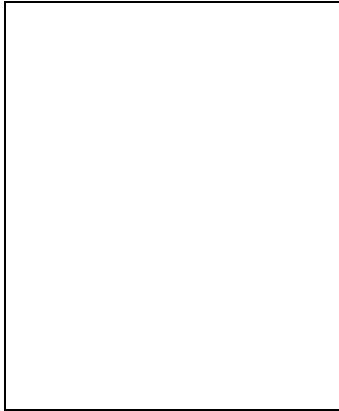


**PINELLAS COUNTY SHERIFF'S OFFICE  
DETENTION AND CORRECTIONS BUREAU**

**PRACTITIONER, VOLUNTEER or RELIGIOUS VOLUNTEER APPLICATION**



**\*\*FOR OFFICIAL USE ONLY\*\***

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*Date Approved*

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*Approved* *Title*

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*Organization* *Facility Function*

**Photograph**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Maiden or Alias Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

SSN: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_ State: \_\_\_\_\_

Personal Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Phone: ( ) \_\_\_\_\_

Personal Cell Phone: ( ) \_\_\_\_\_  
Personal E-mail Address: \_\_\_\_\_

**In case of an emergency contact:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_

## Organization Information

**Please check appropriate title:**

Practitioner (Paid Position)  Volunteer (Non Paid Position)  Religious Volunteer   
 Pinellas Safe Harbor Volunteer

**List applicable Agency, Church or Volunteer Organization contact information below:**

Agency, Church or Volunteer Organization: \_\_\_\_\_ Title of Program: \_\_\_\_\_

Supervisor, Pastor or Coordinator Name & Phone Number: \_\_\_\_\_ Supervisor, Pastor or Coordinator Title: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Organization Phone: ( ) \_\_\_\_\_ Organization Fax: ( ) \_\_\_\_\_

Organization Cell Phone: ( ) \_\_\_\_\_ Organization Email Address: \_\_\_\_\_

Organization Website: \_\_\_\_\_

**Please provide file number**

Is this Organization a 501 (c) 3 non profit?

## Screening Information

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

If applicant is not a citizen Naturalization Papers or Green Card will need to be presented.

Have you previously submitted a Practitioner or Volunteer application? YES  NO  If so, when? \_\_\_\_\_

Have you ever been arrested and/or convicted of a misdemeanor or felony? YES  NO  Do you have any unresolved/pending activity within the criminal justice system? YES  NO

If you have answered "YES" to any of the questions above, please explain by listing below. PLEASE NOTE: Incomplete or omitted information may negatively affect your clearance status. You may use additional pages if needed.

Date	Specific Charge(s)	Location (City & State)	Police Agency	Court Disposition or Current Status

**Guidelines**

As a Practitioner or Volunteer, 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 Bureau Commander or designee.
- Notify facility staff immediately of any unusual occurrences.
- Relationships with individuals incarcerated will be restricted to a professional nature. Clearance status will not be used for personal visits for relatives or friends.
- No items are to be distributed without appropriate approval. All unauthorized items are considered contraband.
- No items of value or messages will be accepted or exchanged from inmates or their families.
- Facility access is restricted to authorized locations and approved hours.
- Modest and appropriate dress for the correctional environment is required.

**Disclaimer and 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.

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

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

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*Notary Signature*

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*Notary Type, Print or Stamp Name*

*Commission Number, and Expiration*



Applicant Name: \_\_\_\_\_

## SUPERVISOR/VOLUNTEER COORDINATOR AGREEMENT

Please have this section completed by your **Supervisor or Volunteer Coordinator**

I, \_\_\_\_\_ (print supervisor's 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 Practitioner/Volunteer, to notify Program Services when: 1) The nature of the program changes; 2) The program is discontinued; 3) The individual is no longer affiliated with our organization or; 4) The individual is no longer under our employ.

I also understand the Practitioner/Volunteer badge is Pinellas County Sheriff's Office property and must be collected and returned to Program Services immediately.

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

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

---

*Notary Signature*

---

*Notary Type, Print or Stamp Name*

*Commission Number, and Expiration*