JOHNNY MOATS
SHERIFF, POLK COUNTY
1676 Rockmart Highway
Office (770) 749-2901 Cedartown, GA 30125 Fax (770)749-2926

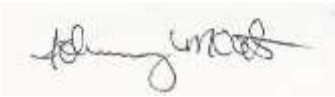
Dear Volunteer Applicant,

Thank you for your interest in volunteer work in the Polk County Jail.

A detailed outline, along with the Polk County Sheriff's Office's expectations, is enclosed. Strict adherence to the instructions given is required. Failure to comply with the instructions will result in the termination of your selection process.

If any questions arise which are not addressed in this packet, please contact the Jail Administrator. Every effort will be made to ensure prompt delivery of an answer. We wish you the best of luck in your endeavors.

Sincerely,



Johnny Moats
Sheriff

Polk County Government does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, marital or veteran status in employment or the provision of services. All individuals considered for employment are evaluated without regard to race, color, national origin, sex, religion, age, disability, marital or veteran status, or any other legally protected status.

POLK COUNTY SHERIFF'S OFFICE

EMERGENCY CONTACT INFORMATION

LAST NAME:_____ FIRST:_____ MI:_____

ADDRESS:_____

SEX:_____ RACE:_____ HEIGHT:_____ WEIGHT:_____

DATE OF BIRTH:_____ HAIR:_____ EYES:_____

DRIVERS LICENSE NUMBER:_____ STATE:_____

ANY MEDICAL/PHYSICAL PROBLEMS: YES / NO IF YES, LIST:_____

_____

_____

EMERGENCY NOTIFICATION INFORMATION:

NAME:_____ RELATIONSHIP:_____

ADDRESS:_____

PHONE NUMBER:_____

NAME:_____ RELATIONSHIP:_____

ADDRESS:_____

PHONE NUMBER:_____

If you are applying as a volunteer for the Jail Ministry, the following information is required. The phrase "HOUSE OF WORSHIP" is substituted in the place of church, synagogue, mosque, temple, etc. so please don't let that confuse you.

EXAMPLE: HOUSE OF WORSHIP MEMBERSHIP: 3rd Methodist Church.

HOUSE OF WORSHIP MEMBERSHIP: _____

HOUSE OF WORSHIP ADDRESS: _____

_____

AFFILIATION (if any): _____

LEADER (Pastor, Imam, Rabbi, etc.): _____

HOUSE OF WORSHIP PHONE: _____

HOUSE OF WORSHIP E-MAIL: _____

The leader of your house of worship must submit proof that the entity is a 501(c) (3) organization as defined in the U.S. Internal Revenue Service Code.

You must submit a letter, on letterhead, from your house of worship leader or higher authority, attesting your qualifications to teach and how that qualification was obtained (experience, formal classes, certificate, degree, etc.). You can't vouch for yourself.

GUIDELINES

DO'S

1. BE YOURSELF
2. BE A GOOD LISTENER
3. FOLLOW ALL ESTABLISHED RULES AND GUIDELINES
4. SEEK HELP WHEN NEEDED
5. BE COURTEOUS AND COOPERATIVE
6. SHARE PERSONAL EXPERIENCES
7. BE WILLING TO LEARN

DON'TS

1. DON'T START LATE
2. DON'T USE PROFANE LANGUAGE
3. DON'T WEAR PROVACATIVE CLOTHING (gang clothing, clothing with ads, etc.)
4. DON'T GIVE OUT YOUR TELEPHONE NUMBER OR ADDRESS
5. DON'T "PREACH AT" AN INMATE. TRY TO HELP AN INMATE ESTABLISH A HEALTHY RESPECT FOR HIM OR HER SELF AND OTHERS
6. DON'T ASK AN INMATE ABOUT THEIR GUILT/INNOCENCE
7. DON'T DISCUSS OTHER INMATES CIRCUMSTANCES
8. DON'T DISCUSS CONDITIONS OF CONFINEMENT
9. DON'T MAKE PROMISES THAT YOU CAN'T KEEP
10. DON'T VISIT THE INMATES FAMILY OR FRIENDS WITHOUT HIS/HER PERMISSION OR INVITATION
11. DON'T TAKE SIDES AGAINST AUTHORITY
12. DON'T ARGUE WITH INMATES OR OTHER VOLUNTEERS
13. DON'T BE MANIPULATED OR "CONNED" BY INMATES
14. DON'T CARRY CONTRABAND, RUN ERRANDS, DELIVER MESSAGES, GIVE/ACCEPT GIFTS, MAKE PHONE CALLS FOR INMATES OR GIVE AN INMATE ANYTHING

I understand the above guidelines for ministering in the Polk County Jail and I further understand that I am responsible and accountable for following them. I UNDERSTAND THAT IF I VIOLATE ANY OF THE DON'TS LISTED THAT MY VOLUNTEER STATUS CAN BE TERMINATED AND THAT, IN SOME INSTANCES, I CAN BE CRIMINALLY CHARGED. I realize that I must treat all inmates equally and fairly without regard to race, sex, national origin, religious preference, or physical disability.

In view of this, I further agree to be sensitive of all other programs viewpoints, which may not be of my own persuasion. I will likewise keep my program efforts from conflicting with those rights.

_____ _____

Signature Date

_____ _____

ADMINISTRATION Date

The above volunteer has received orientation in compliance with the rules of the Polk County Sheriff's Office.

_____ _____

ADMINISTRATION Date

INSTRUCTIONS: Using your own handwriting, legibly printing in ink fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from consideration.

1. APPLYING FOR

Date: _____

Type of Volunteer Work Desired: _____

2. PERSONAL INFORMATION

Last Name:_____ First:_____ Middle:_____

Nicknames or Aliases:_____ Marital Status:_____

Have you ever had your name legally changed? ☐Yes ☐No

If yes, Previous Name:_____

Date & Location of Change: _____

Reason for Change:_____

Mailing Address: _____

Physical Address:_____

Home Phone (____)_____ Cell Phone (____)_____

E-mail Address _____

Have you previously submitted an application with this agency? ☐Yes ☐No

Approximate Date:_____

Do you have any relatives that are currently employed at the Polk County Sheriff's Office?

☐Yes ☐No

If yes, whom and what relation?_____

3. VOLUNTEER-RELATED TRAINING AND COURSE WORK

List any skills, licenses, and certificates which are related to the volunteer position you seek:

_____

_____

_____

_____

_____

4. RESIDENCE

List addresses for the past 5 years, starting with present address:

From	To	Address	Landlord

GO TO NEXT PAGE

5. VOLUNTEER WORK HISTORY

Describe your volunteer experience in detail, beginning with your current or most recent position. All information in this section must be complete.

Entity_____ Title:_____

Address _____

Date Started:_____ Date Ended:_____

Name of Coordinator:_____ Phone Number: ( )_____

Volunteer Job Duties (give details; use back of sheet if needed)

_____

_____

_____

Reason for Leaving

_____

_____

Entity_____ Title:_____

Address _____

Date Started:_____ Date Ended:_____

Name of Coordinator:_____ Phone Number: ( )_____

Volunteer Duties (give details)

_____

_____

_____

Reason for Leaving

_____

_____

Entity_____ Title:_____

Address _____

Date Started:_____ Date Ended:_____

Name of Coordinator:_____ Phone Number: ( )_____

Volunteer Duties (give details)

_____

_____

_____

Reason for Leaving

_____

_____

Entity_____ Title:_____

Address _____

Date Started:_____ Date Ended:_____

Name of Coordinator:_____ Phone Number: ( )_____

Volunteer Duties (give details)

_____

_____

_____

Reason for Leaving

_____

_____

Have you ever been convicted of a criminal offense? ☐Yes ☐No

If yes, please list charge(s)_____

Where convicted Date Disposition/Status

_____

_____

_____

8. REFERENCES

Application **requires five references** with full information and who are not relatives or prior employers.

(1) Name_____
Address_____
City, State, Zip_____
Phone Number_____
(2) Name_____
Address_____
City, State, Zip_____
Phone Number_____
(3) Name_____
Address_____
City, State, Zip_____
Phone Number_____
(4) Name_____
Address_____
City, State, Zip_____
Phone Number_____
(5) Name_____
Address_____
City, State, Zip_____
Phone Number_____

Certification of Applicant: By my signature, I affirm, agree and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of volunteer status. An offer of volunteer status may be conditioned upon acceptable information and verification from such entities where you have volunteered prior to being accepted into our program.

Signature_____ Date_____

PROGRAM SYNOPSIS

POLK COUNTY SHERIFF'S OFFICE PRIORITIES AS THEY PERTAIN TO PROGRAMS:

1. SECURITY
2. IN-HOUSE PROGRAMS (VISITATION, RECREATION, COURT, ETC)
3. OUT-HOUSE PROGRAMS (SECULAR AND RELIGIOUS)

PROGRAM AREA: RELIGIOUS/SPIRITUAL-AFFILIATION _____

NAME YOUR PROGRAM (WHAT ARE YOU CALLING IT):_____

PROGRAMS ARE CONDUCTED ON A QUARTERLY SCHEDULE. DESIGNATE THE QUARTER YOU WILL PRESENT YOUR PROGRAM:

- ☐ 1ST QUARTER – JANUARY, FEBRUARY, MARCH
- ☐ 2ND QUARTER – APRIL, MAY, JUNE
- ☐ 3RD QUARTER – JULY, AUGUST, SEPTEMBER
- ☐ 4TH QUARTER – OCTOBER, NOVEMBER, DECEMBER

PROGRAMS ARE CONDUCTED ONLY ON SUNDAYS FROM 2PM TO 3:30PM

GIVE A BRIEF SUMMARY/SYNOPSIS OF YOUR PROGRAM:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

POLK COUNTY SHERIFF'S OFFICE

WAIVER OF LIABILITY

(READ CAREFULLY BEFORE SIGNING)

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT PARTICIPATION IN THE POLK COUNTY SHERIFF'S OFFICE VOLUNTEER PROGRAMS INVOLVES A RISK OF PHYSICAL INJURY AND ASSUMES ALL SUCH RISKS. THE UNDERSIGNED HEREBY AGREES THAT FOR THE SOLE CONSIDERATION OF THE POLK COUNTY SHERIFF'S OFFICE ALLOWING THE UNDERSIGNED TO PARTICIPATE IN THE VOLUNTEER PROGRAMS, THE UNDERSIGNED DOES HEREBY WAIVE LIABILITY, RELEASE AND FOREVER DISCHARGE THE POLK COUNTY SHERIFF'S OFFICE, THE POLK COUNTY JAIL, POLK COUNTY, ITS OFFICERS OR EMPLOYEES FROM ANY AND ALL DEMANDS, RIGHTS, AND CAUSES OF ACTION OF WHATEVER KIND OR NATURE, ARISING OUT OF ALL KNOWN AND UNKNOWN, FORESEEN AND UNFORESEEN BODILY AND PERSONAL INJURIES, DAMAGE TO PROPERTY, AND CONSEQUENCES THEREOF, INCLUDING DEATH, RESULTING FROM MY VOLUNTARY PARTICIPATION IN OR IN ANY WAY CONNECTED WITH SUCH VOLUNTEER PROGRAMS AND ACTIVITIES.

I FURTHER COVENANT AND AGREE THAT FOR THE SOLE CONSIDERATIONS STATED ABOVE I WILL NOT SUE THE POLK COUNTY SHERIFF'S OFFICE, THE POLK COUNTY JAIL, POLK COUNTY OR ANY AGENT OR EMPLOYEE THEREOF, FOR ANY CLAIM FOR DAMAGES ARISING OR GROWING OUT OF MY VOLUNTARY PARTICIPATION IN VOLUNTEER PROGRAMS AND ACTIVITIES.

I UNDERSTAND THAT THE ACCEPTANCE OF THIS RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE THE POLK COUNTY SHERIFF'S OFFICE, THE POLK COUNTY JAIL, POLK COUNTY OR ANY AGENT OR EMPLOYEE THEREOF, SHALL NOT CONSTITUTE A WAIVER, IN WHOLE OR IN PART, OF SOVEREIGN OR OFFICIAL IMMUNITY BY SAID ENTITIES, ITS OFFICERS, EMPLOYEES OR AGENTS.

THIS RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE SHALL REMAIN IN EFFECT FOR AS LONG AS I AM A PARTICIPANT IN THE VOLUNTEER PROGRAMS AND ACTIVITIES OFFERED BY THE POLK COUNTY JAIL.

I CERTIFY THAT I AM _____ YEARS OF AGE AND SUFFERING UNDER NO LEGAL DISABILITIES AND THAT I HAVE READ THE ABOVE CAREFULLY BEFORE SIGNING.

PRINT NAME:_____ SIGNATURE:_____

DATE:_____ WITNESS:_____

POLK COUNTY SHERIFF'S OFFICE

CONFIDENTIALITY AGREEMENT

THIS IS TO CERTIFY THAT I,_____, AN EMPLOYEE, CONTRACT EMPLOYEE OR PROGRAM PROVIDER/VOLUNTEER OF THE POLK COUNTY SHERIFF'S OFFICE, UNDERSTAND THAT ANY INFORMATION (WRITTEN, VERBAL, OR OTHER FORM) OBTAINED DURING THE PERFORMANCE OF MY DUTIES MUST BE CONFIDENTIAL. THIS INCLUDES ALL INFORMATION ABOUT INMATES, INMATE'S FAMILIES, EMPLOYEES, EMPLOYEE'S FAMILIES, AS WELL AS OTHER INFORMATION OTHERWISE MARKED OR KNOWN TO BE CONFIDENTIAL.

I UNDERSTAND THAT ANY UNAUTHORIZED RELEASE OR CARELESSNESS IN THE HANDLING OF THIS CONFIDENTIAL INFORMATION IS CONSIDERED A BREACH OF THE DUTY TO MAINTAIN CONFIDENTIALITY.

I FURTHER UNDERSTAND THAT ANY BREACH OF THE DUTY TO MAINTAIN CONFIDENTIALITY COULD BE GROUNDS FOR DISMISSAL, AND/OR POSSIBLE LIABILITY IN ANY LEGAL ACTION ARISING FROM SUCH BREACH.

_____

SIGNATURE

_____

DATE

_____

ADMINISTRATION SIGNATURE

POLK COUNTY SHERIFF'S OFFICE

CRIMINAL HISTORY AUTHORIZATION FORM

I HEREBY GIVE CONSENT FOR THE POLK COUNTY SHERIFF'S OFFICE TO CONDUCT AN INQUIRY AND RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE CONTAINED IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY.

FULL NAME (PRINT)			
ADDRESS			
SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY NUMBER

SIGNATURE _____ DATE _____

DATE OF INQUIRY: _____ TIME OF INQUIRY: _____

	NO CHRI RESULTS AVAILABLE
	CHRI ATTACHED

	NO NCIC/GCIC WARRANT RESULTS AVAILABLE
	POSSIBLE NCIC/GCIC WARRANT. AGENCY LISTED BELOW
WANTING AGENCY:	
TELEPHONE	

AGENCY DESIGNEE SIGNATURE _____ DATE _____