



The following requirements/condition must be met by all applicants:

- All applicants must submit to a criminal background investigation.
- All applicants must be at least 21 years of age or older.
- All applicants must be U.S. citizens
- No applicant may have a relative / close personal friend in the custody of the Sheriff of Kane County.
- No applicant may have been in the custody of the Sheriff of Kane County for a period of at least five (5) years prior to the date of their application.
- No applicant may have been on parole, probation or mandatory supervised release (MSR) for a period of five (5) years prior to the date of their application.
- No applicant may have been convicted of any crime (felony or misdemeanor) for a period of five (5) years prior to the date of their application.
- No applicant may have pending criminal (felony or misdemeanor) charges.
- No applicant may be a current member or known associate of a street gang, prison gang, any hate group or other criminal organization.
- Persons required to register as a sex offender will not be allowed to volunteer in the facility.
- The Kane County Sheriff's Office has a zero tolerance for sexual abuse and harassment of staff and/or inmates. Anyone who has been found guilty of or terminated under suspicion of sexual abuse / harassment will not be considered for a volunteer position.
- All applicants with a history of substance abuse must have a history of sobriety of at least one (1) year.
- Applicants may be denied at the discretion of Kane County Sheriff's Office staff.
- All Applicants must attend all required trainings.
- All applicants must be a member in good standing with the group / organization which they represent.
- Any applicant who knowingly or willfully gives false information at any time during the application process will result termination of that persons application process.
- Any change in contact information or any other information given during the application process must be reported to the Detainee Programs Coordinator immediately. Failure to do so will result in termination of the application process.

2019 Kane County Adult Justice Center

Volunteer Application & Background Check

- Please fill out the application completely using ink.
- Please print in all areas of this application.
- If more room is needed to fill answer questions please use a separate piece of paper and attach it to this packet.
- A copy of your state ID or driver's license MUST be attached to this application.
- You may attach copies of certificates which are applicable to your volunteer service.

APPLICATIONS MUST BE TURNED IN BY FRIDAY MARCH 1, 2019.

There are two ways to submit your application packet. You can either submit the application packet in person at the front desk of the facility or you can mail the completed packet to the following address

BILL WOODS
37W755 IL RT. 38
ST. CHARLES, IL 60175

If you plan on submitting the application packet in person please take the following steps

1. Place the items in a secure envelope with "Bill Woods" written on the outside of it.
2. Bring the packet to the Kane County Sheriff's Office during normal business hours (Monday through Friday, 8:00 am – 5:00 pm) and leave it with the front desk staff.

- The address for the facility is the same as the mailing address above.

PERSONAL INFORMATION

Your name (Last, First Middle):							
Your street address:							
City of residence:		State of residence:		Zip code:			
Home phone #:		Cell phone #:					
Work phone #:		E-mail address:					
Your sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Your Race:	Your Height:	Feet	Inches	
Your weight:	Pounds	Your hair color:	Your eye color:				
Your date of birth (DOB):		Your birthplace (City/State/Country):					
Your social security #:		Your driver's license (DL) #:					
The issuing state of your DL:		The expiration date of your DL:					

REFERENCE INFORMATION

Please provide the following information for one person whom we may contact as a personal / character reference. This person must be a non-family member.							
Name of reference:							
Address of reference:							
Contact number of reference:		E-mail address of reference:					
Relationship to reference:		References profession:					
Approximately how long have you known this person?		Years:		Months:			

EMERGENCY INFORMATION

Name of your emergency contact person:			
Their relationship to you:		Their telephone number:	
Do you have any allergies and/or medical conditions our staff should be aware of? If Yes, please list below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking any medications that our staff should be aware of? Please list below.			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT

Are you currently employed? If yes please give the information requested for your current employer. If no please give the information of your most recent employer.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of employer:			
Address of employer:			
Job title:		Supervisor name:	
Employer's phone#:		Length of employment: Years Months	
Your job duties:			
If you are currently unemployed please provide the last date of employment from your previous employer.			Month: Year:
Have you ever been fired or terminated by an employer? If Yes, please explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No

CRIMINAL HISTORY

Have you ever been arrested for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any criminal charges (felony or misdemeanor) pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime (felony or misdemeanor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been incarcerated (jail or prison)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on court supervision, probation, parole or mandatory supervised release (MSR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to an Order of Protection or Restraining Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently involved in any civil or criminal proceedings (litigant, witness, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fingerprinted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to any of the questions above, please use this space to explain. Be as specific as possible with all information given (dates, locations, outcomes, etc.). The more information that you provide, the more it will help when conducting your background check.	

EDUCATION

Please check the highest level of education you have COMPLETED?			
High School/GED	<input type="checkbox"/>	Trade	<input type="checkbox"/>
Masters	<input type="checkbox"/>	Post Grad	<input type="checkbox"/>
Associate Degree	<input type="checkbox"/>	PhD	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	Other (explain below)	<input type="checkbox"/>
Do you possess any certifications which would apply to your services at the facility? If Yes, please explain below and attach a copy of the certification to the application packet.			

SUBSTANCE ABUSE HISTORY:

Have you ever taken illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever abused other substances (such as alcohol, prescription medications, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to either question above, please explain your answer below.		
If you do have a substance abuse history are you CURRENTLY clean and sober?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered Yes to the above question, how long?	Years:	Months:

PERSONAL INFORMATION

Are you now or have you EVER been a member of or associated with a street gang, prison gang, a hate group or any other criminal organization? If Yes, please explain below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you related to anyone currently in the custody of the Kane County Sheriff's Office? If Yes, please describe below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a relative of any employee of the Kane County Sheriff's Office or any other law enforcement organization? If Yes please describe below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any scars, marks or tattoos? If Yes, please describe in area below (please note if it is a scar, mark or tattoo, its specific location on your body and description).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever used a name other than the name given on page one? If Yes please describe below (include nicknames, married names, maiden names and abbreviated names).	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PRISON RAPE ELIMINATION ACT (PREA) COMPLIANCE

Have you ever been accused or found guilty (criminally, civilly, or administratively) of sexual abuse or harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever engaged or attempted to engage in sexual abuse or harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to any of the questions above, please use this space to explain. Be as specific as possible with all information given (dates, locations, outcomes, etc.). The more information that you provide, the more it will help when conducting your background check.	

VOLUNTEER INFORMATION

Have you ever volunteered with the Kane County Sheriff's Office? If Yes please describe when and in what capacity below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you learn about volunteer opportunities at with the Kane County Sheriff's Office?	
<input type="checkbox"/> Friend/Relative <input type="checkbox"/> News Outlet <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Sponsoring Organization <input type="checkbox"/> Other (please describe in space below)	
In what capacity do you wish to volunteer at Kane County Sheriff's Office?	
Do you or the services you wish to offer represent an organization such as a church, ministry, business or social group?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide the following information about the organization which you represent)
Name of Organization:	
Address of organization:	
Telephone number of organization:	
Contact person within the organization:	
Telephone number of the above listed person	

Signature of Approval:

I, _____ Agree to allow the Kane County Sheriff's Office to conduct a background check to investigate my suitability to provide volunteer services within Kane County Adult Justice Center. I attest that the information provided in this application is true and correct. Furthermore, I agree to IMMEDIATELY notify the proper authority upon my arrest, charge, or conviction for any offense or change in any information contained in this application while I am serving as a volunteer for the Kane County Sheriff's Office / Kane County Adult Justice Center. I understand that if I fail to do so that my volunteer status may be suspended or terminated.

(Signature)

(Date)

As part of the certification process all applicants will need to attend a mandatory training session. The training session is approximately six (6) hours long however certain factors may cause the sessions to go beyond the six hour timeframe. Please take this into consideration when picking your session.

Please choose three of the following dates and times that you will be available to attend training and place a number next to it according to your preference (“1” for your first choice “2” for your second choice and “3” for your third).

Training will be held on the following days / times:

- _____ Saturday April 27, 2019 from 9:00 am – 3:00 pm*
- _____ Thursday May 2, 2019 from 2:00 pm – 8:00 pm*
- _____ Saturday May 11, 2019 from 9:00 am – 3:00 pm*
- _____ Tuesday May 14, 2019 from 2:00 pm – 8:00 pm*

* End times are estimated. Class dates and times may be changed or cancelled at the discretion of KCSO staff. In such an event notifications will be made to all concerned parties.

An attempt will be made to accommodate your choice but class size is limited. You will be notified of a final date and time of training after the background check process has been completed.

Training will be held at Sheriff’s Office, in the training room. The Sheriff’s Office is located at 37W755 IL Rt. 38 St. Charles, IL 60175. Please meet in the front lobby 15 minutes prior to the scheduled start time. All training sessions will begin promptly at the time indicated. **Anyone arriving late, for any reason, will not be allowed to participate.**

Application Packet Submittal Checklist

Please make sure the following documents are present in the application packet when you turn it in

- ✓ Completed application including this page
- ✓ Copy of driver’s license or state ID
- ✓ Any additional certificates that may be relevant to your service (Optional)