



OFFICE OF THE SHERIFF BUNCOMBE COUNTY, NORTH CAROLINA

60 Court Plaza, Fourth Floor
Asheville NC 28801

Van Duncan, Sheriff

VOLUNTEER APPLICATION

Buncombe County Detention Facility
20 Davidson Dr. Asheville NC 28801
Volunteer Program Services

Thank you for your interest in Volunteering with the Buncombe County Detention Facility (hereinafter BCDF). Before filling out the application, please read the following expectations, which apply to all BCDF Volunteers:

- Volunteers are expected to maintain the highest ethical standards, candor, and honesty.
- Volunteers are expected to maintain confidences in accordance with legal and ethical standards.
- Volunteers are expected to maintain courteous, conscientious, and professional behavior in all activities and attire at all times.
- Volunteers are expected to remember that while they are providing an important service to the jail population, they are guests in the building and are to defer to the needs of facility staff above their programming plans.
- Volunteers are expected to remain knowledgeable of all aspects of their duties, with a clear understanding of how each individual's role fits within the larger organization and its mission.
- Volunteers are expected to act for the public good without regard to convenience or self-interest.
- Volunteers are expected to value and honor those whom they serve.

Volunteers are held to the same standards as all employees and officers who serve the BCDF. Failure meet any of these expectations may constitute grounds for termination of Volunteer status. (Application Continues on Next Page)

VOLUNTEER AGREEMENT

VOLUNTEER ACKNOWLEDGMENT AND RELEASE: By signing this Acknowledgement and Release I hereby acknowledge that I will receive no compensation for serving as a Volunteer; that there are certain risks inherent in working within the confines of the BCDF; that while the BCDF will take reasonable precautions to provide for my protection, it cannot provide an unqualified guarantee of my physical safety; that I shall bear medical costs associated with any injury related to my tasks as a Volunteer;¹ that neither the BCDF nor its agents will protect me from any legal liability that may result from my participation as a Volunteer. I acknowledge, understand, and am fully aware that giving false information to clients and staff of this facility (as well as staff members related to the operations of this facility) may result in the rejection of my application and/or termination of my Volunteer status. I agree to abide by all expectations herein as well as all other BCDF policies and staff instructions.

EXPRESS ASSUMPTION OF RISK: I the undersigned volunteer willingly. I fully and expressly assume all risks. In consideration for participation as a Volunteer, I, the undersigned, hereby release the BCDF, Buncombe County, and the Office of the Buncombe County Sheriff, their principals, agents, and employees, from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation as a Volunteer with the BCDF, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This release shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees.

INDEMNIFICATION: I recognize that there are risks associated with volunteering at the BCDF. I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my intentional or negligent acts or omissions. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless the BCDF, Buncombe County, and the Office of the Buncombe County Sheriff, their principals, agents, and employees from liability for the injury and/or death of any person(s) and/or damage to property that may result from my negligent or intentional acts or omissions as a Volunteer.

LEGAL PROCEEDINGS: Claims, disputes and/or other matters in question arising from this agreement shall be heard in the North Carolina General Courts of Justice in Asheville, Buncombe County, North Carolina, which said Court shall have jurisdiction to hear any dispute between the parties arising out of this Contract. This paragraph establishes exclusive and sole jurisdiction for any legal proceeding in Buncombe County, North Carolina. Any claims, disputes, or other matter shall be governed by the laws of the State of North Carolina. I waive any right to a trial by jury.

¹ Every volunteer is responsible for medical expenses associated with a volunteer's tasks and duties at the BCDF. All volunteers are expected to have health insurance as mandated by the Affordable Care Act. The BCDF has, however, purchased Accidental Medical Expense Protection insurance (hereinafter "AMEP"). Appropriate officials of the BCDF shall determine whether injuries are accidental for the purposes of AMEP. If AMEP is available, its coverage is limited to those expenses not covered by a volunteer's medical insurance, including Medicare. Coverage limits are as follows: \$25,000 medical, \$5,000 accidental death, with a \$10,000 maximum disbursement per schedule. The BCDF will neither provide nor pay for any medical treatment not covered by the AMEP. Furthermore, because volunteers are neither employees of the BCDF nor Buncombe County, Volunteers are not covered by worker's compensation. The BCDF is not responsible for lost wages.

CONFIDENTIALITY AGREEMENT: As a Volunteer at the BCDF, I understand that I may work with confidential records and information. Such records and information include certain legal, criminal, personnel, and medical records; social, psychological, financial, personal, and family history information, and more. Confidential records and information are governed by the laws of the State of North Carolina and by Federal law. Some of those laws CRIMINALIZE the release of certain confidential records, such as personnel records or information, such as private health information. Confidential records and information may include, but are not limited to, law enforcement investigatory material, certain data involving criminal and civil litigation, social security numbers, driver's license numbers, and other personal identifying information. If a Volunteer is unsure whether certain records or information are confidential, the Volunteer should treat the records or information as confidential and consult a Command-Level Officer for guidance.

As a Volunteer, I understand that I am required to maintain strict confidentiality of all oral, written, and computerized records and information, including every other form of information that pertains to Volunteer Program Services, its clients, and their families. Only when necessary, and with the consent of the Volunteer Program Services Coordinator, may I share information with team member Volunteers. *Furthermore, I understand that my agreement to keep all information confidential applies to the period of my Volunteer service and afterwards*, without exception. By signing below, I fully and unequivocally understand the meaning and import of the confidentiality agreement stated herein and all related parts. I agree to all requirements and policies that pertain to the Volunteer Program Services and the BCDF.

INSTRUCTIONS: Please answer the following questions by printing legibly on the lines provided. Complete every section. If a question does not apply, write N/A. Should you require more space than is available, attach additional sheets making sure that each supplement properly identifies the question and/or section in the application to which it applies. Include titles and page numbers on all attachments. Any illegible part of this application may be considered an omission and could constitute grounds for rejecting your application.

FOR OFFICIAL USE ONLY		APPROVED Y / N	
Background Date:	F/U Indicated: Y / N	References:	F/U Indicated Y / N
Orientation Scheduled:		PREA Completion Date:	

Name of Program: _____
Organizational Affiliation _____

I. Demographics

NOTE: The below information is necessary to complete a background check. Every data filed must be completed.

NAME: _____
Last First Middle

DATE of BIRTH: _____ SEX: M / F ETHNICITY/RACE: _____

MAIDEN NAME: _____ SPOUSE'S NAME: _____

ALIAS, NICKNAMES, AND/OR OTHER NAME CHANGES: _____

U.S. CITIZEN: Y / N SOCIAL SECURITY #: _____

NATURALIZATION: Y / N NATURALIZATION #: _____

DRIVER'S LICENSE: _____ STATE: _____ DATE ISSUED: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

MOBILE/CELL: _____ BUSINESS PHONE: _____

HOME PHONE (if applicable): _____

EMAIL (personal): _____

EMAIL (business): _____

RESIDENCE (complete):

Address: _____ City/State/Zip: _____

P.O. BOX (if applicable and in addition to a street address, not in lieu of a street address):

P.O. Box: _____ City/State/Zip: _____

BCDF Applicant Name: _____

PREVIOUS RESIDENCE (required if less than two years at your current residence):

Address: _____ City/State/Zip: _____

II. Collateral Information

EMERGENCY CONTACT INFORMATION (include all ways of reaching contact directly and immediately):

Name: _____ Relationship: _____

Address 1: _____ City/State/Zip: _____
Day/Work

Address 2: _____ City/State/Zip: _____
Night/Home

Phone: _____
Primary Secondary

Email: _____
Personal email Work Email

EDUCATION (high school, university, and post-graduate institutions as applicable; include area of study and graduation dates):

Name of Institution	Dates of Attendance	Area of Study/Degree

FOREIGN LANGUAGE SKILLS (indicate whether fluent, intermediary, or beginner):

III. Work and References

CURRENT EMPLOYER: _____

CURRENT SUPERVISOR: _____

Address: _____ City/State/Zip: _____

Contact: _____
Supervisor Phone Supervisor Email

BCDF Applicant Name: _____

PROFESSIONAL REFERENCE # 1: _____

Address: _____ City/State/Zip: _____

Contact: _____

Phone

Email

PROFESSIONAL REFERENCE # 2: _____

Address: _____ City/State/Zip: _____

Contact: _____

Phone

Email

PERSONAL REFERENCE #1: (*relatives and/or family members may not serve as a reference*):

Name: _____ Years Known: _____

Relationship to you: _____

Address: _____ City/State/Zip: _____

Contact: _____

Phone

Email

PERSONAL REFERENCE #2 (*relatives and/or family members may not serve as a reference*):

Name: _____ Years Known: _____

Relationship to you: _____

Address: _____ City/State/Zip: _____

Contact: _____

Phone

Email

ARE ANY OF YOUR RELATIVES AND/OR FAMILY MEMBERS *EMPLOYED* (OR HAVE THEY EVER BEEN EMPLOYED) BY THE BCDF: Yes / No (circle one)

Name: _____ Dates of Employment: _____

Address: _____ City/State/Zip: _____

Contact: _____

Phone

Email

Division and/or Duties: _____

BCDF Applicant Name: _____

IV. Detention

ARE ANY OF YOUR RELATIVES AND/OR FAMILY MEMBERS *INCARCERATED* AT THE BUNCOMBE COUNTY DETENTION FACILITY (if so, provide names, current or former street addresses, phone #s, emails, incarceration dates, and reasons for detention: Yes / No (circle one)

Name: _____ Dates of Incarceration: _____

Current Address: _____ City/State/Zip: _____

Former Address: _____ City/State/Zip: _____

Contact: _____

Phone

Email

BCDF incarcerated family/relatives continued (use additional pages if necessary):

HAVE YOU EVER BEEN INCARCERATED OR CONVICTED OF A CRIME other than minor traffic violations? YES / NO (Note: a YES answer does not necessarily effect your ability to serve).

If yes, have you been out of the legal system, including probation and parole for at least one full year? YES / NO (Note: this is a requirement for approval). Date of completion: _____

If charged or convicted, briefly explain: _____

V. Volunteer Activity

ARE YOU CURRENTLY VOLUNTEERING IN/AT ANOTHER CORRECTIONAL FACILITY? YES / NO

Facility Name: _____ Dates of Service: _____

Address: _____ City/State/Zip: _____

Division and/or Program: _____

Current Supervisor: Name/Position: _____

Supervisor Contact: _____

Supervisor Phone

Supervisor Email

BCDF Applicant Name: _____

PRIOR VOLUNTEER SERVICE AND CONTACTS, LIST:

Organization:

Dates:

Address / City / State / Zip:

Organization/Supervisor

Phone / Email / Address

IN WHAT CAPACITY AND WHY DO YOU SEEK TO VOLUNTEER AT BCDF? _____

DESCRIBE SKILLS THAT MAKE YOU A GOOD CANDIDATE? _____

WHAT YOU EXPECT TO GAIN FROM YOUR EXPERIENCE: _____

BY WHAT CRITERIA WOULD YOU DETERMINE WHETHER YOUR SERVICE TO THE BCDF IS EFFECTIVE OR NOT? _____



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**60 Court Plaza, Fourth Floor
Asheville NC 28801**

Van Duncan, Sheriff

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Buncombe County Detention Facility
20 Davidson Dr. Asheville NC 28801
Volunteer Program Services

I have read (or have had read to me) this application and understand its contents. I am aware that this is a release of liability and I freely and voluntarily accept the terms. I certify that I am at least eighteen (18) years of age. I further state that I am in proper condition for participating as a BCDF Volunteer. I hereby give permission to all people listed as references to supply information to the Buncombe County Detention Facility. Furthermore, I give the BCDF permission to perform a criminal background check on me using my social security number and other personal identifying information. **If charged with a crime other than an infraction, while a Volunteer, I will report this immediately (within 24 hours) to the Volunteer Program Services Coordinator.**

NAME (print): _____

DATE: _____

SIGNATURE: _____

Please return this application completed in full via fax, email, or delivery to:

Sarah Regala
Buncombe County Detention Facility
20 Davidson Drive, Asheville, NC, 28801.

Sarah.Regala@buncombecounty.org

Fax: 828.250.6018

Phone: 828.250.4585

Please call with questions concerning the application or volunteer process.

We thank you for your intention to serve our community as a Volunteer in this facility.

BCDF Applicant Name: _____