

**Pinellas County Sheriff's Office  
Department of Detention and Correction  
Support Services Division**

**Volunteer, Clergy or Practitioner Application**

<b>**FOR OFFICIAL USE ONLY**</b>	
Section: _____	
Date Application Received: _____	
Date Approved/Denied: _____	
Supervisor Approval & Payroll Number: _____	
Applicant Organization/Affiliation: _____	
Facility Function: _____	
Notes: _____	

**Incomplete or omitted information will negatively affect your application.  
Please fill out completely.**

<b>APPLICANT INFORMATION (PLEASE PRINT)</b>			
Date:			
Name (Last/First/MI):			
Maiden or Alias Name(s):			
DOB:		City & State of Birth:	
Sex:	Race:	SSN:	
Driver's License's No:		State of Driver's License:	
<b>**PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE TO THE APPLICATION**</b>			
Home Address:			Apt. No.
City/State/Zip Code:			
Phone:		Alt Phone:	
E-mail:			
<b>EMERGENCY CONTACT INFORMATION</b>			
Full Name (Last, First, MI):			



## Volunteer or Practitioner Application Continued

SCREENING INFORMATION				
Are you a citizen of the United States? Circle one: Yes or No				
If no, are you authorized to work in the United States? Circle one: Yes or No				
If applicant is not a citizen, Naturalization papers or Green Card will need to be present.				
Have you previously submitted a Volunteer or Practitioner application? Circle one: Yes or No				
Have you ever engaged in sexual abuse or sexual harassment of an inmate in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?				
Circle one: Yes or No. If yes, please explain:				
Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?				
Circle one: Yes or No. If yes, please explain:				
Have you ever been civilly or administratively adjudicated to have engaged in any activity described above?				
Circle one: Yes or No. If yes, please explain:				
Do you have any pending/unresolved activity within the criminal justice system?				
Circle one: Yes or No. If yes, explain:				
Have you ever been arrested, adjudicated, adjudication withheld on any misdemeanor or felony? Circle one: Yes or No				
<b>If yes, please list charges below. You may use additional pages if needed.</b>				
Date	Charge(s)	City/State	Police Agency	Court Disposition

## Volunteer or Practitioner Application Continued

### GUIDELINES

As a Volunteer, Clergy, Practitioner, I agree to abide by the following guidelines:

- Maintain a cooperative working relationship with facility staff through compliance with security procedures and decisions of the Facility Commander or designee.
- Notify facility staff immediately of any unusual occurrences.
- Relationships with individuals incarcerated will be restricted to a professional nature. Clearance status and badge will not be used for personal visits at the jail for anyone.
- No items will be distributed to an inmate without the prior approval of the Facility Commander or designee. ***Any items not issued or approved for inmate retention, or approved items that may have been altered are considered contraband at the facility. Common examples of contraband that a Volunteer/Practitioner may be asked for include pens, pencils, markers, food items, etc.***
- No items of value or messages will be accepted or exchanged from inmates or their families.
- Jail access is restricted to authorized locations and approved hours.
- Modest and appropriate attire for the correctional environment is required.
- Understand the Volunteer/Practitioner badge is property of the Pinellas County Sheriff's Office. I understand I must return my badge to PCSO-PCJ immediately if my Volunteer/Practitioner status is revoked or deemed inactive.

### CONTRABAND GUIDELINES

Florida Statutes 951.22 - County detention facilities; contraband articles:

(1) It is unlawful, except through regular channels as duly authorized by the sheriff or officer in charge, to introduce into or possess upon the grounds of any county detention facility as defined in s. 951.23 or to give to or receive from any inmate of any such facility wherever said inmate is located at the time or to take or to attempt to take or send therefrom any of the following articles which are hereby declared to be contraband for the purposes of this act, to wit: Any written or recorded communication; any currency or coin; any article of food or clothing; any tobacco products as defined in s. 210.25(11); any cigarette as defined in s. 210.01(1); any cigar; any intoxicating beverage or beverage which causes or may cause an intoxicating effect; any narcotic, hypnotic, or excitative drug or drug of any kind or nature, including nasal inhalators, sleeping pills, barbiturates, and controlled substances as defined in s. 893.02(4); any firearm or any instrumentality customarily used or which is intended to be used as a dangerous weapon; and any instrumentality of any nature that may be or is intended to be used as an aid in effecting or attempting to effect an escape from a county facility.

(2) Whoever violates subsection (1) shall be guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

## Volunteer or Practitioner Application Continued

### PRISON RAPE ELIMINATION ACT (PREA) GUIDELINES

PREA is a Federal law created to address the problem of sexual abuse and misconduct in all correctional facilities. PREA applies to federal, state, and local institutions. This includes prisons, jails, court holding facilities, police lockups, immigration detention facilities, military holding facilities, and community correctional settings. Additionally, PREA applies across the board to both public and private facilities as well as adult and juvenile facilities.

#### FLORIDA STATE STATUTE 944.35

Any employee of the department who engages in sexual misconduct with an inmate or an offender supervised by the department in the community, without committing the crime of sexual battery, commits a felony of the third degree.

- Any employee required to report pursuant to this section who knowingly or willfully prevents another person from doing so, commits a misdemeanor of the first degree.
- Any incident of sexual abuse and/or sexual misconduct must be reported immediately.

#### DUTY TO UPHOLD THE LAW AND REPORT

As a Volunteer, Clergy or Practitioner with the Pinellas County Sheriff's Office, Department of Detention and Corrections, you are mandated to uphold and be compliant with PCSO's zero tolerance policy of all forms of sexual abuse of inmates by: other inmates; staff; practitioners; volunteers; contractors; or individuals having responsibility for the safety, security, care and/or treatment of inmates. You have a duty to report incidents where staff, practitioners, volunteers or contractors are sexually involved with or sexually harassing an inmate.

### DISCLAIMER AND APPLICANT SIGNATURE

I hereby release the Pinellas County Sheriff's Office, its Officers, Agents and Employers from any and all liability for any injuries and damages that may be incurred.

I \_\_\_\_\_, being duly sworn, depose and say I am the above-named person. I affirm that all questions have been fully answered and attest that each and every answer is true and correct in every respect.

\_\_\_\_\_  
**(Applicant sign here in presence of Notary Public)**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ A. D. by \_\_\_\_\_, who is personally known to me or has produced identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Type, Print or Stamp Name

## Volunteer or Practitioner Application Continued

<b>SUPERVISOR/VOLUNTEER COORDINATOR AGREEMENT AND SIGNATURE (If Applicable)</b>
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I, \_\_\_\_\_ (supervisor print name here), as the applicant's supervisor, concur with the statement of purpose and the description of services that will be provided at the jail. If the applicant is granted Practitioner or Volunteer status, it is our agency's responsibility, as well as the applicant to notify PCSO-PCJ when:

- 1) The nature of the program changes,
- 2) The program is discontinued,
- 3) The individual is no longer affiliated with the program, or
- 4) The individual is no longer under our employ.

I \_\_\_\_\_, being duly sworn, depose and say I am the above-named person.

\_\_\_\_\_  
**(Supervisor sign here in presence of Notary Public)**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ A. D. by \_\_\_\_\_, who is personally known to me or has produced identification.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Type, Print or Stamp Name