

107 8TH Street
Glenwood Springs, CO 81601
Phone: 970-945-0453



106 County Road 333-A
Rifle, CO 81650
Phone: 970-665-0200

Date of Application: _____

(For Office Use Only)
Date of Deactivation: _____

Personal Data:

Name: First _____ Middle _____ Last _____

Date of Birth: ____/____/____ Social Security Number: _____

Any other names (including aliases, maiden names, nicknames, etc.) by which you have been known:

E-mail address: _____

Mailing Address: _____
Street/PO Box _____ City and State _____ Zip Code _____

Physical Address: _____
Street/PO Box _____ City and State _____ Zip Code _____

Phone Numbers: Home _____ Cell _____
Work _____ Other _____

Emergency Contacts:

Name: _____ Relation to you: _____

Physical Address: _____
Street/PO Box _____ City and State _____ Zip Code _____

Phone Numbers: Home _____ Cell _____
Work _____ Other _____

Name: _____ Relation to you: _____

Physical Address: _____
Street/PO Box _____ City and State _____ Zip Code _____

Phone Numbers: Home _____ Cell _____

Work _____ Other _____

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Employment and Education:

Current Employer: _____

Employer's Address: _____
Street/PO Box City and State Zip Code

Phone Numbers: Work _____ Other _____

Educational Background: _____

Other valuable experiences / abilities: _____

Volunteer Information:

What programs are you applying to volunteer with? _____

Please briefly explain why you are qualified to conduct this program: _____

Have you volunteered or applied to volunteer with The Garfield County Sheriff's Office before? Circle: YES or NO

Please list any organizations you have previously volunteered with: _____

ONLY if you are interested in religious programming,
Please indicate your church and/or religious affiliation: _____

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Legal:

Have you ever been arrested? Circle: YES or NO

If yes, please explain fully and include the dates and the charges:

Do you have a personal relationship (relative, friend, ex-relative, etc.) with anyone who is now or has ever been incarcerated in the Garfield County Sheriff's Office Detention Facility? Circle: YES or NO

If yes, list the name, relationship type, and the dates of incarceration:

Signature:

I understand that the Garfield County Sheriff's Office Detention Facility requires a law enforcement criminal history records check, and I have no objections to this check being completed on me as a prerequisite for providing services in the Garfield County Sheriff's Office Detention Facility. I also understand that the criminal records check is not equivalent to the background investigation that would be required should I apply for employment with the Garfield County Sheriff's Office.

Signature _____

Date _____

Please attach a copy of your Driver's License to your application. Thank you.

Staff Signature _____

Date _____

Command Staff Signature _____

Date _____

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Volunteer's Release and Waiver:

I, _____, affirm and agree that, having offered to provide certain services for the benefit of the inmates at the Garfield County Sheriff's Detention Facility, I am under no obligation to perform such services and if I do perform the same, I will receive no compensation of any kind from Garfield County. In the performance of such services, I will thus be a volunteer and should in no manner be regarded the employee or agent of Garfield County. Additionally, I will not be entitled to claim or receive any privileges or benefits of employment with Garfield County, including but not limited to worker's compensation coverage. I affirm that I have such personal health insurance and liability insurance coverage as I deem necessary to cover all risks to me in the performance of services in the Garfield County Sheriff's Detention Facility. If permitted to perform services in the Garfield County Sheriff's Office Detention Facility, I agree to waive all claims I may have at any time against Garfield County, it's elected officials, and agents arising out of my performance of services in the Garfield County Sheriff's Office Detention Facility, and further, I agree to release Garfield County, it's elected officials and agents from and against all claims I may have against Garfield County, it's elected officials or agents and representatives as a result of my performance of service in the Garfield County Sheriff's Office Detention Facility. I further agree to fully defend, immunity, and hold harmless Garfield County, it's elected officials, and it's agents with regard to any and all liability, loss, or damage which arises or occurs as a result, and any fashion or manner, of my performance of service in the Garfield County Sheriff's Office Detention Facility.

Signature _____

Date _____

Notice and Waiver:

I, _____, am requesting contact with inmates in the Garfield County Detention Facility for the sole purpose of conducting approved Inmate Programs. I understand that my contact is not for social visits and my conversations with inmates will be limited to professional business only. I understand that I am entering a secure detention facility and that I am subject to search at any time. I understand that I am not to provide anything to the inmates which is prohibited under the rules of the Garfield County Detention Facility and that I am subject to criminal prosecution should I violate those rules. I understand that I am to follow the directives of detention staff at all times within the facility without question. Failure to do so may result in criminal prosecution. I understand that I am entering a detention facility

and as such my safety cannot be guaranteed. I accept these terms at my own risk and hold harmless the Garfield County Government, its agents and representatives should I be injured or killed.

Signature _____

Date _____

Volunteer Confidentiality Agreement:

I, _____, will abide by all facility policies and rules, including those pertaining to confidentiality and security.

Signature _____

Date _____

Staff Signature _____

Date _____