

Washoe County Sheriff's Office Detention Volunteer Application
PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED

Legal First Name	Full Middle Name	AKA/Nickname	Last Name	Suffix	
Maiden Name(If married within the past 7 yrs.)			Social Security#	DOB	
Gender M F	Driver License #	State	Expires	OR	State ID#/State/Expires
Street Address		City	State	Zip Code	Home Telephone ()
E-mail address					Cellular Telephone()

PREVIOUS ADDRESS IF LIVED AT CURRENT ADDRESS LESS THAN 5 YEARS:

Street Address/Apt./Unit	City	State	Zip Code	Home Telephone ()
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I'M VOLUNTEERING FOR...

Religious Services
 AA
 NA
 Work Readiness
 G.E.D. Prep
 Other: _____ Do you have past experience? Y / N

PROFESSIONAL REFERENCE(Employment, school, church or other organization)

Organization Name	Your position/Role		
Contact Name	Telephone #	Ext.	
Address	City	State	Zip Code
Organization Name	Your position/Role		
Contact Name	Telephone #	Ext.	
Address	City	State	Zip Code

PERSONAL REFERENCE(Non-relative, known at least 1 year & must differ from Professional Reference)

Contact Name	Telephone #	Ext.	
Address	City	State	Zip Code

PRIOR VOLUNTEER REFERENCE (IF ANY)

Organization Name	Your position/Role		
Contact Name	Telephone #	Ext.	
Address	City	State	Zip Code

DISCLOSURE: All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer in the Washoe County Sheriff's Office (WCSO)

Have you ever been convicted of a crime? YES / NO

If yes, describe each conviction in full. Also indicate date(s) of crime(s) and in which city, county and state each took place. (Attach a separate sheet if needed.)

Check here if you are a returning volunteer and have previously disclosed this conviction(s).

IMPORTANT! PLEASE READ THE AGREEMENTS PRINTED ON THE REVERSE SIDE, THEN SIGN BELOW

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND THE WAIVER, CONSENT AND RELEASE OF LIABILITY, THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Signature: _____ **Date:** _____



WAIVER, CONSENT, RELEASE, DISCLAIMER AND ASSUMPTION OF RISK AGREEMENTS

By affixing my signature on the reverse side of this form, I, on behalf of myself, hereby enter into the following agreements **IN CONSIDERATION OF** my being able to participate in any way as a volunteer at the Washoe County Sheriff's Detention Facility.

I hereby consent to the investigation and verification of all information given in the application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews.

I HEREBY WAIVE, RELEASE AND HOLD HARMLESS the County of Washoe and its officers, agents, and employees, from any and all liability which may occur during my participation in the tour of the **Washoe County Detention Facility** sponsored by the Washoe County Sheriff's Office, whether such liability arises during my participation in this program or by virtue of and resulting therefrom. I fully realize the risks involved in participating in a jail tour, including, but not limited to exposure to nudity, profane language, injury which could occur due to my proximity to violent inmates, injury which could occur due to my proximity to staff members carrying out their duties in managing those inmates or in maintaining the security of the facility, exposure to violent incidents, slip and fall injuries, loud noises, intoxicated inmates, inmates under the influence of narcotics, mentally disturbed, emotionally unstable, or violent inmates, pneumatically operated doors, airborne diseases, riots, and any other risk attendant with being inside a secure jail. I understand that the jail tour includes walking of up to 2 miles, and I certify that I am able to comfortably meet the physical demands of this activity.

I acknowledge the risk of danger to me and knowingly relinquish all rights I may have in seeking compensation for injury from any incident which may occur. I assume all those possible risks of harm, injury or danger to me and knowingly waive and relinquish the County of Washoe and its employees from any and all liability, whether personal injury or property damage, and whether grounded in tort, contract or other legal theory.

Washoe County and its officers, agents, and employees assume no duty to care for me, to prevent me from incurring any injury or damage, or in any way to look after my safety or well being. I will participate in the jail tour and accompany personnel of the Washoe County Sheriff's Office voluntarily, with knowledge of the attendant risks.

Mission Statement

To serve the residents of Washoe County, consistently earning the public's confidence by providing a safe and secure community using the highest quality law enforcement, detention, and support services possible within the resources entrusted to us.

(continued on the reverse side)