



OFFICE OF SHERIFF – COUNTY OF ONTARIO

ONTARIO COUNTY CORRECTIONAL FACILITY

VOLUNTEER/INTERN & PROFESSIONAL SERVICES APPLICATION – SHORT FORM
(To be completed only when directed by the Lieutenant of Programs)

PLEASE CHECK THE BOX THAT MOST CLOSELY DESCRIBES YOUR APPLICATION REASON:						<input type="checkbox"/> Clergy
<input type="checkbox"/> Sheriff/Jail Intern	<input type="checkbox"/> Public Defender Intern	<input type="checkbox"/> Medical/MH Intern	<input type="checkbox"/> Probation Intern	<input type="checkbox"/> Program Provider		
Legal Last Name:		Legal First Name:		Legal Middle Name:		
Street Address:			City:	State:	Zip Code:	
Contact Number:		Email Address:		Marital Status:		
Date of Birth:		Driver's License Number:		State DL Issued:		
WORK EXPERIENCE						
Employer:			Employer Address:			
Supervisor:		Telephone Number:		How long have you been employed there?:		
BACKGROUND/SERVICES EXPERIENCE						
Have you ever been incarcerated? If Yes, explain (include if you are on Probation, Parole, or restricted in any way by the Judicial system):						<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been involved in educational services? If yes, explain when and where:						<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list your formal/informal experience in services:						
Briefly explain why you wish to provide services in the Ontario County Correctional Facility:						
EMERGENCY CONTACT				AFFIRMATION		
Name:				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, and I understand that any misrepresentation, falsification or omission of information may be just cause for the application to be rejected.		
Relationship:						
City:	State:	Zip:				
Telephone:	Alternate Telephone:					
				Signature of Applicant _____ Date _____		
DETERMINATION BY LIEUTENANT OF PROGRAMS						
<input type="checkbox"/> APPROVED		<input type="checkbox"/> DENIED		List any Restrictions/Denial Reason:		OSCO USE ONLY
						<input type="checkbox"/> WebRici search completed <input type="checkbox"/> Sallyport search completed <input type="checkbox"/> Warrant check completed <input type="checkbox"/> Social Media Searches
Lieutenant Signature:				Date:		