yes () No

If Yes, Explain

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References

Name _____ Phone _____

I hereby certify that the information herein is true and complete to the best of my knowledge

Signature of Volunteer

Date

- If accepted for volunteer/Contract services with this agency, I agree to abide by all of its policies and procedures.
- I understand that I may terminate my service at any time without prior notice or cause. In addition, the Northern Neck Regional Jail may terminate or modify the volunteer/Contract service relationship at any time without prior notice or cause.
- I agree to have my photograph taken for identification purposes if needed.
- I authorize representatives of the Northern Neck Regional Jail to make such investigations and inquiries as may be necessary, including a criminal history records check, references, education, and other such information needed in arriving at a volunteer/Contract service decision. Upon approval of this application I authorize Northern Neck Regional Jail to check criminal history records, references, and other such information as the jail deems necessary.
- I understand that false or misleading information given on my volunteer/Contract application may cause my volunteer/Contract service with the Northern Neck Regional Jail to be terminated.

Signature of Volunteer/Contractor

Date

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It is my intention to perform volunteer/Contract work within the Northern Neck regional Jail. I understand that the Northern Neck Regional Jail Board, which owns and operates the Northern Neck regional Jail, is not, and will not be my employer by reason of my doing volunteer work with the jail. I understand that the Jail Board cannot be an insurer of my safety while I am in the jail. I further understand that there are inherent risks associated with working inside a jail and regulations governing my conduct within the jail.

I hereby release and hold harmless the Northern Neck Regional Jail Board and the counties of Richmond, Westmoreland, Northumberland, and the town of Warsaw which are served by the jail, as well as any officers, employees or agents of any of the above counties from and against any and all claims by reason of personal or bodily injury, death, or property damage suffered by me arising out of and in the course of my volunteer/Contract work within the jail and on jail property; except however, for any claims which may arise out of the gross negligence or intentional misconduct of the Northern Neck regional Jail Board, the counties of Richmond, Westmoreland, Northumberland, and the town of Warsaw which are served by the jail, as well any officers, employees or agents of any of the above.

I have read this agreement and I understand all of the above. I sign this release freely, without coercion.

Signature of Volunteer/Contractor

Date

Administrative Review

Allow in Pods

Signature, Chief of Inmate Services

() Approved () Denied

Badge

Admin Access

Signature, Chief of Security

() Approved () Denied

Time Clock Reg.

Signature, Assistant Superintendent

() Approved () Denied