

VOLUNTEER REFERRAL FORM

1414 Natividad Road, Salinas CA 93906 • (831) 755-3700 • www.montereysheriff.org

All volunteers in the Custody Operations Bureau shall complete a background investigation in order to receive a volunteer clearance. The Chief Deputy of Custody Operations Bureau or his designee shall review the investigation and approve all clearances. The following guidelines will apply:

- Volunteers clearances shall not be issued to individuals who have been incarcerated in a county jail or penal
  institution or on probation or parole within the last two years, or who have a close association with a gang
  member or anyone involved in illegal activity.
- Volunteers shall possess a valid California Identification Card or California Driver's License.
- Volunteer cards will no longer be issued and will not be honored after January 1, 2002.
- Volunteer clearances shall be renewed annually through the Inmate Programs Coordinator. The volunteer's clearance shall be revoked when they are inactive in the program with which they are associated or upon demand by the Monterey County Sheriff's Office.
- Volunteers shall read and sign a <u>Hostage Policy and Search Informed Consent Release</u>.
- Only volunteers involved in programs that consist of academic or vocational courses, exercise and recreation, individual, family and/or social service programs and religious services shall be approved for clearance.
- The proposed volunteer shall turn in this Volunteer Referral form to the Group Coordinator. A background investigation cannot be done without this form.

<b>VOLUNTEER INFORMAT</b>	ION			
Name				
Phone				
CA ID Card /				
CA Driver's License				
GROUP INFORMATION	(Church / Organization / Program)			
Volunteer Group				
Name				
Phone				
Volunteer Group				
Coordinator				
Approval				
Signature and Date				
Group Coordinators shall provide the proposed volunteer with the Background Information sheet.				
FOR SHERIFF'S OFFICE U	JSE ONLY: Chief of Deputy Custody	Operations Bureau Review		
		Signature		
☐ Approved	☐ Disapproved	Date		
Reason for Disapproval				

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Name:

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## **MONTEREY COUNTY JAIL**

## RELIGIOUS VOLUNTEER APPLICATION

Address:		
City:		
Zip Code:		
Email Address:		
Home Phone:		
Cell Phone:		
Work Phone:		
Name of your		
sponsoring faith community:		
Address of your		
faith community:		
Phone Number:		
Name of its pastor:		
ve information will be verified. For to join this ministry.	r one thing, the Chaplain needs to know you have your pastor's	speci
Signature of volunteer applic	cant Date	

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