

**Guilford County Sheriff's Office – Detention Bureau  
Application for Volunteer Service**

(Please Print)

Revised 03/19

Full Legal Name: \_\_\_\_\_  
(First) (Full Middle Name – No Initials) (Last)

Maiden or Other Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

\*Social Security#: \_\_\_\_\_ Drivers License/ID Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Are you a US citizen?  Yes  No

If you are not a citizen, please provide your alien registration number or I-94 number: \_\_\_\_\_

Phone - Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation / Employer: \_\_\_\_\_

Church or Organization: \_\_\_\_\_

Prior Volunteer Experience: \_\_\_\_\_

Please indicate the facility where you wish to volunteer:  Greensboro Detention  High Point Detention  Both

Which program(s) would you be interested in volunteering with? \_\_\_\_\_

\*Disclosure of your Social Security number is optional. However, choosing to omit this number may result in the return of multiple criminal records for individuals who share similar identifying information with you. The information may or may not be apart of your criminal record and therefore, could delay the processing of your application and require you to submit fingerprints in order for a determination to be made. Social Security numbers are only used for identification purposes and are not shared with anyone outside the Sheriff's Office.

**When you have completed both sides of the application please mail, scan/e-mail, or fax to the Chaplain of the facility where you will be primarily volunteering. Please be sure that all signatures are completely visible.**

**Greensboro Detention**

Greensboro Jail Central Phone: (336)641-3099 & (336)641-2748  
Chaplain's Office Fax: (336)641-2793  
201 S. Edgeworth St. E-mail: [guilfordcountychaplain@live.com](mailto:guilfordcountychaplain@live.com)  
Greensboro, NC 27401

**High Point Detention**

High Point Jail Ministry Phone: (336)641-6970  
P.O. Box 321 Fax: (336)641-6871  
High Point, NC 27261

**PLEASE READ AND SIGN THE REVERSE SIDE OF THIS FORM** 

**DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY**

Security Clearance:  Approved  Denied By: \_\_\_\_\_

Date: \_\_\_\_\_ Comments: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

**BACKGROUND CHECK CONSENT**

Revised 03/19

Recognizing the importance of maintaining the security of the facility and the safety of both the inmate and the public, I hereby give my consent to a personal criminal history check. I am aware that this may involve my being fingerprinted and a check being done with the National Crime Information Center. The results of this will then be placed with my confidential volunteer personnel file.

I do release the Guilford County Sheriff's Office from all responsibility for any adverse experience I may incur while doing volunteer work in any Detention Facility.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SECURITY GUIDELINES FOR JAIL VOLUNTEERS/INSTRUCTORS**

We encourage all volunteers/instructors to make every effort to provide any inmate willing to accept their help, with the opportunity to better themselves by taking part in the programs or services you have to offer. However, the primary objective of the staff of this facility is to maintain a safe and secure environment for all. The guidelines listed below are to help ensure that we maintain a safe and secure environment in our facility at all times.

1. You are required to produce your driver's license/ID card upon entrance to the facility. You must also sign in and out each time you visit the facility. Failure to do so may result in your security clearance being suspended or revoked.
2. Secure all personal belongings (shoulder bags, back packs, gym bags, cell phones, tobacco products, pocket knives, etc.) before entering the facility. These items are considered contraband and are not allowed in the facility.
3. Do not bring in anything (including money) to give to the inmates without prior approval from the Facility Command. Do not take anything out of the facility, or from floor to floor, for any inmate. This includes notes, mail and messages. You may not make phone calls on behalf of an inmate. Refer inmates to the Facility Command for assistance with these things.
4. Standard class materials must have initial approval by Facility Command. These items do not have to be re-approved for each visit.
5. Report any lost or misplaced items to a staff member immediately.
6. Refrain from sharing personal information with the inmates (i.e. phone number, address). You are not permitted to correspond with any inmate incarcerated in this facility. If an inmate needs to contact you, he/she may send their correspondence to Facility Command and they will forward it to you. Also, please refrain from sharing information about inmates with other inmates.
7. Follow all instructions given by staff members at all times.
8. Do not attempt to get involved during any type of emergency situation on the floor (i.e. fight, medical problems, etc). Leave the area and let the floor officer handle the situation.
9. Keep your conversations clean and professional. Do not engage in verbal or physical confrontations with the inmates. Problems with a disruptive or hostile inmate must be brought to the attention of the floor officer immediately.
10. Do not enter any inmate cells for any reason.
11. You are expected to complete your business within the program's scheduled time slot. You may arrive on the floor no more than 15 minutes early from the program's start time. All activity must be completed by the program's scheduled end time. Program schedules will not be altered due to volunteer tardiness or delays due to facility issues. Any changes to a program schedule must be approved by Facility Command.
12. No hugs, pats on the shoulder, or other physical contact other than a handshake or prayer circle is permitted.
13. Males are not permitted to go on the Female floor.
14. If, at any time, you have a relative or friend who is incarcerated in the Detention Center, please notify the Facility Command as soon as this occurs.

**I certify that I have read and understand the above mentioned guidelines. I understand that any violation of these guidelines may result in my security clearance being suspended or revoked.**

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_