

WORCESTER COUNTY SHERIFF'S OFFICE VOLUNTEER APPLICATION

LAST _____ FIRST _____ MI _____

DOB ____/____/____ SSN ____-____-____ EMAIL _____

PHONE _____ ALT. PHONE _____

ADDRESS _____
CITY / TOWN STATE ZIP

SPONSORING ORGANIZATION _____

CONTACT NAME _____ PHONE _____

YOU ARE (CHECK) CLERGY RELIGIOUS A.A. N. A. INTERN OTHER

PLEASE LIST YOUR CREDENTIALS AND ATTACH COPIES _____

PLEASE LIST YOUR LAST 3 EMPLOYERS AND ANY VOLUNTEER WORK YOU HAVE DONE

DATES	EMPLOYER	POSITION	PHONE NUMBER

WHY DO YOU WANT TO VOLUNTEER TO HELP INMATES?

PLEASE PROVIDE NAMES OF 2 INDIVIDUALS WHO CAN ATTEST TO YOU BEING SUITABLE TO BE A VOLUNTEER IN A CORRECTIONAL ENVIRONMENT.

NAME	RELATIONSHIP	PHONE _____

I understand that I am subject to all rules and regulations of the sheriff's office and will conduct myself accordingly. My signature certifies that all information I have provided is true and complete. I give permission to the Worcester County Sheriff's Office to take any necessary steps to verify all information I have provided, including but not limited to annually querying my Massachusetts Board of Probation record and any other public or government records. I understand that my authorization is valid for one year and may be revoked at any time for any reason.

Signature _____ Date _____

FOR SPONSORING ORGANIZATION PERSONNEL

ORGANIZATION NAME _____

I CERTIFY THAT _____ IS AN EMPLOYEE / MEMBER /
ASSOCIATE OF THIS ORGANIZATION IN GOOD STANDING. I BELIEVE THAT HE / SHE IS A
SUITABLE PERSON TO BE ALLOWED CONTACT WITH INMATES IN A CORRECTIONAL SETTING.
IN THE EVENT THAT THEIR STATUS CHANGES I WILL IMMEDIATELY NOTIFY THE SHERIFF'S
OFFICE.

PRINTED NAME	TITLE	SIGNATURE	DATE
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FOR SHERIFF'S OFFICE PERSONNEL

BOP DATE ___/___/___ APPROVED DENIED BY _____ DATE ___/___/___

BOP DATE ___/___/___ APPROVED DENIED BY _____ DATE ___/___/___

BOP DATE ___/___/___ APPROVED DENIED BY _____ DATE ___/___/___

BOP DATE ___/___/___ APPROVED DENIED BY _____ DATE ___/___/___

BOP DATE ___/___/___ APPROVED DENIED BY _____ DATE ___/___/___

BOP DATE ___/___/___ APPROVED DENIED BY _____ DATE ___/___/___

REASON FOR DENIAL _____

Information for sponsor organizations and volunteers

All volunteers shall be sponsored or recommended by a known, reputable religious or human service organization or individual. Any individual offering to volunteer services of a professional or technical nature to the inmate population must provide sufficient documentation and evidence to establish that the applicant is qualified to provide such service.

Any person with a history of criminal offenses reflected on their Board of Probation record or presently under indictment may not serve as a volunteer unless a written recommendation is made by the Volunteer Services Coordinator to the Sheriff and written approval is given by the Sheriff or his designee.

All volunteers agree to immediately notify the sheriff's office if they are arrested, indicted or otherwise charged with a criminal or drug offence.

Former inmates or relatives of inmates currently or previously incarcerated may not serve as volunteers unless a specific written recommendation is made by the Volunteer Services Coordinator to the Sheriff and written approval is given by the Sheriff or his designee. Failure to disclose such information may result in immediate suspension or revocation of the volunteers' authorization.

Volunteers who have not rendered a visit in their volunteer capacity over a ninety (90) day period may be required to reapply to the Volunteer Services Coordinator for approval as a volunteer.

Prior to final approval, a volunteer must complete an orientation / training program which shall include the following; Lines of authority and accountability within the facility, its history, policies, emergency procedures and any other relevant regulations; The role for volunteer programs and the specific responsibilities of each volunteer; Type of inmate population; their needs, attitudes and lifestyles.

Authorization for volunteers shall be valid for up to one year. All will expire on June, 30th. All volunteers will be required to attend a four hour training session every other year. Training for new volunteers will be offered occasionally throughout the year, as needed. Please plan accordingly.

Volunteers will agree in writing to abide by all facility policies and regulations, particularly those relating to security and confidentiality.

Volunteers will no longer need to complete a new application every year to maintain their status. The sponsoring organization may simply submit a written request to extend the individuals' authorization for another year. This may be done by letter or email. The extension should not be deemed extended until written notification is made by the sheriff's office to the sponsoring organization.

The volunteer must also immediately notify the sheriff's office of any changes to information contained in the original application (i.e. phone numbers, email address, etc...)

To: Sponsor

This letter is to inform you that _____ has been granted initial approval to be a volunteer through your organization for the Worcester County Sheriff's Office until ____/____/____. This initial approval is contingent on their completing our Volunteer Orientation Training. The next training is scheduled for _____

Please have the volunteer contact me at 508-854/1974 or via email at pbove@sdw.state.ma.us.

Prior to their being allowed into the facility, but after completion of training, they must be issued a sheriff's office identification card. This card must be obtained by contacting Patricia Coakley of the Human Resources Department at 508-854-1980, to schedule an appointment.

If your organization wishes to extend their approval, please contact us in writing three to four weeks prior to their expiration date.