



Clackamas County Sheriff's Office

VOLUNTEER SERVICES

Volunteers can provide programming services to Adults in Custody (AIC) in areas such as drug treatment, GED education, work education, parenting education, life skills education and religious services. Volunteers serve as role models for work ethics, behavior change, and effective interpersonal skills.

Volunteers who offer their time, talents and professional expertise are indispensable if the Clackamas County Sheriff's Office is to achieve its mission. We integrate volunteers into our system as unpaid staff, and with that come the rights, responsibilities, and expectations of paid staff. It is our sincere hope that we will provide you with a meaningful experience and that you will become a positive link to the broader community as we work together to enhance the corrections agenda.



Clackamas County Sheriff's Office

VOLUNTEER SERVICES APPLICATION

INSTRUCTION SHEET

Thank you for your interest in being a volunteer with the Clackamas County Sheriff's Office. You play a vital role in the programming activities in the jail which otherwise would not be available.

Due to the nature of our business, the safety and security of you, the Adults in Custody and the community is our number one priority. To this end, we have an application and orientation process that will prepare you to be successful and safe.

Step 1: Meet with the Program Coordinator to discuss your program, schedule and specific tasks. The Program Coordinator will determine if you meet our program mission and goals. If you are not sure what you want to do, the Program Coordinator can discuss options with you and arrange a meeting in an area that interests you.

Step 2: Complete the attached application. Answer all questions truthfully. If any question cannot be clearly answered please elaborate in the additional supplemental space (page 12).

Step 3: The Program Coordinator will review your application. A criminal history check will be made and references may be contacted. The reference check will seek to verify if you have the experience and are competent in the area where you will be working. The Program Coordinator will ask for a written response from you for any areas that need further clarification.

Step 4: Once the review is completed, the Program Coordinator will contact you to arrange a time for you to attend an orientation class of the jail rules and procedures.

Step 5: Access is granted after completion of the orientation class. If you have any questions or need clarification, please contact:

Deputy Christopher Barton
Jail Program/Volunteer Coordinator
Clackamas County Sheriff's Office
2206 Kaen Rd.
Oregon City, Or. 97045
Office 503-722-6725
cbarton@clackamas.us



Clackamas County Sheriff's Office

ANGELA BRANDENBURG
Sheriff

1. PERSONAL INFORMATION

Legal Last Name		Legal First Name		Legal Middle Name	
Please list any other names (such as aliases, maiden names and nicknames)					
Street Address			City	State	Zip Code
How long have you lived at this address?		How many, of the last ten years have you lived in Clackamas County or adjacent county?			
Daytime Phone Number () ()		E-mail Address			
Evening Phone Number () ()		Date of Birth / /	Social Security Number	Driver's License or ID Number	DL State
Gender M / F / X	Hair Color	Eye Color	Height	Weight	Ethnicity

2. PERSONAL HISTORY

Please answer the following questions. If addition space is needed to elaborate an answer you may use supplemental listed below.

2 - A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied with the Clackamas County Sheriff's Office (CCSO) as an employee, volunteer or contractor services? If Yes, when?
2 - B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know or are you related to anyone who works for CCSO? If yes, who?
2 - C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know or are you related to anyone who is currently incarcerated for any reason? If yes, state of relationship, Crime charged, city & state, and case disposition:
2 - D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under indictment for or charged with any criminal offense? If yes, what charge?
2 - E	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested? If yes, state of date, charges, location and disposition:
2 - F	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any offense above the grade of a Class C misdemeanor? If yes, state the offense, date and disposition:
2 - G	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been or are currently on court-ordered community supervision, probation, parole or deferred adjudication for any offense? If yes, state the offense, date and disposition:
2 - H	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used any illegal controlled substances, non-prescribed dangerous drugs, or excessive alcohol in the last 10 years? If yes, state the substance, date and frequency of use:
2 - I	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever bought, furnished or sold any controlled substance or dangerous drug?
2 - J	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been discharged from any city, state, federal or private corrections institute or law enforcement agency as an officer or civilian for disciplinary reasons, resigned to avoid suspension or discharge or resigned during a disciplinary investigation without final judgment being rendered? If yes, explain fully on supplemental listed below.
2 - K	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been named in or been a party to a restraining order or stalking order? If yes, explain fully on supplemental listed below.
2 - L	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you perform the essential functions of this position as outlined in the Volunteer Guide Book with or without reasonable accommodation?

2 - M	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has any relative of yours, or your current or former spouse or anyone previously or currently living with you or anyone you are currently or were previously associated with ever been convicted of a felony under the laws of any state or federal law? If yes, explain on supplemental below. List the city/county/state or other identifying data of where these convictions happened. Also list the dates.
2 - N	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you served in the armed forces of the United States?
2 - O	<input type="checkbox"/> Yes <input type="checkbox"/> No	While in the military, were you ever arrested for any offense, a defendant in any trial or did you receive any disciplinary action? If yes, give date, place, law enforcement agency or type, court or court martial and action taken on supplemental listed below.
2 - P	<input type="checkbox"/> Yes <input type="checkbox"/> No	While in the military, were you listed AWOL or on unauthorized leave? If yes, explain fully on supplemental listed below.
3. PRISON RAPE ELIMINATION ACT		
Please answer the following questions. If addition space is needed to elaborate an answer you may use supplemental listed below.		
3 - A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you engaged in sexual abuse in a prison, jail, lockup, confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? If Yes, explain fully on supplemental listed below.
3 - B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? If yes, explain fully on supplemental listed below.
3 - C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been civilly or administratively adjudicated to have engaged in the activity described above in question 5 - B above? If yes, explain fully on supplemental listed below.
4. MOTOR VEHICLE RECORD		
Please answer the following questions. If addition space is needed to elaborate an answer you may use supplemental listed below.		
4 - A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a license to operate a motor vehicle? List all states in which you have been licensed.
4 - B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your driver's license currently valid? If no, explain fully on supplemental listed below.
4 - C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has your driver's license ever been suspended or revoked? If yes, when and where?
4 - D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of or paid fines for any traffic violations, except parking ordinances? If yes, explain fully on supplemental listed below.
4 - E	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever failed to appear for any court appearance either traffic or criminal related? If yes, explain fully on supplemental listed below.
5. WEAPON PERMIT		
Please answer the following questions. If addition space is needed to elaborate an answer you may use supplemental listed below.		
5 - A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied for a concealed weapon permit?
5 - B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive the concealed weapon permit? If no, explain fully on supplemental page listed below.
Law Enforcement Agency		Date of Issue
		Permit Number
5 - C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had your permit revoked? If yes, explain fully on supplemental listed below.
5 - D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you legally possess a firearm? If no, explain fully on supplemental listed below.
6. EMPLOYMENT		
Please answer the following questions. If addition space is needed to elaborate an answer you may use supplemental listed below.		
6 - A	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been involved in any incident that resulted in employment discipline action of any kind, include material reflecting caution, consultation, warning, admonishment, reprimand, written or non-written (oral)? If yes, explain fully on supplemental listed below.

6 - B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been discharged or have you ever resigned under pressure or unfavorable circumstances or under mutual separation? If yes, explain fully on supplemental listed below.		
6 - C	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied during an application process from any employment? ? If yes, explain fully on supplemental listed below.		
Summarize your last 3 employers, retirement and/or volunteers experience starting with the current employment.				
Employer/Volunteer Job		Job Title Description	From Date	To Date
Employer Address		City	State	Zip Code
Phone Number	Reason for Leaving/Gap in Employment		Name and Phone Number of One Co-Worker	
Employer/Volunteer Job		Job Title Description	From Date	To Date
Employer Address		City	State	Zip Code
Phone Number	Reason for Leaving/Gap in Employment		Name and Phone Number of One Co-Worker	
Employer/Volunteer Job		Job Title Description	From Date	To Date
Employer Address		City	State	Zip Code
Phone Number	Reason for Leaving/Gap in Employment		Name and Phone Number of One Co-Worker	
7. EXPERIENCE / TRAINING / SPECIAL QUALIFICATIONS				
Summarize experience, training and special qualifications which, in your opinion, establish your fitness for volunteer service in the Sheriff's Office. Include experience with related occupation, awards, community service.				

SUPPLEMENTAL

2 - A

EXAMPLE* Church Volunteer back in 1990 *EXAMPLE

8. VOLUNTEER / CONTRACTOR QUESTIONS

Please answer the following questions.

- Volunteer
 Contractor

Are you coming through as a volunteer or contractor?

- Individual
 Group

Are you coming to us as an individual or through a group such as church, agency or organization?

What time commitment can you make?

At least: 1 Hour 2 Hour 3 Hour 4 hours

Every: Day Week Month

When are you available?

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

List two contact references who volunteer at the Clackamas County jail.

Contact Person (Pastor, Coordinator, Advisor, Supervisor)		Contact Person (Pastor, Coordinator, Advisor, Supervisor)	
Group/Organization Name		Group/Organization Name	
City	State	City	State
Contact Phone Number	Business Phone Number	Contact Phone Number	Business Phone Number

List two emergency contacts.

Name		Name	
Relationship		Relationship	
City	State	City	State
Contact Phone Number	Alternative Phone Number	Contact Phone Number	Alternative Phone Number

I hereby certify that all statements, made in this application or appended to, are true and correct to the best of my knowledge. I am aware that with holding pertinent information or including information found to be grossly inaccurate will be cause for refusing further consideration of my application. I understand this is not to be considered as an indication of probable appointment nor an obligation upon the Sherriff's Office to make an appointment, but a part of the selection process only.

I hereby understand that I am neither an employee nor agent of the County of Clackamas and that I have no authority to act on behalf of the County of Clackamas.

I will receive neither compensation nor benefits from the County of Clackamas.

I will participate only under direct supervision of a Clackamas County Sheriff's Office employee.

I hereby agree to indemnify and hold harmless the Jail Division and the Sheriff's Office for the County of Clackamas for any of my acts or claims, related to the Volunteer Program.

I acknowledge the information supplied within this packet is for Clackamas County Sheriff's Office only and will not be disclosed except as required by law.

I acknowledge that I have read and understand the Volunteer Handbook.

Signature of Applicant: _____

Date: _____



ANGELA BRANDENBURG
Sheriff

Clackamas County Sheriff's Office

CLACKAMAS COUNTY JAIL VISITOR LIABILITY RELEASE AND WAIVER

I, the undersigned visitor, desire to participate in a tour of the Clackamas County Jail ("Jail") directed by a staff member of the Clackamas County Sheriff's Office. By signing this document you agree to conform to all applicable jail rules and regulations to be granted clearance into the Clackamas County Jail

Release, Waiver of Liability and Indemnity Agreement

I fully understand and appreciate the risks, hazards and dangers inherent in entering a correctional facility. I realize that my life could be in danger and I could be held hostage, assaulted, verbally abused, and otherwise placed in danger.

I understand and agree that the Clackamas County Sheriff's Office, Jail Division or any of its staff cannot guarantee my safety. I accept the fact the Clackamas County Sheriff's Office has granted me permission to enter the ground and facility of the jail only because I realize the dangers and risks involved. I agree to assume all the risks, liability and responsibilities surrounding my participation in the jail tour.

I will observe all the rules and regulations required. I will adhere strictly to all policies and regulations required to maintain the security of the jail.

SEARCHES

Any individual entering the jail or its grounds may be subject to search at any time for contraband articles. This also applies to their personal property. Anyone refusing to submit to search will be denied admittance. If contraband is found, the jail may detain the individual for reasonable amount of time and charge the individual with a felony under ORS 162.185. Searches are not intended to embarrass or degrade any individual, nor are they intended to cast doubt on the integrity of the individual. The institution has found through experience that is necessary to conduct searches for contraband to adequately provide a safe and secure correctional facility for Adults in Custody, staff and visitors.

Signature of Applicant: _____

Date: _____



Clackamas County Sheriff's Office

PRISON RAPE ELIMINATION ACT 2003 (PREA)

PRISON RAPE ELIMINATION ACT 2003 (PREA)

PREA is a federal law enacted and signed into law in 2003, for the purpose of establishing a zero-tolerance standard for the incidents of rapes and sexual misconduct in prisons and local jails/detention facilities. The PREA requires that prevention of prison rape and sexual misconduct will be a top priority in prisons, police lock ups, local jails and juvenile detention facilities. It further requires the development and implementation of national standards for the detection, prevention, reduction and punishment of prison rape and sexual misconduct. You are required to report any witnessed violations of PREA.

The Clackamas County Sheriff's Office supports the prosecution of persons who commit acts of sexual misconduct in its facilities. The Clackamas County Jail has developed uniform guidelines and procedures to reduce the risk of in-custody sexual assault and sexual activity. The Sheriff's Office is committed to a zero-tolerance standard for sexual misconduct and sexual assault.

Your role as a volunteer is to support and enforce the zero-tolerance standard for sexual misconduct and sexual assault within the Clackamas County Sheriff's Office.

Conduct specifically prohibited that will cause a violation of Sheriff's Office policy, termination as a visitor, and possible prosecution on criminal charges, includes but is not limited to:

1. Any sexual advance by a visitor;
2. requests for sexual favors by a visitor;
3. invasion of an Adult in Custody's privacy beyond that reasonably necessary for safety and security;
4. inappropriate touching, fondling, hugging, or kissing;
5. any sexual act or contact between a visitor and an Adult in Custody;
6. indecent exposure by the visitor in front of an Adult in Custody;
7. other verbal, physical or graphic conduct of a sexual or gender-based nature;
8. sexual comments, gestures, drawings, picture, writings, or any physical conduct that is of a sexual nature or is sexually suggestive, derogatory, or offensive;
9. influencing, promising or threatening an Adult in Custody's safety, custody or security level (including recommendations for court actions), privacy, housing, privileges, work detail or program status in exchange for sexual favors;
10. failing to report any suspicious activity of a sexual nature either observed or suspected based on possible items or evidence found in an area;
11. permitting sexually offensive behavior, sexual harassment, or sexual misconduct to continue after its occurrence is known; and/or,
12. Interference with the official process of reporting or investigating a sexual misconduct incident or allegation.

Signature of Applicant: _____

Date: _____

Signing this states that you have read the above document agree to abide by the rules of the Clackamas County Jail set forth in in this document and in any direction(s) provided by jail staff.