

Coconino County Detention Facility

Volunteer/Intern Information

Thank you for applying to volunteer/intern with Coconino County Detention Facility. Please complete the Detention Facility application, a fingerprint clearance card at Flagstaff Police Station specifically for the Detention Facility, and schedule an appointment with **Jim Bret**, Detention Programs Coordinator **928-226-5211**. Bring all completed forms to meeting at Coconino County Detention Facility at 951 E. Sawmill Rd, Flagstaff Arizona 86001 where processing will begin and your photo will be taken for your identification card.

Be sure to let The Literacy Center know once all paperwork and fingerprints have been submitted at program@thinkliteracy.org

Thank you again and we look forward to having you as a part of the volunteer team at our County Detention Facility as a Literacy Volunteer.

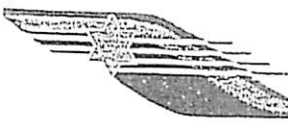
Name: _____

Date Submitted: _____

Organization affiliated with:

Literacy Volunteers of Coconino County/The Literacy Center

928-556-0313 – program@thinkliteracy.org – 2223 E. 7th Ave. Ste. B, Flagstaff, AZ 86004



Coconino County Sheriff's Office

Bill Pabitt, Sheriff

March 2009

Volunteer Applicants

APPLICATION PROCESS

Thank you for your interest in serving the Detention Facility as a program volunteer. Enclosed are the following forms:

- Volunteer application
- Authorization to release information
- Volunteer assignment job description form
- County signature page with emergency contact information

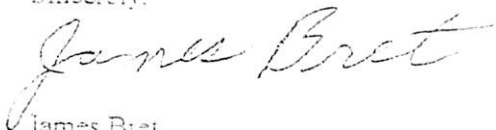
Please complete and return these forms to the detention services program office. You may either drop them off at the jail lobby or mail them to the address listed on the application.

In addition to the documents, you must complete the following, prior to the training session, in order to be cleared to volunteer in the Detention Facility:

- Copy of driver's license or photo I.D.
- Picture taken for volunteer I.D.
- Sign the signature sheet
- Fingerprints taken.
- Volunteer training session (held quarterly)
- For faith-based program facilitators:
 - Letter of endorsement from religious group / congregation.
 - Copy of ministerial credentials, if applicable.
- For substance abuse recovery / 12 step facilitators:
 - Letter of reference from detention outreach coordinator or 12 step sponsor.
 - Copy of counseling credentials, if applicable.
 - Documentation of training, if applicable.

Please call the programs office at 226.5211 to schedule an appointment for your photo I.D. and fingerprinting. If you have any questions or need assistance with the application process, please contact me and I will be glad to assist you. I look forward to working with you. Thank you again for your interest in the detention services programs.

Sincerely,



James Bret
Detention Services Program Coordinator



Coconino County

As a volunteer for Coconino County, I agree to follow policies and procedures as required by the County and agree to fulfill the volunteer responsibilities to the best of my ability. I will report to my supervisor any incident of injury to myself or others, or which causes damage to County property or property of others. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the County may terminate this agreement at any time without prior notice.

_____ My signature confirms that I have read a copy of the volunteer assignment description form and I ascertain that I am physically able to complete the tasks listed.

_____ My signature confirms that I have read a copy of the volunteer assignment description form and I request the following accommodation(s) to complete these tasks: _____

Volunteer's Signature: _____

Date: _____

Applicants

Name: _____

Date of Birth: _____

Address: _____

Driver's License: _____

SS#: _____

Phone: _____

1. If individual is using personal vehicle, minimum insurance limits of 15/30/10 for bodily injury/property damage must be maintained. Obtain a copy of Driver's License and Proof of Insurance and send to Risk Management.

2. Emergency Contact: _____ Phone number: _____

3. Department/Division: _____ Supervisor: _____

Start Date: _____ Hours per Week: _____

Nature of Duties: _____

4. Check Category which applies:

- _____ Volunteer _____ Unpaid Intern – attach completed Internship contract
- _____ Reserve _____ Sheriff's Search and Rescue other _____

Department Head Signature: _____ Date: _____

**Please attach a copy of the Volunteer Assignment Description/Return completed form to Risk Management

VOLUNTEER ASSIGNMENT JOB DESCRIPTION FORM

JOB TITLE: Detention Program Facilitator

DESCRIPTION OF JOB RESPONSIBILITIES: (DESCRIBE ALL JOB DUTIES)
 Facilitators will interact and communicate with staff and inmates in a detention facility. Facilitators will conduct various types of meetings and programs (e.g. Bible studies, AA meetings, educational classes, wellness seminars, etc.) with inmates of various custody levels. Facilitators will walk to and from program locations within the detention facility. Facilitators will speak to detention personnel via intercom system. Facilitators will open heavy doors. Some programs may require the use of audiovisual instructional equipment, such as dry erase board, overhead projector, video/DVD player, etc.

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY	NEVER 0 hours per day	OCCASIONALLY 0-3 hours per day	FREQUENTLY 3-6 hours per day	CONSTANTLY 6-8+ hours
Sitting		X		
Walking		X		
Standing		X		
Bending (neck)	X			
Bending (waist)	X			
Squatting	X			
Climbing	X			
Kneeling	X			
Crawling	X			
Twisting (neck)	X			
Twisting (waist)	X			
Hand Use: Dominant hand				
Right				
Left				
Is receptive use of hand required?	X			
Simple Grasping (right hand)		X		
Simple Grasping (left hand)		X		
Power Grasping (right hand)	X			
Power Grasping (left hand)	X			
Fine Manipulation (right hand)		X		
Fine Manipulation (left hand)		X		
Pushing & Pulling (right hand)		X		
Pushing & Pulling (left hand)		X		
Reaching (right hand)			X	
Reaching (left hand)			X	

2. Please indicate the daily Lifting and Carrying requirements of the job:

Indicate the height the object is lifted from floor, table, or overhead location and the distance the object is carried.

	LIFTING				Height	CARRYING				Distance
	Never 0 hours	Occasionally 0-3 hours	Frequently 3-6 hours	Constantly 6-8+ hrs		Never 0 hours	Occasionally 0-3 hours	Frequently 3-6 hours	Constantly 6-8+ hrs	
1-10 lbs					table		X			850 feet
11-20 lbs	X					X				
21-30 lbs	X					X				
31-75 lbs	X					X				
76-100 lbs	X					X				
100+ lbs	X					X				

Describe the heaviest item required to carry and the distance to be carried: A volunteer facilitator may bring books and materials with them for their program which need to be carried up to 850 feet through several doors.

3. Please indicate if your job requires:

	Yes	No	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts and other equipment		X	
b. Working around equipment and machinery?		X	
c. Walking on uneven ground?		X	
d. Exposure to excessive noise?		X	
e. Exposure to extremes in temperature, humidity, and wetness?		X	
f. Exposure to dust, gas, fumes, or chemicals?		X	
g. Working heights?		X	
h. Operation of foot controls or repetitive foot movement?		X	
i. Use of special visual or auditory protective equipment?		X	
j. Working with bio-hazards, such as: bloodborne pathogens, sewage, hospital waste, etc.		X	

I have read and understand the physical requirements to fulfill the duties of volunteer facilitator in the Coconino County Sheriff's Office Detention Facility.

Printed Name: _____ Signature: _____ Date: _____

Coconino County Sheriff's Office

Authorization to Release Information

As an applicant for a position with the Coconino County Sheriff's Office. I am required to furnish information for use in determining my moral, physical and mental qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential nature.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested.

Applicant's Signature: _____
Print your name: _____

Notary Public: State of _____, County of _____
On this _____ day of _____, 200_, personally appeared before me _____ known to me (or satisfactorily proven) to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same for the purpose therein contained.

Signature of Notary Public: _____

My commission expires: _____



COCONINO COUNTY SHERIFF'S OFFICE
APPLICATION FOR THE CIVILIAN VOLUNTEER PROGRAM
BILL PRIBIL - SHERIFF
Detention Services Facilitator

TO: Sheriff of Coconino County, Flagstaff, AZ

I would like to volunteer my services as a member of the Coconino County Sheriff's Office Civilian Volunteer Program. I am interested in working as a facilitator for:

INSTRUCTIONS: Please print or type. If the space allowed is not sufficient, the answer should be numbered and completed on the backside of the page. Be sure to include all phone numbers and addresses requested. It is important that you answer ALL questions on your application FULLY AND ACCURATELY. If a question does not apply, please write "N/A" in the space.

I. PERSONAL INFORMATION

Name: Last	First	Middle	SS#:
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Other Names used (list & explain):

Date of Birth:	Place of Birth:				
Race:	Sex:	Hair:	Eyes:	Height:	Weight:

Phone Numbers:	Home ()	Business ()
	Email:	Cell ()

Please indicate your available days and times:

Starting with your present address, list all addresses in the last 10 years. Include physical address as well as mailing address if they differ.

Address	City	State	Zip	From	To

Marital Status:	Spouse's Full Name:
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Name of Person to be notified in case of emergency:

Name:

Address:

Phone Number:

School Name & Address		#Credit Hrs	Degree	Degree Date
High/GED:				
College:				
Other:				
Other:				
Other:				

List any special skills, training, hobbies, etc. that may be useful to Inmate Programs:

III. EMPLOYMENT HISTORY (list your most recent employer first)

1

Name of Present or Last Employer		Address		
Type of Business	Supervisor's Name	()	Phone #	May We Contact?
Job Title	Date Worked From	Date Worked To		
Reason for Leaving				

Description of Work & Responsibilities:

2

Name of Present or Last Employer		Address		
Type of Business	Supervisor's Name	()	Phone #	May We Contact?
Job Title	Date Worked From	Date Worked To		
Reason for Leaving				

Description of Work & Responsibilities:

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Name of Present or Last Employer		Address		
Type of Business	Supervisor's Name	() Phone #	May We Contact?	
Job Title	Date Worked From	Date Worked To		
Reason for Leaving				

Description of Work & Responsibilities:				

Were you ever discharged or asked to resign from employment? (If yes, list and explain.)		Yes	No
Employer	Address	Date	Supervisor
Reason Discharged			

Employer	Address	Date	Supervisor
Reason Discharged			

Employer	Address	Date	Supervisor
Reason Discharged			

IV. MILITARY RECORD

Are you a veteran?	Yes	No
Selective Service #:	Selective Service Class #:	

List your military Experience:				
Branch of Service	Service #	Date Entered	Date Separated	Honorable Discharge

If not honorably discharged, give type of separation:				

Were you ever subject to disciplinary action?		Yes	No
If so, explain whether it was general, special, summary court martial, captains mast, article 15 or other:			

XI. GENERAL QUESTIONS

(please provide explanations if you answer yes to any of the questions; continue answers on back if you need more space)

1. Do you use alcohol to excess? If yes, explain.
2. Have you ever been treated for alcoholism or narcotic addiction?
3. Have you ever used a dangerous or narcotic drug without a doctor's prescription? If yes, explain when and why.
4. Have you ever smoked marijuana? If yes, explain.
5. Have you ever sold dangerous or narcotic drugs and / or marijuana?
6. Have you ever used LSD or other illegal substances that may cause recurring side effects?
7. Do you OR have you support(ed) any ideology that advocates the overthrow of the U.S. Government?
8. Religious Applicants Only.
Church Affiliation:
Phone Number:
Your title/position:
Local Church Pastor's Name:
9. Are you subject to any medically imposed limitations that may affect your volunteer duties (i.e. stairs)? Yes No
If yes, please explain:
10. List any languages other than English with which you speak fluently:

VIII. DRIVING RECORD

List all moving violations received within the last five years:

Date	City	Charge	Disposition

List all motor vehicle accidents in which you have been involved as a driver:

Date	City	Charge (if any)	Disposition

Do you possess a valid driver's license? Yes No

License Number: _____ State: _____ Class: _____ Expiration Date: _____

Have you ever possessed a license issued by another state? Yes No

State: _____ Date: _____

Has your license ever been suspended or revoked? Yes No

Reason: _____ State: _____ Date: _____

IX. VEHICLES PRESENTLY OWNED

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____
 State: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Year: _____

X. REFERENCES (List two people, other than relatives, whom you have known for two years or more)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

XIV. GROUNDS FOR DISQUALIFICATION

(Please read and sign at the bottom.)

The following guidelines have been established for all volunteers:

1. Facilitators must be at least 18 years of age.
2. Facilitators must be out of jail three years.
3. Facilitators must be out of prison three years.
4. Facilitators must be off probation or parole.
5. Facilitators must be free of any pending criminal charges or criminal investigations.
6. Facilitators must not have been charged with assaulting an officer.
7. Facilitators must not have been charged with introducing or found to have introduced contraband into a detention or correctional facility.
8. Facilitators must not have any other charges or past history that indicates they could be a threat to the safety of security of our facility.
9. Applicants found not to have been completely honest regarding the information on the application will not be considered or will be dismissed.
10. All facilitators must be approved by the jail command staff.
11. The following will be cause for automatic disqualification:
 - a. Accepting pay for sex acts.
 - b. Child molesting.
 - c. Sale or use of marijuana or derivatives; if use of marijuana was within the last 6 month, you must reapply; heavy use of marijuana will cause disqualification.
 - d. Use or sale of amphetamines, barbiturates, opium derivatives, cocaine, or other hard drugs within the last 5 years; heavy use of such drugs will cause disqualification.
 - e. Use of LSD or any other illegal substance that may cause reoccurring side effects.

Note: Any of these guidelines may be specifically reviewed on an individual basis and waived by the Sheriff or the Deputy Chief if there is a unique need or circumstance (such as crimes under the influence of drugs where the individual may have become a substance abuse counselor).

XV. SIGNATURE

I hereby agree to a background investigation by the Coconino County Sheriff and agree to abide by the rules and regulations governing the activities of the Coconino County Sheriff's Civilian Volunteer Program. I understand that, for security reasons, a basic clearance check will be conducted and I will be fingerprinted. Further background information will be requested only if a specific volunteer assignment calls for a full security check. This may include a polygraph.

Signature of Applicant

Date

Approved by:

Sheriff, Coconino County

Date

Please return in a sealed envelope to:

James Bret
Coconino County Detention Facility
951 E. Sawmill Rd.
Flagstaff, AZ. 86001