



Davis County Sheriff's Office

Kelly V. Sparks
Sheriff

Arnold Butcher
Chief Deputy
Corrections

Susan M. Poulsen
Chief Deputy
Administration

Andrew Oblad
Chief Deputy
Law Enforcement

MEMORANDUM

TO: All Jail Volunteers and Providers

FROM: Tyrrelle Stuntz, Programs Coordinator

Please complete the enclosed application and return it to your Group Leader. The Group Leader of your organization must review and approve each application, then forward the completed application via email to the Sheriff's Office Programs Coordinator.

Incomplete applications will be rejected and disposed of properly. **Please make sure you have attached a copy of your Utah driver's license**, answered all questions, filled in pertinent information, and completed all signatures and dates.

Please keep the following documentation for your reference, returning only the signature pages:

- 1. Davis County Code of Conduct Volunteers**
- 2. Drug Free Workplace Testing #350**

All new applicants must pass a background investigation, including a criminal records check.

Upon review of your application by the Programs Coordinator and the Corrections Division Lieutenant, you will be notified of your approval or denial as a volunteer/provider. **The application process may take up to 30 days to complete.**

Thank you for taking the time and making the effort to follow Davis County policy in becoming a volunteer/provider. We appreciate your interest in serving with us.

If you have any questions, please feel free to contact me at 801-451-4259.

DAVIS COUNTY VOLUNTEER/PROVIDER APPLICATION

1. _____
 Last Name First Name Middle Name

2. _____
 Street Address City State Zip Code

3. Home Phone: () _____
 Other Phone: () _____
 Email: _____

4. DRIVER'S LICENSE

 State Number

5. DATE OF BIRTH
 _____ / _____ / _____
 Month Day Year

6. SOCIAL SECURITY NUMBER
 _____ / _____ / _____

7. EMERGENCY CONTACT INFORMATION
 Name: _____
 Phone: () _____
 Address: _____
 City, State, Zip: _____
 Relation: _____

8. DAYS AVAILABLE (Please circle)
 Mon Tue Wed Thu Fri Sat Sun
 Hours Available: _____

9. NAME OF ORGANIZATION YOU ARE REPRESENTING

10. GROUP LEADER'S INFORMATION
 Name: _____
 Phone: () _____

 Signature of Group Leader

11. PERSONAL REFERENCES:
 List persons other than relatives. When possible, please list **daytime** contact numbers. Please advise your references to expect a call.

Name	Address	Phone	Years Known

12. Type of Volunteer/Provider Service Desired: _____

13. Related Work, Education, or Certifications: _____

14. CRIMINAL HISTORY

- Have you ever been convicted of violating any law? NO YES
If yes, answer the following questions:
1. Are you currently on probation or parole? NO YES
 2. Have you been on probation or parole in the last 5 years? NO YES
 3. Have you been incarcerated in the Davis County Jail within the last 5 years? NO YES
 4. Do you have personal association with any inmate currently incarcerated in the Davis County Jail? NO YES

Please provide details of your conviction on another sheet of paper. A conviction may not bar you from volunteering but will be reviewed as part of your complete application.

15. VOLUNTEER CODE OF CONDUCT: I acknowledge that I have read and understand the Davis County Code of Conduct and that I agree to comply with all of its provisions. I understand that I may be disciplined (which may include not being allowed to volunteer) for violations of this Code of Conduct or other Davis County policies and procedures. I agree to be responsible for County property and equipment issued to me and to pay for property and equipment not returned.

16. DRUG POLICY: I've been given the opportunity to review Davis County's Drug Free Workplace Testing policy and request a copy be given to me. I understand this acknowledgement does not create an obligation or contract of employment between Davis County and myself. As a condition of my employment or volunteering, I hereby voluntarily agree to be tested for the presence in my body of controlled substances and to comply with the Drug Free Workplace Testing policy. I also agree to report for testing as directed. I understand that any County employee or volunteer who sells, distributes, or dispenses alcohol or drugs while on County time and/or on County premises, or who refuses to submit to an alcohol or drug test, or who tampers with or adulterates an alcohol or drug test will be terminated. I further agree to authorize the release of the results of these tests to Davis County. I understand that appropriate disciplinary action may be taken if the test is positive. This release will stay in effect for the duration of my employment/volunteering.

17. CRIMINAL RECORDS CHECK: For safety and security, a complete criminal records check is required of all program volunteers. By signing this application you have given us consent to run a criminal records/background check on yourself.

18. I hereby certify that I have read and understand all the conditions on this application. I further certify that all statements made in this application and all other documents are true and complete. I understand and agree any misrepresentation herein shall be sufficient cause to deny volunteering or to terminate my volunteer/provider service at any time.

SIGNATURE: _____ **DATE:** _____



Davis County Sheriff's Office

Jail Access Pass Agreement

1. I understand that the issuance of a pass does not provide me with special rights or privileges for access to inmates or the Davis County Jail.
2. I understand that the shift commander has the right to refuse access to anyone who may cause a breach of security or disrupt the flow of work.
3. I agree to wear my issued pass and have it prominently displayed on my person while inside the Davis County Jail.
4. I agree to be professionally dressed wearing business casual clothing (no cut off t-shirts or tank tops, sandals, short skirts or shorts).
5. I understand that I am subject to a cursory search of my person each time I enter the jail. I also understand that any materials I bring into the jail will be searched for contraband and must be cleared by the shift commander or the jail administration.
6. I agree that I will not give any personal items to any inmate.
7. I agree that I will follow the rules of the Davis County Jail and follow the instructions of the jail staff, shift commander, or jail administration.
8. I understand that any violation of the jail rules shall be grounds for ejection from the jail, may cause my access pass to be revoked, and forfeiture of any further jail access privileges.
9. I agree to surrender my access pass on demand or when I terminate my services with the Davis County Jail.
10. I understand that my pass is non-transferable and use by any other person will cause my pass to be revoked and my privileges terminated.

Pass Holder's Name (Print)

Pass Holder's Signature

Agency/Organization

Date

Programs Coordinator

Date



Davis County Sheriff's Office

Program Provider Guidelines

1. Do not give your phone number or address to the inmates.
2. If you should receive a collect call from an inmate, DO NOT accept it!
3. Be aware of any changes in your attitude or perspective regarding your assignment, especially if these changes make you feel negatively toward the jail, the administration or the system in general. Feel free to discuss these feelings with the program coordinator.
4. Be conscious not to single out one particular inmate. Remember: Do not do for one inmate what you would not be willing to do for all of them.
5. Any individual counseling of inmates must be done in an area that is open and can be observed by jail staff.
6. Always remember, *nothing-in-nothing-out*, except for pre-approved material from your supervisor. Contraband creates serious consequences for both the inmate and program provider. If there is a question on anything, ask the program coordinator.
7. Be aware of any attempt on the part of an inmate to deceive, manipulate or coerce you into breaking jail policy or compromise your values.
8. Set boundaries. Know your personal and professional goals. Be firm, fair and consistent.
9. Do not do any personal favors for inmates.
10. If you have a question, seek out a staff member for assistance. Ask for help. If you are uncertain about what to do or say, be honest. Inmates do not expect you to have all the answers.
11. If you have done something inappropriate, tell the program coordinator regardless of what happened. It is far better to be reprimanded and learn from a mistake than to become a criminal.
12. Many innocently appearing items are contraband (i.e., money, marking pens, chewing gum, postage stamps, etc.). Not giving or accepting anything from an inmate will never be a mistake.
13. Do not show up at the jail under the influence of alcohol or illegal drugs. If you do so, your clearance will be revoked permanently.
14. It is not recommended to give cross gender hugs. Keep it to a professional hand shake only.

(Keep this page for your future reference)