



**GEAUGA COUNTY SHERIFF'S OFFICE
VOLUNTEER APPLICATION FORM**



Please select which program you are volunteering:

Church AA NA Other_____

Date: _____

Personal Information

Name: _____ Social Security Number: _____

Address: _____

Phone Number: Cell: _____ Home: _____ Other: _____

Place of Birth: _____ Date of Birth: _____ Sex: ___ Race: ___ Age: ___

Emergency Contact Name: _____ **Emergency Contact Number:** _____

E-mail Address _____

Employment

Present Employer: _____

Address: _____

Phone Number: _____

Occupation: _____

Length of Employment: _____

Legal Record

Have you ever been arrested?

Have you ever been convicted of a crime?

Have you ever served time?

If you answered yes to any of these questions, please give the details.

VOLUNTEER AGREEMENT

I hereby certify that all information contained in this application is correct. I give my permission for all references and employers specified in this application to be contacted. I give my permission for any law enforcement agency files pertaining to me to be examined. I realize that any false information contained herein is grounds for this application to be rejected and or my privilege to serve as a volunteer to be subsequently terminated.

I affirm that I have read and understand the conditions for public access to the Geauga County Sheriff's Office Safety Center, which emphasizes the inherently dangerous nature of the jail environment, and notes that by signing this agreement, the undersigned explicitly:

1. Assumes the risk for any injury which may occur in connection with the jail/prison visit, including but not limited to the risk of being taken hostage while on the premises.
2. Holds harmless and forever discharges the Geauga County Sheriff's Office, its agents, employees, servants, successors, and assignees from any and all liability for injury or damage arising out of such visit;
3. Has read and agrees to abide by institution/facility rules for clergy/volunteer visitation.
4. Understands he/she is subject to search each time he/she enters the facility.
5. Will comply with verbal instructions of the Officer in Charge.

Failure to comply with above rules is cause for immediate dismissal.

Volunteer Applicant Signature

Date

I have received and reviewed instructions on PREA guidelines and GCSO Policy.

Signature

Date

Witness

Date