
Print Program Facilitator Full Name

Pine County Jail

Program Facilitators: Volunteer and Paid

Application Packet



Sheriff Jeff Nelson

320-591-1409

Jail Administrator Rod Williamson

320-591-1458

Jail Program Coordinator Brent Jahnz

320-591-1450

Pine County Jail
650 Third Avenue SW
Pine City, MN 55063
320-629-8400

Revised Date 1/1/2022

Pine County Jail

Volunteer/Class Facilitator Application

The information collected on this form will be use to determine your suitability as a volunteer. Your full name, job history, education, volunteer role, dates of service, status of any complaint or charge while you work with us is public. All other data about you is private and will not be shared without your written permission.

Name _____ Birth date _____
Last First Full Middle

Address _____
Street Apt City State Zip Code

Driver's License Number and State _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Occupation _____

In case of emergency, notify _____
Name Relationship to you

Address _____ Phone _____

What would you like to do as a volunteer? _____

Please explain why you would like to be a volunteer? _____

Please indicate the days and times you would be available to volunteer. _____

Please give a brief description of other volunteer activities, past and present. _____

References

Full Name _____

Full Address _____

Phone Number(s) _____

Full Name _____

Full Address _____

Phone Number(s) _____

Full Name _____

Full Address _____

Phone Number(s) _____

I hereby declare that the above information is true and correct to the best of my knowledge. Further, I authorize the facility to conduct a routine criminal history check. The results of such a check will remain private.

Signature

Date

PINE COUNTY SHERIFF'S OFFICE – JAIL P&P 1.1.19b

VOLUNTEER SUPPLEMENTAL QUESTIONNAIRE

Volunteers having unsupervised contact with inmates MUST complete this questionnaire.

APPLICANT FULL NAME: _____ Last 4 SSAN _____ Date: _____

Failure to answer all questions or fill this form out completely will result in elimination of your application from consideration

PART #1		Y	N
QUESTIONS			
1	Do you have any business or personal relationship with anyone currently or formerly incarcerated in the Pine County Jail? If yes, Whom?		
2	Have you ever provided volunteer services with Pine County in the past? If yes, explain.		
3	Have you ever been incarcerated in the Pine County Jail? If yes, explain.		
4	Are you currently on probation or parole? If yes, give details		
5	Are you currently undergoing psychiatric treatment? If yes, give details		
6	Have you <u>ever</u> knowingly been investigated, arrested, or charged by <u>any</u> local, state, federal or foreign entity for any administrative, civil, juvenile, or criminal wrongdoing, including, but not limited to sexual abuse/harassment or sexual misconduct? (28 CFR 115.17) If yes, explain.		
7	Have you <u>ever</u> engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? (28 CFR 115.17) If yes, explain.		
8	Have you ever been convicted of a felony, gross misdemeanor, misdemeanor, or pled no contest or pled guilty to a crime which is a felony, gross misdemeanor or a misdemeanor, had the adjudication of guilt withheld for a crime which is a felony or a misdemeanor (including sealed or expunged records)? If yes, explain.		

I hereby certify there are no misrepresentations, omissions, or falsifications in the foregoing responses. I am aware if an **investigation discloses any misrepresentations, omissions, or falsifications, my application will be rejected and I will be disqualified from providing volunteer services for the Pine County Sheriff's Office.** If after my acceptance, as a volunteer, any subsequent investigation should disclose misrepresentations, omissions, or falsifications, it will be just cause for my immediate dismissal.

Signature

Date Completed

Printed Full Name