

Dear Volunteer Applicant:

Thank you for inquiring about the volunteer opportunities at the El Paso County Sheriff's Office. All applicants for this program are interviewed and placed in positions which match vacant Sheriff's Office volunteer positions, with the volunteer's skills and interests in mind. It is a requirement of the Sheriff's Office procedures to perform background checks, criminal history, and personal reference checks on the suitability of all new volunteers due to the sensitivity of the information with which the applicant will be working.

Enclosed you will find the application form, personal inquiry waiver and a confidentiality agreement. Please complete the forms and return them as soon as possible. Due to the necessary background and reference checks, allow a few weeks for processing.

If you have any questions or need further information, please feel free to call me at (719) 520-7216. Thank you for your interest in the El Paso County Sheriff's Office Volunteer Program.

Sincerely,

Cathryn Richards  
Volunteer Coordinator

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*Attch: application  
personal inquiry waiver  
confidentiality agreement*



## **Minimum Requirements for Volunteers El Paso County Sheriff's Office**

- 1. Must be honest on the El Paso Sheriff's Office Application.**
2. Must be at least 18 years of age, 21 for some positions.
3. Must have **no** felony convictions.
4. Must have no misdemeanor convictions in the last 3 years.
5. Must be off any type of probation or parole for 3 years.
6. Must not have had any arrests in the last 3 years.
7. Must not have been incarcerated **or** held in a detention facility for 3 years.
8. Must not have a close relative incarcerated at one of the El Paso County Detention Facilities
9. Any criminal record CCIC/NCIC or CBI should be reported to chain of command in charge of volunteer program for approval regardless of how long ago it occurred.
10. All volunteers should have CCIC/NCIC background checks performed and Fingerprints sent through CBI.
11. Polygraph examinations must be passed when required for any position that has access to inmate records, employee information or if volunteer supervisor deems appropriate.
12. Reference checks (2).
13. Interview with Volunteer Coordinator or Volunteer Supervisor.

## Application Check List

**Before submitting application, please make sure all of these items have been completed.**

- O Be honest on your application! *An arrest does not automatically prohibit volunteer acceptance into a volunteer position.*
- O Fill out all areas applicable to you, completely.
- O Personal Inquiry Waiver  
– **Sign and Notarize.**
- O Confidentiality Agreement  
– **Complete and Sign.**
- O Attach a copy of the FRONT and BACK of your valid **Driver's License** (or other photo identification if you do not have a valid Driver's License).
- O Questions, contact Volunteer Coordinator at 719-520-7216.
- O Mail or drop off completed application to:

El Paso County Sheriff's Office  
Volunteer Coordinator  
210 South Tejon Street  
Colorado Springs, Colorado 80903

**Thank you for your interest in El Paso County  
Sheriff's Office volunteer opportunities!**



## VOLUNTEER PROFILE APPLICATION

Please print clearly and complete all areas.

NAME: \_\_\_\_\_  
Last First Middle Initial

AKA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DO YOU POSSESS A CURRENT VALID COLORADO DRIVER'S LICENSE? \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

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

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

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### **PERSON TO CONTACT IN CASE OF AN EMERGENCY**

NAME \_\_\_\_\_  
Last First Middle Initial

ADDRESS: \_\_\_\_\_  
Street City Zip

Home Phone Work Phone Relationship

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**Attach a copy of the FRONT and BACK of your valid Driver's License  
(or other photo identification if you do not have a valid DL).**

**REFERENCES:**

LIST TWO LOCAL REFERENCES  
DO NOT INCLUDE RELATIVES

1. \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address City Zip Home/Work Phone Number

2. \_\_\_\_\_  
Name Relationship  
\_\_\_\_\_  
Address City Zip Home/Work Phone Number

**EDUCATION**

(Circle last year completed) 6 7 8 9 10 11 12 or GED  
College: 1 2 3 4 Graduate: 1 2 3 4

Name of High School Attended \_\_\_\_\_

Name of College Attended \_\_\_\_\_

Degrees or Special Courses of Training \_\_\_\_\_

Foreign Languages (speak, read, write) Please specify \_\_\_\_\_

Describe your hobbies, interests and skills \_\_\_\_\_

**EMPLOYMENT:**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

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

Describe your duties on current job \_\_\_\_\_

Describe previous work experience \_\_\_\_\_

**VOLUNTEERISM:**

List previous or present volunteer jobs \_\_\_\_\_

Briefly state your reasons for wanting to volunteer with the El Paso County Sheriff's Office and the position(s) you are interested in volunteering for.

Are you in anyway related to anyone who is under the legal supervision of the El Paso County Sheriff's Office? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please name the person(s) and explain your relationship.

Are you interested in doing volunteer work with the inmates incarcerated in the El Paso County Detention Facilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate which organization you wish to represent.

Are you requesting access to any certain inmate(s) confined to the El Paso County

Detention Facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what purpose \_\_\_\_\_

Which facility are they currently located \_\_\_\_\_

Have you had any previous experience working with inmates? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where and when? \_\_\_\_\_

Do you have any medical or physical limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

Upon a mutually agreeable assignment in the Sheriff's Office, are you able to commit to volunteering:

( ) Six Months ( ) One Year Please Mark One

When are you available for Volunteer Work?

Number of hours per week \_\_\_\_\_ Days available \_\_\_\_\_ Time of day \_\_\_\_\_

**FOR CHAPLAINS/BIBLE STUDY ONLY**

Why do you want to become a member of the El Paso County Sheriff's Chaplains Corps?

\_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Protestant \_\_\_\_\_ Catholic \_\_\_\_\_ Jewish \_\_\_\_\_ Mormon

Other (please specify) \_\_\_\_\_

Do you currently hold a position-of-trust within your current religious group/organization?

If yes, please explain \_\_\_\_\_

Name of local religious organization \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

How long have you lived in El Paso County? \_\_\_\_\_

How long have you been at your present religious group/organization? \_\_\_\_\_

Name, position and phone number of a reference from your local religious organization

\_\_\_\_\_

Are you ordained or do you have a Ministerial license? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide ordination date and license number \_\_\_\_\_

If you are not ordained or have a license, please provide verification of your religious status.

**ATTACH COPY OF ORDINATION, MINISTERIAL LICENSE AND LETTER OF RECOMMENDATION FROM THE RELIGIOUS GROUP OR ORGANIZATION WITH WHICH YOU INTEND TO REPRESENT.**

**NOTE: AN ARREST DOES NOT AUTOMATICALLY PROHIBIT VOLUNTEER  
ACCEPTANCE INTO A VOLUNTEER POSITION.**

**ARREST INFORMATION**

Have you ever been arrested, charged, "questioned as an accused party", or convicted of a felony or misdemeanor, including court martial and military charges? (Omit traffic violations).  
Yes \_\_\_ No \_\_\_ If yes, complete the following.

<u>Police Agency Crime Charged</u>	<u>City &amp; State</u>	<u>Date</u>	<u>Disposition of Case</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were convicted, what was the nature of your crime(s)?

Date(s) of conviction(s) \_\_\_\_\_

Are you on Probation/Parole? \_\_\_ Yes \_\_\_ No

Current status of conviction(s) \_\_\_\_\_

Have you ever been incarcerated in a correctional/detention facility?

1. If yes, give facility name and location \_\_\_\_\_
2. Date and length of incarceration \_\_\_\_\_
3. Date of release and current status \_\_\_\_\_

ARE YOU WILLING TO TAKE A POLYGRAPH EXAMINATION? \_\_\_ YES \_\_\_ NO  
(The successful completion of a polygraph examination is a qualification to work in certain areas, units, or programs of the El Paso County Sheriff's Office.)



**VOLUNTEER APPLICATION  
TO BE READ AND SIGNED BY ALL APPLICANTS.  
PERSONAL INQUIRY WAIVER**

I hereby certify that all the information and statements provided are true to the best of my knowledge. I authorize the El Paso County Sheriff's Office to investigate my background history as well as complete a criminal history. I also give my permission for the El Paso County Sheriff's Office to contact any person or persons affiliated with groups or organizations with whom I am currently or have been associated with in the past. I also authorize the El Paso County Sheriff's Office to contact any references I have provided as well as any other individuals they deem necessary in which to determine my qualifications and fitness for the volunteer position I am seeking.

I respectfully request and authorize you to furnish the El Paso County Sheriff's Office any and all information that you may have concerning me. This information is to be used to assist the Office in determining my qualifications and fitness for the position I am seeking with the El Paso County Sheriff's Office. This release is executed with the full knowledge and understanding that the information is for official use of the El Paso County Sheriff's Office.

Consent is granted for the El Paso County Sheriff's Office to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the El Paso County Sheriff's Office.

I hereby release you and all your duly authorized agents, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it.

If accepted, I agree to adhere to the rules and regulations of the El Paso County Sheriff's Office and Detention Facilities, which include the confidentiality of information.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
My commission expires

\_\_\_\_\_  
Signature of Notary Public

# CONFIDENTIALITY AGREEMENT

## I. Parties

This Agreement is between the El Paso County Sheriff's Office (EPSO) and \_\_\_\_\_ (Volunteer).

## II. Recitals

The parties to this Agreement enter into it with the following understanding:

- a. EPSO is a criminal justice agency with all commensurate responsibility that the term entails.
- b. Being an authorized volunteer with EPSO is a valuable circumstance to both Volunteer and EPSO.
- c. Volunteer is an authorized volunteer with EPSO. Such a status carries with it responsibility. Volunteer has passed a background check as a part of the process of becoming an authorized volunteer. As an authorized volunteer, Volunteer acknowledges that he or she is subject to EPSO chain of command. Authorized volunteers also may handle confidential information in the course of their service to EPSO.
- d. "Confidential Information" is a term with vast meaning that cannot be fully defined within the scope of this Agreement. The scope of this term is defined by Colorado and federal law. "Confidential Information" includes, but is not limited to, information concerning law enforcement investigations in progress. Such law enforcement investigations do not necessarily have to be those of EPSO; they can be investigations of other agencies, as well. Confidential Information also includes, but is not limited to, social security numbers, driver's license numbers, other information that can be used to facilitate identity theft if it fell into the wrong hands, child abuse records, sexual assault records, and other information required to be held confidential by federal and Colorado law. "Work product," as the term is defined by Colorado law, and matters pertinent to criminal and civil litigation are also Confidential Information. EPSO is within its discretion to withhold certain Confidential Information from public disclosure, per C.R.S. § 24-72-305(5). EPSO is commanded by law to withhold other types of Confidential Information indefinitely. The EPSO Legal Advisor may be consulted regarding the latter type of Confidential Information. Command-level sworn officers of EPSO make the determination as to whether any information is Confidential Information. When in doubt, the confidentiality of any information is assumed until a command-level officer makes a decision on the issue.

With the above understanding, and for the valuable consideration expressed within this Agreement, the parties agree to the following:

## III. Agreement

1. Confidential Information. Volunteer has received or will receive from EPSO certain information relating to the business and operations of EPSO. Such information is referred to herein as "Confidential Information". Subject to the terms and limitations of this Agreement, all Confidential Information is acknowledged to be confidential, proprietary, and protected by EPSO and federal and/or state law.
2. No disclosure without consent of EPSO. Volunteer will use every reasonable effort to keep Confidential Information secret and confidential. Confidential Information will not be disclosed to third parties or used for Volunteer's purposes not related to service with EPSO without the express approval of a command-level, sworn EPSO officer. Such disclosures or uses shall include, but not be limited to, disclosure to the media and publication in books, magazines, periodicals, or any other form of information distributed to the public, whether the medium be print, film, video, electronic media, or otherwise. This clause shall not be interpreted to apply to disclosures to criminal justice agencies in the normal course of EPSO business.
3. Exceptions. Notwithstanding the foregoing, any information that meets any of the following criteria shall not be deemed to be Confidential Information.
  - a. Any information that EPSO has already released to—and that has been published by—the media, except as otherwise stated in this Agreement.
4. Re-classification. Nothing in this Agreement shall be interpreted as preventing EPSO from re-classifying information as Confidential Information that had originally been de-classified.
5. Return of materials. Upon request by EPSO, Volunteer shall return all materials provided to Volunteer by or on behalf of EPSO and any notes, documents, copies, or other materials prepared by Volunteer with respect to such Confidential Information.

#### **IV. Liquidated remedies.**

6. Termination. The remedy available to EPSO upon Volunteer's breach of this agreement shall be the termination of Volunteer's service with EPSO, at EPSO's discretion.

#### **V. Jurisdiction, venue, and applicable law.**

7. Jurisdiction, venue, applicable law, and negation of non-judicial remedy. The law governing this agreement shall be the laws of the State of Colorado. The parties agree that jurisdiction of any dispute that may arise hereunder shall lie in the appropriate District or County Court of El Paso County, Colorado. Any provision of this Agreement, whether or not incorporated herein by reference, which provides for arbitration by any extra-judicial body or person or which is otherwise in conflict with said laws, rules, and regulations shall be considered null and void. Nothing contained in any provision incorporated herein by referencing which purports to negate this or any other special provision in whole or in part shall be valid or enforceable or available in any action at law whether by way of complaint, defense, or otherwise. Any provision rendered null and void by the operation of this provision shall not invalidate the remainder of this Agreement to the extent that this agreement is capable of execution.
8. Governmental immunity. The parties here to understand and agree that the liability of El Paso County, and the El Paso County Sheriff's Office, and their departments, offices agencies, boards, commissions, officials, and employees are controlled and limited by the provisions of C.R.S. § 24-10-101 *et seq.* Any provision of this Agreement, whether or not incorporated herein by reference, shall be controlled, limited, and otherwise modified so as to limit any liability of the County or the Sheriff's Office to the above-cited laws.

#### **VI. Other terms.**

9. No guarantee of continued service. Nothing in this agreement shall be construed as a right to, or a guarantee of, Volunteer's continued service as an authorized volunteer of EPSO. EPSO reserves the right to modify or terminate Volunteer's status at any time, for any reason, or for no reason at all. Any remedies available under this contract shall survive such termination.
10. Headings. The headings used in this agreement are merely for convenience. They shall not be used to in any manner to interpret this agreement.
11. Severability. To the extent that this Agreement may be executed and performance of the obligations of the parties may be accomplished within the intent of this Agreement, the terms of this Agreement are severable. Should any term or provision of this Agreement be declared invalid or become inoperative for any reason, such invalidity or failure shall not affect the validity of any other term or provision, to the extent that this Agreement remains capable of execution. The waiver of any breach of a term hereof shall not be construed as a waiver of any other term or the same term upon subsequent breach.
12. Rights of third parties. This Agreement is not and shall not be deemed to confer upon or grant to any third party any right to claim damages or to bring any type of proceeding against either Volunteer, the El Paso County Sheriff's Office, or El Paso County because of any breach hereof or because of any terms, covenants, agreements or conditions contained herein.
13. Entire understanding. This Agreement contains the entire understanding between the parties, and no modification, amendment, novation, or other alteration to this Agreement shall be valid or of any force or effect unless mutually agreed to by the parties in writing as an addendum to this Agreement. At the time of the execution of this Agreement, there are no other terms, conditions, requirements or obligations affecting this Agreement which are not specifically set forth herein.

(signatures follow)

For VOLUNTEER:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Printed name, address, and telephone number

\_\_\_\_\_  
Date

For EPSO:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Rank and area of assignment

\_\_\_\_\_  
Date