

Barnstable County Correctional Facility

6000 Sheriff's Place, Bourne, MA 02532

Phone 508.563.4416 Fax: 508.563.4574

Security Dept./Standard Volunteer/Student Intern Background Information Request and Waiver

PLEASE PRINT CLEARLY OR TYPE: ALL AREAS MUST BE FILLED OUT COMPLETELY

PERSONAL DATA

Name: _____
(Last) (First) (Middle) (Jr/Sr)

Previous Name/
Alias: _____
(Last) (First) (Middle) (Jr/Sr)

Home
Address: _____
(Street) (City/Town) (State) (Zip)

Mailing
Address: _____
(Street) (City/Town) (State) (Zip)

Email: _____

License # _____ Home Phone: _____

DOB: _____ Place of Birth: _____

Age: _____ Sex: _____

EMERGENCY CONTACT:

Name: _____

Address: _____

Telephone: _____ Relation: _____

Name of
Employer: _____

Work Address: _____

Work Phone: _____ Ext. #: _____

Education (degree/license): _____

Do you have any friends or relatives that are presently, or have been incarcerated at the Barnstable County Correctional Facility? _____

Who/When? _____

Have you ever been convicted of a:

Felony? _____ Where/When: _____

What activity do you propose to be involved with at the Barnstable County Correctional Facility?

When do you propose to offer this activity? How long? What day/days? What time of day/evening?

How were you prompted to become a volunteer at the Barnstable County Correctional Facility?

Check one: Application is for an:

INDIVIDUAL _____ VOLUNTEER _____ VOLUNTEER GROUP _____

Please give two references:

Name and Address: _____

Name and Address: _____

Vehicle Information:

Vehicle Model: _____ Vehicle Make: _____

Year: _____ Color: _____ Plate: _____

I, _____, hereby release, discharge, and hold harmless the Barnstable County Sheriff's Office, its agents, representatives and employees from any and all liability arising out of the inspection of documents, records and other information pertaining to my background.

Signature

Date

Witness

Date

PROGRAMS PERSONNEL INFORMATION

Does Volunteer have an Employee Application on File? _____ Date: _____

BCCF Security Clearance Complete: _____ Date: _____

Interviewed by: _____ Date: _____

Assigned Department/Supervisor: _____ Date: _____

Proposed Schedule: _____ Date: _____

Notification of Department: _____ Date: _____

VOLUNTEER REVIEW/APPROVAL

Reviewed by Department Head: _____ Date: _____

Reviewed by ADS assigned to Security: _____ Date: _____

Approved by Sheriff/Designee: _____ Date: _____