



JESO JAIL VOLUNTEER CLEARANCE APPLICATION

Full Name

(First, MI, Last)

Date of Birth

Address

City/State/Zip

Home Phone

Cell Phone:

Email

Driver's License #:

State:

Race:

Sex:

Weight:

Height:

Hair:

Eyes:

Organization:

Clergy : Yes No

Organization Contact/Supervisor:

Phone:

Address

City

State

Zip Code

Organization Phone

A professional letter of endorsement verifying affiliation with volunteer program should be submitted at same time as the clearance application

To be filled out by Volunteer Coordinator:

Any Felony Convictions? Yes No

If yes, list:



JESO JAIL VOLUNTEER CLEARANCE APPLICATION

DOT:

CIB:

NCIC:

Volunteer Coordinator Recommendation Yes No Signature:

Program Coordinator Approval: Yes No Signature:

REQUIRED TRAINING

PREA Training Date PREA Deputy:

Zero Tolerance Date PREA Deputy:

Volunteer Rules Date Deputy:

Safety Security Training Date Deputy:

Jail Administrator Approval: Yes No Signature:

Other Information:

Reason for Denial: