



COUNTY OF DURHAM  
SHERIFF'S OFFICE

Clarence F. Birkhead  
SHERIFF



DURHAM COUNTY DETENTION SERVICES  
AGENCY / GROUP / INDIVIDUAL VOLUNTEER  
CRIMINAL BACKGROUND / EMPLOYMENT CHECK

PLEASE PRINT.

All information must be completed or form will be rejected

DATE: \_\_\_\_\_

NAME OF ORGANIZATION: (ie: Name of Church, AA, NA, Class) \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
RT., BOX, STREET, NUMBER, LOT

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NC DRIVERS LICENSE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

RACE \_\_\_\_\_ SEX \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

FORMER DURHAM COUNTY JAIL INMATE? \_\_\_\_\_ DATE: \_\_\_\_\_

STARR PROGRAM GRADUATE? \_\_\_\_\_ DATE: \_\_\_\_\_

FORMERLY INCARCERATED ELSEWHERE? \_\_\_\_\_

DO YOU HAVE ANY CURRENT LEGAL CHARGES PENDING? \_\_\_\_\_

BRIEFLY DESCRIBE YOUR VOLUNTEER ACTIVITY QUALIFICATIONS, INTENT AND BENEFIT TO

INMATES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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IF APPROVED, STARTING DATE AND TIME: \_\_\_\_\_

ENDING DATE AND TIME: \_\_\_\_\_

\_\_\_\_\_ TEMPORARY \_\_\_\_\_ ON-GOING

FOR OFFICIAL USE ONLY

VOLUNTEER REQUEST                      APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

PROGRAM COORDINATOR SIGNATURE: \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I have received a copy of the rules and procedures. I understand and agree to the above Durham County Detention Facility Rules and Procedures.

Questions / Problems concerning all volunteers should be directed to the Programs Coordinator, the Sergeant on duty, and / or the Deputy Director for Program Services.

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Printed Name: \_\_\_\_\_

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

Agency / Group: \_\_\_\_\_

Signature: \_\_\_\_\_

Program Services Staff: \_\_\_\_\_

**Sign** ↑



**PROGRAM SERVICES**  
**COUNTY OF DURHAM**  
**OFFICE OF THE SHERIFF**  
Clarence F. Birkhead  
SHERIFF



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**VOLUNTEER PROCEDURES RULES**

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Agency, Group, and organization speakers and volunteers are fully encouraged and utilized throughout Detention Programs for the direct benefit of inmates. However, all speakers and volunteers must adhere to the following Durham County Detention Services rules:

- All volunteers must submit an application through their sponsoring organization, including criminal background check, for approval by Program Services. If you are convicted of any charges after you have been approved, you must notify the Program Coordinator at 560-0791
- Volunteers will arrive at least ten (10) minutes prior to their meeting time.
- Volunteers must enter through the main entry located on Mangum Street. Parking is prohibited in the Detention Facility parking lot. Parking is provided on Pettigrew St.
- Volunteers will be pat searched prior to entry into the facility. Volunteers who refuse to be searched will forfeit their Volunteer status and entry will not be allowed.
- Volunteers need to leave large amounts of money, cell phones, pagers, excessive jewelry and tobacco products in vehicles.
- Provocative clothing, clothing with racially inflammatory pictures or statements and clothing with profanity will not be allowed in the Detention Facility.
- Volunteers appearing under the influence of alcohol or drugs will forfeit their Volunteer status and entry will not be allowed.
- Volunteers are to refrain from providing inmates with money, tobacco products, matches, lighters, alcohol, drugs, weapons, food or drink.
- Volunteers who wish to supply inmates with religious materials or bibles must donate these items to the Detention Facility library for equal distribution.
- All religious studies will last 45 minutes. If you would like extra time, check with the Program Security Officer, to see if another program follows you.

- **Cameras, video and audio equipment, or musical instruments are not allowed without prior approval of Program Services.**
- **Volunteers must be escorted at all times while in the facility. If the fire alarm sounds, volunteers are to remain in their assigned area until escorted out by Detention Staff. (If necessary).**
- **Volunteers will refrain from making outside contacts, mailing letters or making phone calls for inmates.**
- **Volunteers will refrain from discussing details of an inmate's court case or charges.**
- **Volunteers are expected to exhibit appropriate conduct, language and contact with inmates and Detention Staff. During co-ed groups, male and female inmates are not allowed to sit together**
- **Violation of these rules will result in revocation of volunteer privileges, and may result in legal charges filed against the violator.**

**• Copy of photo ID needs to be submitted with completed application. Please have last page notarized before submitting application.**



**Office of the Sheriff**  
 Clarence F. Birkhead, Sheriff

**AUTHORIZATION AND RELEASE FORM**

I, \_\_\_\_\_  
 (Print Name)

Of \_\_\_\_\_  
 (Address of street, City, State, and Zip Code)

Do hereby state that I hold Social Security Number \_\_\_\_\_, and that I am applying a **Volunteer** with The Office of the Sherriff of Durham County Detention Services Division. I hereby request and authorize the release, disclosure, and divulgence to The Office of the Sheriff of Durham County, agents and employees, of any and all information, documents, records, writings, credit reports, or other data generally, including any medical workers compensation, psychiatric, disciplinary, or criminal records pertaining to me of whatever kind of nature. I do further release quitclaim, and forever discharge any person, corporation, association or government agency from any and all liability, claims, or cause of actions that I may have or ever will have arising out of release, disclosure or divulgence of any information, documents, records, writing, or data generally possessed by any person, corporation, association, or governmental agency pertaining to me.

I do further expressly request and authorize the release and divulgence of any medical, workers compensation, psychiatric, educational, disciplinary, criminal records, information, or writing generally pertaining to me.

\_\_\_\_\_  
 (Applicant's Signature)

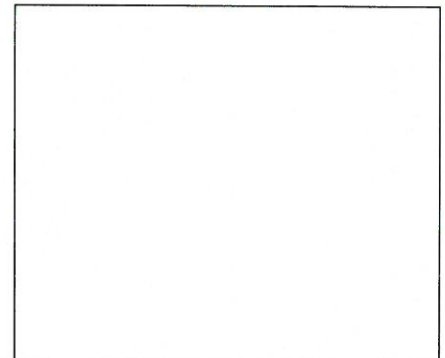
County of \_\_\_\_\_

Witness by hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 (Notary Public Signature)

\_\_\_\_\_  
 (Notary Public Printed Name)

\_\_\_\_\_  
 (Commission Expiration)



**(Seal)**

**Official Use Only**

**Not Approved:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

