



PROGRAM SERVICES
COUNTY OF DURHAM
OFFICE OF THE SHERIFF
Clarence F. Birkhead
SHERIFF



VOLUNTEER PROCEDURES RULES

Agency, Group, and organization speakers and volunteers are fully encouraged and utilized throughout Detention Programs for the direct benefit of inmates. However, all speakers and volunteers must adhere to the following Durham County Detention Services rules:

- All volunteers must submit an application through their sponsoring organization, including criminal background check, for approval by Program Services. If you are convicted of any charges after you have been approved, you must notify the Program Coordinator at 560-0791
- Volunteers will arrive at least ten (10) minutes prior to their meeting time.
- Volunteers must enter through the main entry located on Mangum Street. Parking is prohibited in the Detention Facility parking lot. Parking is provided on Pettigrew St.
- Volunteers will be pat searched prior to entry into the facility. Volunteers who refuse to be searched will forfeit their Volunteer status and entry will not be allowed.
- Volunteers need to leave large amounts of money, cell phones, pagers, excessive jewelry and tobacco products in vehicles.
- Provocative clothing, clothing with racially inflammatory pictures or statements and clothing with profanity will not be allowed in the Detention Facility.
- Volunteers appearing under the influence of alcohol or drugs will forfeit their Volunteer status and entry will not be allowed.
- Volunteers are to refrain from providing inmates with money, tobacco products, matches, lighters, alcohol, drugs, weapons, food or drink.
- Volunteers who wish to supply inmates with religious materials or bibles must donate these items to the Detention Facility library for equal distribution.
- All religious studies will last 45 minutes. If you would like extra time, check with the Program Security Officer, to see if another program follows you.

- Cameras, video and audio equipment, or musical instruments are not allowed without prior approval of Program Services.
 - Volunteers must be escorted at all times while in the facility. If the fire alarm sounds, volunteers are to remain in their assigned area until escorted out by Detention Staff. (If necessary).
 - Volunteers will refrain from making outside contacts, mailing letters or making phone calls for inmates.
 - Volunteers will refrain from discussing details of an inmate's court case or charges.
 - Volunteers are expected to exhibit appropriate conduct, language and contact with inmates and Detention Staff. During co-ed groups, male and female inmates are not allowed to sit together
 - Violation of these rules will result in revocation of volunteer privileges, and may result in legal charges filed against the violator.
- Copy of photo ID needs to be submitted with completed application. Please have last page notarized before submitting application.



Office of the Sheriff
Clarence F. Birkhead, Sheriff

AUTHORIZATION AND RELEASE FORM

I, _____
(Print Name)

Of _____
(Address of street, City, State, and Zip Code) (Phone Number)

Do hereby state that I hold Social Security Number _____, and that I am applying a **Volunteer** with The Office of the Sherriff of Durham County Detention Services Division. I hereby request and authorize the release, disclosure, and divulgence to The Office of the Sheriff of Durham County, agents and employees, of any and all information, documents, records, writings, credit reports, or other data generally, including any medical workers compensation, psychiatric, disciplinary, or criminal records pertaining to me of whatever kind of nature. I do further release quitclaim, and forever discharge any person, corporation, association or government agency from any and all liability, claims, or cause of actions that I may have or ever will have arising out of release, disclosure or divulgence of any information, documents, records, writing, or data generally possessed by any person, corporation, association, or governmental agency pertaining to me.

I do further expressly request and authorize the release and divulgence of any medical, workers compensation, psychiatric, educational, disciplinary, criminal records, information, or writing generally pertaining to me.

(Applicant's Signature)

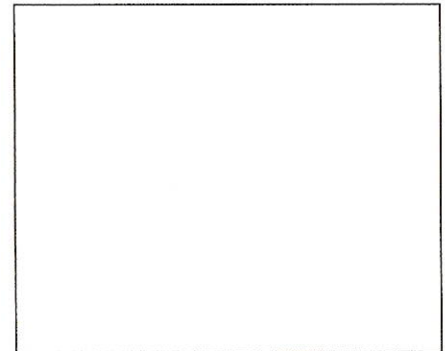
County of _____

Witness by hand this _____ day of _____, 20____.

(Notary Public Signature)

(Notary Public Printed Name)

(Commission Expiration)



(Seal)

Official Use Only

Not Approved: _____

Approved: _____



Detention Center | 219 South Mangum Street | Durham, North Carolina 27702
(919) 560-0912 | Fax (919) 560-0998 | www.dconcc.gov
Equal Employment/Affirmative Action Employer



COUNTY OF DURHAM SHERIFF'S OFFICE

Clarence F. Birkhead
SHERIFF



**DURHAM COUNTY DETENTION SERVICES
AGENCY / GROUP / INDIVIDUAL VOLUNTEER
CRIMINAL BACKGROUND / EMPLOYMENT CHECK**

PLEASE PRINT.

All information must be completed or form will be rejected

DATE: _____

NAME OF ORGANIZATION: (ie: Name of Church, AA, NA, Class) _____

NAME: _____
LAST FIRST MIDDLE

ALIAS: _____

ADDRESS: _____
RT., BOX, STREET, NUMBER, LOT

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY # _____ / _____ / _____

NC DRIVERS LICENSE # _____

DATE OF BIRTH _____ / _____ / _____
MONTH DAY YEAR

RACE _____ SEX _____ HEIGHT _____ WEIGHT _____

FORMER DURHAM COUNTY JAIL INMATE? _____ DATE: _____

STARR PROGRAM GRADUATE? _____ DATE: _____

FORMERLY INCARCERATED ELSEWHERE? _____

DO YOU HAVE ANY CURRENT LEGAL CHARGES PENDING? _____

BRIEFLY DESCRIBE YOUR VOLUNTEER ACTIVITY QUALIFICATIONS, INTENT
AND BENEFIT TO
INMATES: _____

IF APPROVED, STARTING DATE AND TIME: _____

ENDING DATE AND TIME: _____

_____ TEMPORARY _____ ON-GOING

FOR OFFICIAL USE ONLY

VOLUNTEER REQUEST APPROVED _____ DENIED _____

PROGRAM COORDINATOR SIGNATURE: _____

REASON: _____

By signing below, I have received a copy of the rules and procedures. I understand and agree to the above Durham County Detention Facility Rules and Procedures.

Questions / Problems concerning all volunteers should be directed to the Programs Coordinator, the Sergeant on duty, and / or the Deputy Director for Program Services.

Printed Name: _____

Date: _____

Agency / Group: _____

Signature: _____

Program Services Staff: _____

Sign

