



Tulare County, California

SHERIFF

Proudly Serving Since 1852

Office of
MIKE BOUDREAUX
Sheriff-Coroner
833 S. Akers Street
Visalia, CA 93277
(559) 802-9400

INSTRUCTIONS TO VOLUNTEER APPLICANT

Administration
(559) 802-9440

Detentions
(559) 735-1700

Investigations
(559) 802-9563

Operations
(559) 802-9599

Before completing your application, please carefully read your application, and consider the following:

1. No applicant will be considered who has had an arrest record within the past three years in any federal, state, county facility **OR** if currently serving a term of probation or parole at time of application.
2. All applicants will be screened via CA Department of Justice and FBI databases. All arrest records **MUST BE REPORTED**.
3. Please allow at least 6-8 weeks for screening and reply. Anything more than that please contact our office at 735-1673 to check the status of your application.
4. Each application must be sponsored and signed by an organization, responsible leader or Good News: Jail and Prison Ministry.
5. All applications will be followed up by contacting the leader of your organization for validation of your information.
6. A volunteer commitment of at least one year is expected with a minimum of once a month attendance unless otherwise approved by Inmate Programs management.
7. All applicants will be assigned to a definite facility. Please indicate on your application when and where you wish to serve.
8. Should a change occur in your status, you must contact Inmate Programs at 735-1673.
9. No Volunteer will be allowed to enter the jail/facilities without a valid ID.
10. Each Volunteer is expected to maintain an up to date ID and attend training sessions annually.
11. No Volunteer can invite others, special ministries, and singing groups into the facilities.
12. Each applicant is expected to read and follow the rules, regulations, and guidelines set forth in the Volunteer Training Manuals provided by the Sheriff's Dept.

If you have any questions, please contact the volunteer coordinator at (559) 735-1673

TULARE COUNTY SHERIFF DEPT. DETENTION DIVISION - INMATE PROGRAMS
VOLUNTEER CLEARANCE APPLICATION

Return application to: Inmate Programs, 36168 Road 112, Visalia CA 93291 **Tel: (559) 735-1673**

NAME: _____ DATE: _____

ADDRESS: Street: _____ City: _____ Zip: _____

PHONE: Home #: () _____ Work #: () _____

E-mail: _____

Previous Address: Street: _____ City: _____ Zip: _____

A.K.A(S): _____ DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____

SOCIAL SECURITY #: - - DRIVERS LICENSE #: _____ EXP DATE: _____

SEX: _____ HAIR: _____ EYES: _____ HEIGHT: _____ WEIGHT: _____

ETHNICITY: (check one) Caucasian Hispanic African-American Asian Native American Other

MARITAL STATUS: _____ SPOUSES NAME: _____

Are there any issues that may create a challenge to you coming into the jail facilities? _____

OCCUPATION: _____ Length of time with employer: _____

NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE #: _____

IN CASE OF AN EMERGENCY, PLEASE LIST THE NAME OF A FAMILY MEMBER OR FRIEND THAT MAY BE CONTACTED:

Name: _____ Phone #: () _____ Relationship: _____

TYPE OF APPLICATION: (check one) Jail Ministry Other (AA, NA etc.) Sobriety/Recovery Date: _____

WHICH FACILITY: (check all that apply) Bob Wiley MCF Main Jail PreTrial WHICH DAYS: _____

NAME OF REPRESENTATIVE OR CHAPLAIN: _____ TEL #: () _____

SPONSORING AGENCY OR ORGANIZATION: _____

ADDRESS: _____

Representative or Chaplains comments: _____

SIGNATURE OF REPRESENTATIVE OR CHAPLAIN: _____

AA/NA

- _____ Please check and initial if you agree to share training and contact information with your facility coordinator and/or agency chair.

PLEASE LIST AT LEAST TWO PERSONAL REFERENCES OTHER THAN YOUR SPONSOR OR YOUR IMMEDIATE FAMILY:
(References may be contacted as part of the application process)

1. NAME: _____ Day TEL #: (____) _____
ADDRESS: _____
2. NAME: _____ Day TEL #: _____
ADDRESS: _____

Have you been a resident of Tulare County for the past five years? yes no

If not, please list all residences for the last five (5) years. Include street address, city & state.

1. Address: _____ Dates? _____
2. Address: _____ Dates? _____

Have you ever been arrested or convicted of a criminal offense? yes no

If YES, please explain (list dates, charges & location): _____

Are you currently or have you ever been on probation or parole? yes no

If YES, please explain (where, how long, date ended or will end): _____

Are any members of your family or any friends currently incarcerated in either jail OR prison? yes no

If YES, please explain (include where they are located): _____

Are you currently or have you previously been involved with a gang? yes no

If YES, please explain when and where _____

POLICY: Submit to a criminal history background check, which may include local & national records checks, fingerprints and photographs. Ex-offenders will be considered, providing they meet all selection criteria, are not serving a term of probation or parole at the time of application and if a minimum of three (3) years has passed since any period of incarceration in any federal, state, county or city facility.

By signing this application, I give permission for this process to be conducted and understand the Sheriff's Department reserves the right to deny this application without providing a reason and to terminate this agreement.

Applicant's Signature: _____ Date: _____

ANY APPLICATIONS THAT ARE NOT COMPLETE WILL BE RETURNED WITHOUT APPROVAL. THEY MAY BE RESUBMITTED WHEN COMPLETED

DO NOT WRITE BELOW THIS LINE (Department use only)

RECORD CHECK DATE _____ By: _____

COMMENTS: _____

PROGRAM MANAGER: _____ DATE: _____ Approved Denied