



VOLUNTEER INFORMATION SHEET

Name: _____ Date: _____
 First **Middle** **Last**

Home address: _____
 Street **Apt. no.** **City** **State** **Zip**

Home phone: _____ **Work phone:** _____

Pager/Cell: _____ **Work Fax #:** _____

Organization affiliation: _____

E-Mail address: _____

If a representative from our Volunteer Services needs to contact you, how would you prefer we reach you?

Home Phone Work Phone Cell Phone Pager Email Fax Mail

You are not eligible to become a volunteer, if you have been arrested within the past year, you have current warrants, you have more than 5 total convictions in a lifetime, or you are on any supervised probation, parole or conditional release. You are also ineligible to become a volunteer if you have been charged with or convicted of any sexual offense as defined in the Florida State Statutes.

You are also not eligible to become a volunteer if you have been convicted or plead guilty to any felony offense within the last five (5) years, or any "Dangerous Crimes" felony offense within the last ten (10) years, including:

- | | |
|--|---|
| 1. Arson | 12. Lewd, lascivious, or indecent assault under age 16 |
| 2. Aggravated assault | 13. Sexual activity with a child under 12 years of age |
| 3. Aggravated battery | 14. Act of domestic violence as defined in s. 741.28 |
| 4. Illegal use of explosives | 15. Stalking and aggravated stalking |
| 5. Child abuse of aggravated child abuse | 16. Robbery |
| 6. Carjacking | 17. Burglary of a dwelling |
| 7. Aircraft piracy | 18. Home invasion robbery |
| 8. Kidnapping | 19. Act of terrorism as defined in s. 775.30 |
| 9. Homicide | 20. Abuse or aggravated abuse of an elderly or disabled adult |
| 10. Manslaughter | 21. Manufacturing any substances in violation of chapter 893 |
| 11. Sexual battery | 22. Attempting or conspiring to commit any such crime. |

Have you ever been arrested by any law enforcement agency for any reason? If yes, identify the offenses you were arrested for and the disposition of those offenses.

You must notify our agency of any arrests, warrants or law enforcement contact that occurs after initial approval.

*****BSO Command reserves the right to refuse any volunteer that poses a threat to the security of our facilities*****

Signature

Date



Broward Sheriff's Office Department of Detention

VOLUNTEER RULES AND REGULATIONS

1. Prior to your approval as a Volunteer, you must complete the training course, including hostage procedures, under the direction of the Program Manager.
2. If you become aware of any information that may be a threat to life, safety, or security of the facility, it must be reported to the Shift Lieutenant, via the first available Deputy.
3. Any handouts, materials, leaflets, etc. given to inmates during the program must be pre-approved by the Program Manager and in paper form only. No hardcovers, metal, metallic like items will be allowed.
4. Physical contact of any type with inmates, other than a handshake, is strictly prohibited.
5. You are subject to pat down, and/or frisk searches, before and after each program.
6. You may not carry, transmit, send, communicate, etc. any message (verbal or written) on behalf of an inmate to any other person.
7. Appropriate dress for safety purposes is required for your participation in your program. Examples of prohibited clothing are shorts, ties, belts, scarves, miniskirts, minidresses, halter tops, midriff-revealing shirts/blouses, and hair accessories.
8. Any special equipment needed for use during the program must be approved by the Program Manager.
9. When a Deputy advises you the program is terminated, exit the facility without questioning the authority.
10. Your visitor pass must be displayed on your outermost garment at all times while within the facility. At no time will you allow an inmate to handle a visitor's pass.
11. In the event of an emergency and/or hostage situation, if facility staff advise you to leave the premises, you will do so in the most orderly manner possible. Do not congregate in the lobby or parking areas. If there is an emergency drill, you will be advised of an area to report to until completion of drill. Emergency drills are mandatory requirements of each facility and must be periodically conducted during program activities.
12. If you encounter problems with facility Staff, you should notify the Program Manager.
13. You shall keep confidential all Department of Detention (DOD) security related information including but not limited to: facility configuration, facility cameras, perimeter fences, armories, scanners, parking lots, door locks, access cards, keys, staff information, security sensitive Standard Operating Procedures, and any other information which could jeopardize the safety or security of staff, inmates, or facilities.
14. You will preserve the integrity of private information of inmates and staff by not seeking data on inmates or staff beyond that needed to perform your responsibilities, and not revealing confidential or non-public information on inmates or staff.
15. Violation of these rules and regulations may result in your suspension, permanent removal from the facilities, and revocation of your jail clearance as a volunteer.
16. Volunteers will not use their position to secure personal privileges or advantages for themselves or others.
17. Volunteers will not engage in activities that constitute a conflict of interest.
18. Volunteers will not knowingly accept any gift or gratuity or engage in personal business transactions that would provide them a benefit.

I have read and understand these rules and regulations and agree to abide by them.

Volunteer's Signature

Volunteer's Name (print or type)

Date

Program Staff Signature / CCN

Date



**Broward Sheriff's Office
Department of Detention
Disclosure, Consent, Hold Harmless and Indemnification Agreement**

In consideration for the Broward County Sheriff's Office ("BSO") allowing me access to a detention facility in order to tour a jail facility or perform services on **date** ____ - ____ - ____, **I**, _____, acknowledge and agree that (initial each statement and paragraph):

___ **I** am over the age of 18 and of sound mind and voluntarily and knowingly make the statements and enter the agreements herein.

___ **I** have never been arrested for any violent crime and/or sexual offense.

___ **I** am not currently under any type of court ordered supervision, parole and probation, etc.

___ **I** understand that I am entering a secured facility and that I will be monitored and recorded and I may be subject to search of my person and belongings and hereby consent to the same.

___ **I** am fully aware of and appreciate the fact that I will come into contact with inmates while touring the jails or providing services inside the BSO jail facilities. I further understand and acknowledge that BSO is not responsible for the statements or actions of inmates. I fully realize and appreciate the dangers and risks associated with touring a jail facility or providing services in a jail. In assuming such risks, I agree not to bring a lawsuit or cause of action against BSO, the Sheriff of Broward County, Broward County, the Board of Commissioners of Broward County, and/or their officers, agents, servants, employees, and representatives for any physical harm or injury to me while touring a jail facility or providing services in any BSO jail facility.

___ **I** will, to the extent permitted by law, indemnify, save harmless, and defend BSO, the Sheriff of Broward County, Broward County, the Board of Commissioners of Broward County, and their officers, agents, servants, employees, and representatives from and against any and all liabilities, claims, demands, damages, expenses, fees, fines, penalties, suits, proceedings, actions, and causes of actions, including attorney's fees, of any kind and nature arising or growing out of or in any way connected with my tour or services including, but not limited to, the use, occupancy, or presence in, on, or about a BSO jail facility, the use or maintenance of any equipment contained therein, my actions or omissions while touring a jail facility or performing services within any jail facility, including any claim, cause of action or lawsuit based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, vendors, volunteers, servants, or inmates in any BSO jail facility.



**Broward Sheriff's Office
Department of Detention
Disclosure, Consent, Hold Harmless and Indemnification Agreement**

____ I understand that this Hold Harmless and Indemnification Agreement includes any and all claims based on the negligence, actions or inactions of BSO, the Sheriff of Broward County, his directors, officers, deputies, employees, agents, representatives, vendors, volunteers, servants, or inmates in any BSO jail facility, and covers bodily injury and property damage, whether suffered by me or another person.

Dated this _____ day of _____, 20_____.

Individual Requesting Tour or Service Provider's Name (Print or Type)

Agency (if applicable) or Parent or Guardian's **Printed** Name (if the individual requesting a tour is a minor.)

Individual Requesting Tour or Service Provider's Signature
(NOTE: Must be signed by Parent or Guardian if the individual requesting a tour is a minor.)

Witnesses (Signature and CCN): _____

State of Florida, County of Broward:

The foregoing instrument was acknowledged before me this _____ day of _____
20_____ by _____ who is personally known OR produced
the following identification: _____.

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



Broward Sheriff's Office Department of Detention

VOLUNTEER ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT RECORDS

I, _____, a volunteer for the Broward Sheriff's Office Department of Detention (DOD), do hereby affirm and acknowledge that (initial each paragraph):

I understand that I may have access to the records of clients participating in alcohol and substance abuse treatment services. I further understand that records of the identity, diagnosis, prognosis, or treatment of any client which are maintained in connection with the performance of any substance abuse prevention function maintained by the Broward Sheriff's Office are **confidential** pursuant to Title 42 Section 290-dd-3 of the United States Code, and Title 42 Part 2, of the Code of Federal Regulations.

I understand that I may not distribute, discuss, reveal, or disclose in any other form or manner any confidential client records, including the identity of a client participating in alcohol or substance counseling and treatment services, to anyone other than DOD program staff, unless:

1. The client consents in writing;
2. The disclosure is allowed by court order;
3. The disclosure is made to medical personnel in a medical emergency;
4. The disclosure is made to qualified personnel for research, audit, or program evaluation;
5. The disclosure is related to a crime committed by a client at the program or against any person who works for the program or about any threat to commit such crime; or
6. The disclosure is made to the Department of Children and Family Services regarding suspected abandonment, abuse, or neglect of a child.

I understand that violation of the Federal law and regulations regarding disclosure of client records is a crime, and that suspected violations may be reported to appropriate authorities in accordance with Federal regulations. See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

Dated this _____ day of _____, 20__.

Volunteer/Service Provider's Name (print or type)

Agency (if applicable)

Volunteer/Service Provider's Signature

Program Staff Signature / CCN



Broward Sheriff's Office Department of Detention

Request for Screening

Date of Request: _____

Organization: _____ Organization's Phone # _____

Full Name: _____
(PRINT) (First) (Middle-No Initials) (Last)

List ALL "Alias" Names _____
(PRINT) (First) (Middle-No Initials) (Last)

List ALL "Alias" Names _____
(PRINT) (First) (Middle-No Initials) (Last)

List ALL "Alias" Names _____
(PRINT) (First) (Middle-No Initials) (Last)

(Use a "2nd" Request for Screening Form for additional alias names and dates of birth)

Phone Number: _____ e-Mail: _____

Date of Birth: _____ Sex: Male- Female-

Height: _____ Weight: _____ Social Security Number: _____

Race: | Black- | White- | American Indian- | Asian- | Hisp- | Other- _____

"Valid" Driver's License or State ID#: _____ State: _____
(Must be Florida)

For security purposes, I understand that questions and information for this application are intended for the sole purpose of a records check/identification. False or omitted information will result in my removal from the program and facility. I understand the clearance is only valid for 30 days.

(Signature)

Please attach a clear copy of the following documents:
1. Florida D/L or State ID with **CURRENT** name and address. 2. Social Security Card with **CURRENT** name.

FOR OFFICIAL USE ONLY

Clearances conducted by: _____ CCN: _____

10-29 Check (FCIC/NCIC): Yes: No: Hits: Yes: No:

(Approved by) (CCN) _____ (Disapproved by) (CCN)



BROWARD SHERIFF'S OFFICE

VOLUNTEER / SERVICE PROVIDER AGREEMENT

Please Print: I, _____, have completed the orientation and training class presented by the Broward Sheriff's Office (BSO), Department of Detention and/or Department of Community Programs. The subject of the orientation and training included an introduction to working in a Detention environment and also covered security practices applicable to Department of Detention and/or Department of Community Programs policies and procedures, and Volunteer/Service Provider's Rules and Regulations.

I understand that I must comply with all applicable BSO policies, procedures, rules, and regulations, particularly Department of Detention and/or Department of Community Programs. Failure to comply with any BSO/Department of Detention/Department of Community Programs policy, procedure, rule or regulation may result in my termination as a Volunteer/Service Provider.

I agree to not use my volunteer clearance status to visit any relatives (or inmates personally known to me) or attempt to conduct any visits beyond the scope of my approved service. By signing this form I acknowledge that I have been warned not to visit any family or friends and if I attempt this I will be removed from the facility, my privileges will be revoked and I understand that I may be subject to criminal prosecution.

By my signature, I hereby confirm that I will comply with all the policies, procedures, rules, and regulations of the BSO, Department of Detention, and Department of Community Programs.

Dated this _____ day of _____, _____.

Volunteer/Service Provider's Name (print / type)

Agency (if applicable)

Volunteer/Service Provider's Signature

Instructor's Name (print / type)

Instructor's Signature



PREA ACKNOWLEDGEMENT

The Prison Rape Elimination Act (PREA) of 2003 is a federal law that was created to put an end to sexual abuse against inmates in federal and state prisons, jails, lockups, community corrections facilities, and juvenile detention centers. BSO has zero tolerance toward all forms of sexual abuse and sexual harassment. By law inmates cannot consent to sexual contact with vendors, volunteers, or contractors. All vendors, volunteers, or contractors are expected to act in a professional manner. It is your responsibility to ensure that you adhere to all agency guidelines regarding professional conduct, and that you treat inmates in a fair and consistent manner.

Professional Boundaries

*The Broward Sheriff Office has zero tolerance toward all forms of sexual abuse and sexual harassment. **"ZERO TOLERANCE"** means that sexual abuse, sexual harassment, and sexual misconduct will not be tolerated. Individuals will:*

- *Refrain from using first name basis with any inmates.*
- *Remain focused on your purpose while interacting with inmates.*
- *Refrain from sharing personal information with inmates.*
- *Refrain from giving or accepting gifts, favors, or gratuity.*

Duty to Report

It is important for vendors, volunteers, and contractors to be aware of signs of sexual abuse, sexual harassment, and sexual misconduct. It's your duty to immediately report any suspected sexual abuse, sexual harassment, or sexual misconduct that you have reason to believe may be occurring to any available detention deputy.

Name (Print or Type)

Signature

Date

Check all that apply:

Vendor

Volunteer

Contractor