

ROCK COUNTY CORRECTIONAL FACILITY VOLUNTEER APPLICATION

Position: _____ (Purpose for entering the jail – AA, NA, Chaplain, etc)

Contact Information:

Name: Last: _____ First: _____ Middle: _____

Address: _____ City: _____ ST: _____ Zip: _____

Primary Contact Phone #: _____ Secondary Contact Phone #: _____

Personal Identifying Information:

DOB: _____ Race: _____ Sex: _____ SSN: _____ - _____ - _____

States Held Driver's License / ID (with dates): _____

Birth City: _____ Birth State: _____ Country of Birth: _____

Additional Names Used (maiden, etc): _____

Social Media:

E-Mail: _____

Facebook: _____ Other Social Media: _____

Past cities lived in during adulthood (since turning 18, use back if necessary):

City: _____ State: _____ From: _____ To: _____

Police Contacts:

Agency: _____ State: _____ Reason: _____

Known past contacts with current / former inmates of the Rock County Jail (Includes Social Media):

Name: _____ Relation: _____ Name: _____ Relation: _____

Name: _____ Relation: _____ Name: _____ Relation: _____

Name: _____ Relation: _____ Name: _____ Relation: _____

Every person who enters the jail has to potential to, intentionally or unintentionally, introduce contraband. Contraband is anything not specifically allowed in the jail. A key component of keeping everyone in the jail safe is preventing the introduction of contraband. As such, volunteers entering the jail will be limited to the items necessary for their programming and are subject to a security search. It is strongly recommended to read the book "Games Criminals Play" to avoid being manipulated in violating the security of the jail and possibly the law.

I hereby affirm the information provide above is complete and accurate. I understand by signing below I am authorizing the Rock County Sheriff's Office to perform a background check of me with the information provided to determine my suitability to enter the jail.

Applicant Signature: _____ Date: _____