

Winona County Volunteer Application

Please complete this application for Volunteer or Service Providers.

Upon completion submit for approval. You can hand the forms back in at the listed location or mail it in:

Winona County Detention Center

Attn: Program Coordinator

Sgt. Kelsie Horst

201 W. 3rd St.

Winona, MN 55987

- OR -

Scan and email to: khurst@co.winona.mn.us

Titled: 'program volunteer application – (NAME)'

Once the background check has been completed and approved, and you have received your orientation training, your name will be added to the approved roster for volunteers or service providers. You cannot enter the facility without your name being on this approved list and until you have received your orientation. Your approved security clearance may expire after one year of inactivity and may require renewal by submitting a new application. If any information changed throughout the year, volunteers are required to immediately report those changes. This includes notification to the facility of any new criminal charges or active warrants. You are subject to a status review, and new background check every year. At the culmination of the application and orientation processes, you will be required to sign a statement indicating that you understand the training that you have received, along with a liability notice and release.

Winona County Sheriff's Department Service Provider / Volunteer Application

Information provided on this form must be truthful and complete.

Applicant Information

Last Name First Name Middle Name

Address City State Zip

Date of Birth Maiden Name / Alias / Other names

Primary phone number Social Security Number

Previous States of Residence for the Last Five Years

Driver's License # and State of Issue Email Address

Applicant Physical Description:

Sex Race Eye color Height Weight

Have you ever been arrested, taken into custody, or charged by any law enforcement agency?

Yes _____ No _____ If yes, please give details below. Include dates and charge information.

Are you a relative of anyone in custody currently or within the last year? Yes _____ No _____

Is there any criminal legal action pending against you now? Yes _____ No _____

If so describe: _____

If you are in recovery, how long is your current sobriety? _____ years _____ months

Are you currently on probation or parole? Yes _____ No _____ If yes who is your agent and what state and county are you monitored from? _____

Volunteers

What program are you volunteering for? _____

Do you have volunteer experience? If yes, please describe. _____

How many hours per week do you want to volunteer for? _____

Service Providers

Employer _____ Supervisor _____

Company Address _____

How long have you been employed with this company? _____

What services are you going to be performing for Winona County? _____

Data Practices Advisory / Criminal History Consent Form

The information you are being asked to provide will be used for the purpose of conducting a criminal history investigation to determine your suitability and qualifications for a volunteer position with the Winona County Jail.

You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the County being unable or unwilling to offer a volunteer position to you. The information on this application which is classified private data under the Minnesota Government Data Practices act will not be released outside the County without your consent except as necessary for tax purposes or as otherwise required by state and federal law.

Any false statement of any information or the intentional omission of information will result in your elimination from consideration and may be considered grounds for termination of the volunteer position.

Initials _____

CONSENT

As an applicant for a volunteer position with the Winona County Detention Center, I consent to the conduct of a criminal History investigation upon me. I understand that the information I am providing is classified as Private under the Minnesota Data Practices Act. I consent to the release of the information I am providing in the application and any other information obtained as a result of this investigation.

Print Full Name _____

Signature _____ Date _____

Background Check Date:

Approved:

Denied:

Comments:

Signature: _____ Date: _____

Tracking:

Background _____ Orientation Scheduled _____ Notification of Completion _____ Clerical for Scanning _____

└─┬─> Scheduled Date: _____