**Waupaca County Sheriff’s Department**

**Law Enforcement Center Volunteer Application**

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Please fill out the below information legibly and completely.

**Applicant Information:**

|  |
| --- |
|  |

Last First Middle

|  |
| --- |
|  |

List Alias Names

|  |
| --- |
|  |

Address City State Zip

Date of Birth:

Primary Contact Number:

E-mail Address:

Drivers License:

**Do you have any friends or relatives residing at the Waupaca County Jail?**

NO Yes

If yes, please list name(s) and relationship:

**Duration of Services:**

(Please check one that applies)

How often will you be visiting the Waupaca Sheriff’s Department?

Single Visit Recurring Visits

Contact Visit Non-contact Visits

* ***All previously approved visitors will be required to fill out a Visitor’s Renewal Form every 12 months.***

Facility orientations are required for all individuals whom *have inmate or detainee contact.* After receipt of your approved background check, you will be contacted by the Waupaca County Sheriff’s Department to schedule and complete a facility orientation session. All clergy approved for non-contact visits will be asked to provide proof related to their title.

**Affiliation:**

Please specify your specific affiliation below:

AODA Programs: Clergy (please specify):

Educational: Other:

**Emergency contact information:**

Name:

Phone Number:

**Permission Clause:**

I hereby grant permission to any employee of the Waupaca County Sherriff’s Department to obtain information and records relevant to my application from any or all of the following sources:

1. Any law enforcement agency or criminal records bureau (CIB/NCIC).

2. Any Department of Motor Vehicles.

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, my family, or my associates because of compliance with or any attempt to comply with this authorization and using the information obtained as part of the volunteer process.

This document is an Authorization and Release form. The duties and qualifications of the position applied for will determine which background inquiries are made and what background information is considered to be pertinent to the position.

X X

Applicants Signature Date

**Waupaca County Sheriff’s Department**

**Volunteer Notice and Release**

**NOTICE OF RISK**

I have hereby been advised that due to the incarceration of accused or convicted individuals in the Waupaca County Law Enforcement Center, I may encounter risks in the facility that I would not expect to encounter in any normal environment, and have considered the risks of being admitted into this facility before signing this Notice. I have been advised that as a volunteer, I am not an employee, agent or in any other way a representative of the Waupaca County Sheriff’s Department.

Further, I agree to hold the County of Waupaca, Waupaca County Sheriff’s Department, their employees, and representatives harmless for any costs, fees, expenses, which are the result of any physical or emotional injury I incur as a result of my volunteer services in the facility, including, but not limited to any injury or harm I sustain, cause, or are alleged to cause, on these premises while not performing volunteer services. Also, the Waupaca County Sheriff’s Department doesn’t assume responsibility for any lost, stolen, or damaged property while conducting volunteer services.

**AGREEMENT TO FOLLOW RULES**

This is to acknowledge that I have received and read a copy of the Volunteer Packet furnished by the Waupaca County Sheriff’s Department. I understand the contents of the packet. I will abide by the Volunteer Rules and Regulations and all applicable Policies and Procedures governing volunteers.

**ACKNOWLEDGMENT**

I hereby acknowledge that I have read the above Volunteer Notice and Release of Liability. I agree that while on the premises of the facility, I will obey all the facility rules and regulations, as well as any instructions given by Correctional Officers. I understand that by signing this acknowledgement and submitting this application, I am authorizing the Waupaca County Sheriff’s Department to conduct a background check that includes my criminal history. Furthermore, I declare that all the information I have provided is true and correct to the best of my knowledge. I understand that any false or misleading information given by will disqualify me from consideration, or result in termination if discovered at a later date.

All volunteers will need to present their photo ID for copying or provide a copy for packet completion.

X

(Printed Name)

X X

(Applicants Signature) (Date)

***Please mail or Email completed application to:***

**Waupaca County Sheriff’s Department**

**ATTN: Officer Portman/Rush**

**Jail Division**

**1402 East Royalton Street**

**Waupaca, WI 54981**

**or**

[**Jared.Portman@co.waupaca.wi.us**](mailto:Jared.Portman@co.waupaca.wi.us)

**[Curtis.Rush@co.waupaca.wi.us](mailto:Curtis.Rush@co.waupaca.wi.us)**

**THIS PAGE FOR OFFICAL USE ONLY DO NOT WRITE IN BOX BELOW**

Background Check Date:

Approved: Denied:

Comments:

Approval Signature:

*Tracking Information*

Orientation Scheduled

Notification of Completion