



# Bureau of Corrections

## Volunteer Application

*One mission, one team*

**Sheriff's Office - Our vision is to enhance the quality of life in the Florida Keys through strong community partnerships, in a way that maintains the public trust. The men and women of the Monroe County Sheriff's Office will pursue the highest standards of law enforcement excellence in everything we do.**

**A recent photo must be attached and all areas must be complete or the application will not be processed.**

**Legal Name:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Last First Middle**

**Maiden Name/Alias/AKA:**  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Home/Mailing Address:** \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**City State Zip Code**

**Drivers License #:** \_\_\_\_\_ **State:** \_\_\_\_\_

\_\_\_\_\_  
**Home Phone # Work Phone # Cell Phone #**

**Date of Birth** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Place of Birth: City** \_\_\_\_\_ **State** \_\_\_\_\_  
**M D YY**

**Social Security #:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Race/Ethnic Origin:** \_\_\_\_\_

**For background check only, number will be kept confidential**

**Gender:** Male \_\_\_\_\_ or Female \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_

**Scars/Marks/Tattoos**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Referred by? \_\_\_\_\_

Which program are you requesting to participating in? (Please Check One)

- AA       NA       Clergy       Literacy
- Re-entry       Salvation Army       VA       Farm
- Aids Help       JIP      Other \_\_\_\_\_

What experience have you had in counseling, corrections, law enforcement or related community service? \_\_\_\_\_

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**CHARACTER REFERENCES:** Please provide the name, address and telephone number for three local references (**excluding relatives and/or former employers**) indicating their relationship to you. Addresses and telephone numbers must be complete and accurate.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you now or have you ever served in the United States Armed Forces?

YES       NO       Branch of Service: \_\_\_\_\_

Date and type of discharge: \_\_\_\_\_

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Have you ever been arrested?      Yes       No

If you answered yes, please provide the details of the arrest including the disposition:

Date of Arrest Felony or Misdemeanor	Charge and Arresting Agency	Sentencing
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you presently on any form of probation or community control? YES [ ] NO [ ]  
If yes, when does the control/probation end? \_\_\_\_\_

Probation Officer

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

Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone Number

Length of Employment \_\_\_\_\_ to \_\_\_\_\_

Position is/was Permanent [ ] Temporary [ ]  
Part-time [ ] Full-Time [ ]

Describe your duties:  
\_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

May we contact him/her? Yes [ ] No [ ] Phone # \_\_\_\_\_

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**EDUCATION**

Indicate the highest year in school completed:  
[ ] Less than High school [ ] High School or GED [ ] Vocational Certification  
[ ] Some College [ ] College Graduate [ ] Advanced Degree

Major or Certification: \_\_\_\_\_ Minor: \_\_\_\_\_

What courses, special training and skills have you taken or gained that may assist you as a volunteer for the Monroe County Detention Facility? \_\_\_\_\_

\_\_\_\_\_



Please write a brief statement reference your interest in this particular program and your purpose/reason for offering your services as a volunteer \_\_\_\_\_

\_\_\_\_\_

What do you expect to gain from volunteering at this facility? \_\_\_\_\_

\_\_\_\_\_

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**Interns/Students Only:**

Sponsoring School: \_\_\_\_\_

Department: \_\_\_\_\_ Professor \_\_\_\_\_

Level/Year: \_\_\_\_\_ Credit Hours to be received: \_\_\_\_\_

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**Clergy Volunteers Only:**

Denomination: \_\_\_\_\_

Church/Pastor Affiliation: \_\_\_\_\_

Address of Congregation: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Phone Number

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**Narcotics Anonymous and Alcoholics Anonymous Only:**

Are you approved through the Chairperson of the H & I Committee or other governing body to facilitate NA or AA meetings in a hospital or institutional setting?

Yes  No

Chairpersons Name:

\_\_\_\_\_

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Do you require any additional assistance from the Monroe County Detention Facility to assist you in fulfilling your volunteerism? If yes, please indicate what type of assistance you require. \_\_\_\_\_

**Emergency Notification Information:**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternate Phone number \_\_\_\_\_

**Medical Alert Information:**

Do you have any Medical conditions the may cause a medical alert, ie; ( Allergies, Seizures or any other alerts you think we may need to know.) If you wish to disclose your information, please list \_\_\_\_\_

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I confirm that all information provided on this application is true, accurate and complete.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Please return completed Application to:

Monroe County Detention Center  
Programs Department  
5501 College Road  
Key West, Fl 33040

Allow two weeks for processing of this application, a letter will be sent to the address you have provided above advising you of approval or disapproval.

Thank you

