

# VOLUNTEER APPLICATION

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
_____ / _____ / _____	<b>Sex (Circle One)</b>  Male / Female	<b>Email Address</b>

<b>Home Address</b>	<b>Home Phone</b>  (    )    -
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**Name of Program:** \_\_\_\_\_

**Program Supervisor:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Can you be contacted at work/school?** \_\_\_\_\_ **If so telephone number:** \_\_\_\_\_

**Hours you can be reached** \_\_\_\_\_

*I certify that the above information is current and correct to the best of my abilities. I further authorize to the Brown County Sheriff's Department the release of personal information pertaining to the requirements of a background check.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

<b>Date Application Received</b>  _____/_____/_____  <b>Training Date</b>  _____/_____/_____	<b>Read and Approved by:</b>   <b>Training Conducted by:</b>
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**VOLUNTEER WAIVER FORM**

<b>NAME: LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
<b>Date of Birth</b> ____ / ____ / ____	<b>Social Security #</b> ____ - ____ - ____	<b>Date of Notice</b> ____ / ____ / ____

I request to become involved in a Brown County Jail Program, in the capacity of a volunteer and I fully agree to the following requirements.

By my signature, \_\_\_\_\_, shall assume liability for, be responsible for, indemnify, and at our request, defend and save harmless ourselves, the Brown County Sheriff's Department and anyone to whom we may be liable by contract or otherwise, against any loss, damage or expense arising from actual or claimed death or claimed damage to property, whether owned by you, ourselves or third parties including loss of use, which actually or allegedly results from or actually arises in connection with the performance of this agreement, including any such injury, death or damage caused in part by negligence unless you can prove by clear and convincing evidence that such death, injury, damage or loss of use was caused solely by our act of negligence and that you were at all times diligently trying to minimize the possibility of such death, damages or loss of use and if such occurred the consequences thereof.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Witness

**JAIL VOLUNTEER CONFIDENTIALITY STATEMENT**

<b>Name: LAST, FIRST, MIDDLE</b>
<b>Program Name</b>

**I understand all activities and information observed, overheard or resulting from my involvement with, among and/or between the hosting agency, staff and the persons incarcerated at the Brown County Jail will be treated by me as confidential. I will not discuss this information with people outside the hosting agency.**

\_\_\_\_\_  
Volunteer

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

