



VOLUNTEER & PROFESSIONAL SERVICES APPLICATION TRAVIS COUNTY SHERIFF'S OFFICE

Travis County Jail & Travis County Correctional Complex

INSTRUCTION SHEET

Thank you for your interest in being a volunteer or providing professional services with the Travis County Sheriff's Office. You play a vital role in the programming activities in the jail which otherwise would not be available.

Due to the nature of our business, the safety and security of you, the inmates and the community is our number one priority. To this end, we have an application and orientation process that will prepare you to be successful and safe.

- Step 1:** Meet with a Chaplain or Program Coordinator to discuss your program, schedule and specific tasks. The Chaplain or Program Coordinator will determine if you meet our program mission and goals. If you are not sure what you want to do, the Volunteer Coordinator can discuss options with you and arrange a meeting with a Chaplain or Program Coordinator in an area that interests you.
- Step 2:** Complete the attached application. Answer all questions truthfully. If any question cannot be clearly answered please elaborate in the additional space.
- Step 3:** The Volunteer Coordinator along with your Chaplain or Program Coordinator will review your application. A criminal history check will be made and references may be contacted. The reference check will seek to verify if you have the experience and are competent in the area where you will be working. The Volunteer Coordinator will ask for a written response from you for any areas that need further clarification.
- Step 4:** Once the review is completed, the Volunteer Coordinator will contact you to arrange a time for you to attend an orientation of the jail rules and procedures.
- Step 5:** Access is granted after completion of the orientation.

If you have any questions or need clarification, please contact:

Beverly Gentle, Volunteer Coordinator
Beverly.Gentle@co.travis.tx.us
Office: (512) 854-9394
Fax: (512) 854-5305



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PERSONAL INFORMATION							
Legal Last Name			Legal First Name			Legal Middle Name	
Please list any other names (such as aliases, maiden names and nicknames)							
Street Address				City		State	Zip
How long have you lived at this address?			How many, of the last ten years have you lived in Travis County or an adjacent county?				
Daytime Phone Number ()		Evening Phone Number ()		E-mail Address			
Date of Birth / /		Social Security Number		Drivers License or ID Number			DL State
Gender M / F	Hair Color	Eye Color	Height		Weight		Ethnicity
WORK EXPERIENCE and EDUCATION							
Check your current work status: <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		Tell us about your work. Tell us about your hobbies, leisure activities and interests.					
Check your highest education level: <input type="checkbox"/> High School Grad / GED <input type="checkbox"/> Trade School <input type="checkbox"/> Some College / Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's / PhD		Name and location of highest institution attended.		Years attended		Diploma / GED / Area of Study	
Summarize your last 5 years of employment, education, retirement and/or volunteer experience starting with the current year.							
Position/Duties			From -- To		Employer/Organization/School		

Please answer the following questions. If additional space is needed to elaborate an answer you may use the space below or attach an additional sheet of paper.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever applied with the Travis County Sheriff's Office (TCSO) as an employee or volunteer? If yes, when?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know or are you related to anyone who works for TCSO? If, yes, who?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you know or are you related to anyone who is currently incarcerated for any reason? If yes, state the relationship, crime charged, city & state, and case disposition.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under indictment for or charged with any criminal offense? If yes, what charge?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been arrested? If yes, state the date, charges, location and disposition:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any offense above the grade of a Class C misdemeanor? If yes, state the offense, date and disposition:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been or are you currently on court-ordered community supervision, probation, parole or deferred adjudication for any offense? If yes, state the offense, date and disposition:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used any illegal controlled substances, non-prescribed dangerous drugs, marijuana or excessive alcohol in the last 5 years? If yes, state the substance, date and frequency of use:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever bought, furnished or sold any controlled substance or dangerous drug, including marijuana?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been discharged from any city, state, federal or private corrections institute or law enforcement agency as an officer or civilian for disciplinary reasons, resigned to avoid suspension or discharge or resigned during a disciplinary investigation without final judgment being rendered? If yes, explain:

Additional Space

Tell us about your interest in working in the jail.				Are you coming to us as an individual or through a group such as a church, agency or organization?	
				<input type="checkbox"/> Individual <input type="checkbox"/> Group (complete lines below)	
				Group Name	
				Contact Person (Pastor, Coordinator, Advisor, Supervisor)	
				Contact phone Number	
WHEN ARE YOU AVAILABLE?				WHAT TIME COMMITMENT CAN YOU MAKE?	
	Morning	Afternoon	Evening	At least: <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 5 hours <input type="checkbox"/> _____	
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday				Every: <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> 3-4 months <input type="checkbox"/> _____	
REFERENCES - List two people who are not relatives who know about your abilities and knowledge.					
Name			Name		
Relationship			Relationship		
City		State	City		State
Telephone		Alternative Telephone	Telephone		Alternative Telephone
EMERGENCY CONTACT					
Name			I certify that I have made no willful misrepresentation in this application, nor have I withheld information in my statements and answers to questions. I am aware that this information will be investigated, and I understand that any misrepresentation, falsification or omission of any information may be just cause for the application to be rejected.		
Relationship					
City		State			
Telephone		Alternative Telephone			
SEND YOUR COMPLETED APPLICATION TO:					
TCSO Jail Volunteer Coordinator 3614 Bill Price Road Del Valle, TX 78617 Office: 854-9394 Fax: 854-5305			Signature of Applicant: _____ Date: _____		

**CHAPLAIN /COORDINATOR REVIEW
TO BE COMPLETED BY TCSO STAFF**

What section will the applicant be working in?	What is the anticipated start date?
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List the primary duties of the applicant?

What days and times will the applicant be here?

What type of inmate contact will the applicant need?	What buildings will the applicant need access to?
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- 1:1 inmate contact
- Group inmate contact
- Inmate contact supervised by a TCSO employee
- Visitation center inmate contact
- No inmate contact

- Building 1
- Chapel
- Building 2
- HSB
- Building 3
- TCCC- Visitation
- Buildings 5-10
- TCJ
- Building 12
- Other: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant report to you any conviction for aggravated or sexual offenses?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant report to you an arrest within the last 24 months?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant report to you that he/she is currently on probation, parole, deferred adjudication, bond or any other type of community supervision?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant report to you any incarceration within the last 24 months?
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Please note any medical or special needs that require attention and/or accommodation:

OTHER NOTES: Include any other information that would be helpful in reviewing this applicant:

Assigned Chaplain or Program Coordinator	Phone	Date
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