

**POLK COUNTY SHERIFF'S OFFICE
POLK COUNTY JAIL
CIVILIAN APPLICATION FOR ADMITTANCE**



Personal Information

Last Name _____ First Name _____ Middle Name _____

Drivers License # _____ Date of Birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Gender _____ Race _____

Home Phone # _____ Cell Phone # _____

Address _____

City _____ State _____ Zip Code _____

County _____

Length of Residence at Above Address _____

Previous Address

Address _____

City _____ State _____ Zip Code _____

County _____

Employment Information

Occupation _____ Employer _____

Address _____ City _____ State _____ Zip Code _____

Supervisor Name _____ Supervisor's Phone # _____

Length of Employment _____

Emergency Contact Information

Name _____ Home Phone # _____ Cell Phone # _____

References Please list 3 references who know of your ability to do this type of work

Reference 1 _____ Phone # _____

Reference 2 _____ Phone # _____

Reference 3 _____ Phone # _____

Educational Information

High School _____

College _____

Major Area of Study _____

Professional Certification _____

Degree _____

Type of Admittance Requested

Volunteer Support Services Other (Specify) _____

Previous Institutional / Volunteer Experience

Organization with which you are affiliated _____

List Prior Affiliations _____

Have you ever worked with juvenile or adult offender? Yes No

If Yes, where: _____ When: _____

Describe the experience _____

Reason for terminating this work _____

Are you currently working in any other detention or correctional facility? Yes No

If Yes, where: _____

Describe your reasons for wanting to work with inmates in the Polk County Jail _____

How much time per week do you plan to devote to the Jail? Days per week _____ Hours Available _____

Any additional information that you feel would be beneficial to our working relationship.

It is the policy of the Polk County Sheriff to provide equal opportunity in volunteer placement to all persons regardless of race, creed, religion, sex, national origin, marital status, age or disability.

Applicant Signature _____

Date _____

Mail , Fax or Deliver to:
Polk County Jail
Programs Staff
1985 NE 51st Street
Des Moines, Iowa 50313-2517
Fax: 515-875-5714

**POLK COUNTY SHERIFF'S OFFICE- JAIL PROGRAMS
VOLUNTEER CRIMINAL HISTORY REQUEST FORM**



Complete all fields

Last Name _____

First Name _____

Middle Name _____

Maiden Name/Other Names Used _____

Date of Birth _____ Female Male

Drivers Licence # _____

Address _____

City _____ State _____ Zip Code _____

I do hereby authorize the Polk County Sheriff's Office to conduct a search of their records to ascertain whether or not I have a criminal record, and to make known that criminal record to the Polk County Sheriff or his designee.

Signature _____ Date _____

For Official Use Only

Received By Staff Signature _____

Staff Reviewing Criminal History Signature _____

___ Passes Review ___ Failed Review

Supervisor Signature _____

___ Approved ___ Denied

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