CCH _____ Approval _____
Oriented _____ ID Badge _____
Computer _____ Spanish/Other Language-Speaking _____
Sign Language _____

Bastrop County Sheriff's Office
Volunteer Application

Name: _____ **S.S.#:** _____
Last First Middle

Address: _____ **DOB:** _____ **Ht:** _____
Street Apt#

Hair Color: _____ **Eye Color:** _____

_____
City State Zip

Phone: _____ **DL #:** _____
Home Work Cell

Employed? No ☐ **If yes, Company:** _____ **Retired** ☐

Student? No ☐ **If yes, Where:** _____ **Major:** _____

Ever Arrested? No ☐ **Yes** ☐ **If yes, please give dates and charges** _____

Personal Reference: _____
(Not Family) Name Daytime Phone

_____
Name Daytime Phone

Emergency Contact: _____
Name Phone

How did you hear about this program? Church ☐ Friend ☐ Newspaper ☐ Phone book ☐ School ☐

Volunteer ☐ Center ☐ Speaker ☐ Where? _____ Other _____

I certify that I have made no willful misrepresentation in this application, nor have I withheld information in my statements and answers to questions. I am aware that this information will be investigated, with my full permission, and I understand that any misrepresentation may cause my application to be rejected.

Signature of Applicant: _____ **Date:** _____

BCSO is a reasonable accommodation agency.
Let us know if you have special needs.

Service Area

Citizen's Sheriff's Academy
Clerical/Phone

Criminal Investigation
Clerical/Phone

Jail Volunteers
Men's Church
Women's Church
Women's Bible Study

Victim Services
Crisis Responders
Critical Incident Team
Clerical/Phone
Employee Chaplain

Volunteer Job Desired: _____
Days & Times Available: _____
Past Volunteer Work: _____
Education Background: _____
Church (if Ministry): _____
Special Skills: _____
(Bilingual, computers, art, etc.)

Do not write below this line until orientation is completed

Bastrop County Sheriff's Office
Volunteer Contract

Volunteer Name: _____ **Start Date:** _____
Service Area: _____ **Location:** _____
Task Description: _____ **Staff Supervisor:** _____

Responsibilities of Sheriff's Office

1. Provide orientation, training and ongoing supervision
2. Keep personnel records of each volunteer.
3. Check in with volunteers after first month of service.
4. Assist with problems and support volunteers.

Responsibilities of Volunteer

1. Fulfill time commitment as agreed; be prompt; if unable to come in, notify staff supervisor.
2. Attend orientation and training; follow all rules.
3. When leaving Volunteer Service, notify your supervisor so that your activity does not go unattended.

Duration of contract: School Term ☐ One Year ☐

I understand and agree that my activities for the Bastrop County Sheriff's Office will be under the supervision of the Volunteer Services Manager and Administration Supervisors. I am serving in this Volunteer Program by my free choice, and hereby releases the Bastrop County Sheriff's Office from any and all liability for damage.

Signed: _____ **Date:** _____

Approved: _____ **Date:** _____