



WASHOE COUNTY JAIL APPLICATION FOR VISITING/FACILITY ACCESS

PLEASE PRINT CLEARLY – INCOMPLETE FORMS WILL NOT BE PROCESSED

WCSO Point of Contact/Department:

All fields MUST be completed or your application WILL NOT be processed.

Any omission or falsification of this application will be sufficient reason to deny/cancel visiting privileges or prevent access to the Detention Facility.

NOTE: the e-mail address you provide MUST be unique to you or your application WILL NOT be processed

| | | | |
|--|---------|---------------------|---|
| Name: | | Other names used: | |
| Sex: | Height: | Date of Birth: | Social Security Number (ex. xxx-xx-xxxx): |
| Eyes: | Hair: | Place of Birth: | Driver's License State/Number: |
| Home Address: | | City / State / Zip: | Telephone: |
| Employer: | | Employer Telephone: | E-Mail: |
| Business Address: | | City / State / Zip: | Occupation: |
| Contact Person/Reference: | | Relationship? | Phone Number: |
| | | | Email: |
| Have you ever been arrested? YES or NO (circle one) | | | |
| If YES, where? (City, State) | | | |
| Interns only – What is the end date of your internship? | | | |
| Reason Requesting Access: | | | |

AUTHORIZATION TO RELEASE CRIMINAL HISTORY RECORD INFORMATION

I hereby give my written consent for any criminal justice agency to disseminate my record of criminal history to the Washoe County Sheriff's Office for the purpose of accessing secure portions of the Detention Facility.

I understand that a record of criminal history means the information contained in records collected and maintained by agencies of criminal justice, consisting of descriptions that identify the subject, notation of arrests detention, indictments, information or other formal criminal charges and disposition of charges including dismissals, acquittals, convictions, correctional supervision and release. I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all of my previous employers, physicians and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies and all others to furnish to the Washoe County Sheriff's Office any and all information they may have concerning me.

I hereby release, discharge, exonerate and hold harmless all Criminal Justice Agencies; including the Washoe County Sheriff's Office, its agents and representatives and persons furnishing information from any and all liability of every nature and kind arising out of the disseminating and inspection of my records of criminal history.

Signature of Applicant

Date



WCSCO USE ONLY

Wants
 WebX
 III
 ITMS
 DMV
 NCJIS
 TIB
 BY: _____

APPROVED
 DENIED
 NOT PROCESSED
 BY: _____ Date: _____
 Restrictions/Limitations:

 Valid through: _____

Entered on Visiting Tag Approval list
 iWeb Account Updated / Created
 Email notification sent
 Entered on Master Volunteer List
 Maintenance notified
 Medical notified
Badge/Tag/Card to be issued:
 Contact – White Visitor
 Non-Contact – Red/Blue/White Solid w/black stripe
 Programs – Orange
 Programs Contractors – White WCSCO
 Contractors/Vendors – Yellow (unescorted, full facility access)
 Escorted – Green tag (must be w/staff)
 Employee – White WCSCO

PERSONS OF PROFESSIONAL STATUS

You **must** provide documentation of professional licensure (PI / LCSW / LADC / CADC / Etc.) or affiliation with this application **and** a copy of your **driver's license**. Upon completion of the criminal history check, requests for visit will be evaluated on an individual basis – you may be required to provide a letter from an attorney or court order.

PARALEGALS

Upon completion of the criminal history check, requests for visit will be evaluated on an individual basis. Requests must:

1. Be on printed stationary and signed by the attorney. Photocopies will not be accepted.
2. Be dated; requests will be honored for one (1) week.
3. Specifically list the inmates to be seen.

Requests are subject to verification with the attorney's office.

VENDOR

Vendors must have a completed TOOL INVENTORY CONTROL FORM on file before taking any equipment into the secure portion of the jail

DRESS CODE

Men will be properly dressed in slacks or pants. Jeans are acceptable, cut-offs or shorts are not permitted. A shirt must be worn with sleeves. Tank tops or shirts exposing the upper torso is not permitted.

Women will be properly dressed in dresses, slacks or pants. Jeans are acceptable, cut-offs or shorts are not permitted.

Blouses or shirts are required. Tank tops or shirts exposing the upper torso is not permitted.

Sheriff's Office personnel may ask you to leave the facility at any time; if asked to leave, you must leave immediately.

Questions or complaints can be addressed to the Watch Commander.

No personal items will be allowed. This includes cellular phones and lap top computers. If you require the use of any equipment, it must be searched by commissioned staff prior to being allowed into the Detention Facility.

You are required to clear the metal detector and may be subject to search by commissioned personnel. If you refuse to be searched, you will be escorted out of the facility and your contact visiting privileges revoked. All persons are expected to comply with all rules, regulations and directions. Failure to do so will result in the forfeiture of Professional Visiting privileges. Once Professional Visiting privileges have been forfeited, they will not be re-instated.



PROGRAMS APPLICANT: SELF SCREENING CHECKLIST

SECTION 1: MANDATORY REJECTION CRITERIA

Applicants for employment and/or volunteer services with the Sheriff's Office must successfully pass an extensive background investigation. A "YES" answer to any of the following questions **will** result in automatic rejection from further consideration for volunteering/employment with the Sheriff's Office. Although this is not a complete list of the rejection criteria used by the Sheriff's Office, these are the criteria that are most frequently cause for initial rejection. Please review the criteria prior to submitting your application. This is a self-screening checklist only and does not need to be returned with your application.

Have you:

1. Failed to meet all legal requirements as indicated on the volunteer application? 21 years of age at a time of application; U.S. citizen at time of appointment.
2. As an adult, been convicted of a felony crime?
3. Willfully provided false or misleading information during the application process, or cheated during any phase of testing during the application process?
4. Illegally used marijuana on an experimental basis within two (2) years immediately preceding the date of application?
5. Illegally used any controlled substance other than marijuana within five (5) years immediately preceding the date of application?

SECTION 2: NON-MANDATORY REJECTION CRITERIA

A "YES" answer to any of the following questions **may** result in rejection. The elements will be evaluated on a case-by-case basis and may serve as a basis for unfavorable recommendation for volunteering/employment in the Sheriff's Office. Again, this is only a partial list; however, it includes the most common reasons for rejection.

Have you:

1. As an adult, been convicted of any crime prosecutable in Nevada as a felony or gross misdemeanor?
2. As an adult, have any convictions resulting in confinement totaling more than six (6) months?
3. As an adult, sold, produced, or financed the production or sale of illegal controlled substances?
4. Maintained an ongoing relationship with individual(s) who have been convicted of felony crime(s) or who are reputed to be involved in recent or ongoing felonious activity?
5. As an adult, illegally used any controlled substance with an average frequency greater than once each week, for a period greater than one (1) year?
6. Illegally used a controlled substance through injection into the body at any time?
7. Unfavorable consideration for public employment during the ten (10) years immediately preceding the date of application?
8. A demonstrated lack of financial responsibility, which may include, but not be limited to, intentional failure to meet financial obligations during the three (3) years immediately preceding the date of application?

MISSION STATEMENT – Dedicated to preserving a safe and secure community with professionalism, respect, integrity and the highest commitment to equality.

VISION STATEMENT - The Washoe County Sheriff's Office strives to ensure public safety by building trust and creating partnerships within the diverse communities in which we serve. We will promote the dignity of all people supported by our words and actions through open communication while fostering an environment of professionalism, integrity and mutual respect.

Core Values: PRIDE - Professionalism, Respect, Integrity, Dedication, Equality

Motto: Commitment to Community



| Washoe County Sheriff's Office - Detention Programs Application PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED | | | | | |
|---|--|---------------------|------------------------------|----------|---------------------|
| All questions MUST be answered. Any omission or falsification of this application will be sufficient reason to deny or cancel access to the Washoe County Sheriff's Detention Facility. | | | | | |
| Type of Services: <input type="checkbox"/> Instructor <input type="checkbox"/> Volunteer <input type="checkbox"/> Religious Volunteer | | | | | |
| Full Name: | | Alias/AKA: | | | |
| Employer/Religious Organization - Clergy: | | | Organization Contact E-Mail: | | |
| Employer Address: City / State / Zip: | | | Telephone: | | |
| PREVIOUS ADDRESS IF LIVED AT CURRENT ADDRESS LESS THAN 5 YEARS | | | | | |
| Street address / Apt./ Unit | | City | State | Zip Code | Previous Telephone: |
| I'M VOLUNTEERING FOR... | | | | | |
| <input type="checkbox"/> Religious Services <input type="checkbox"/> AA <input type="checkbox"/> NA <input type="checkbox"/> Work Readiness <input type="checkbox"/> HSE Prep <input type="checkbox"/> Other: _____ | | | | | |
| Do you have past volunteer experience? Y / N : _____ Vetted by Chaplain: _____ | | | | | |
| PROFESSIONAL REFERENCE (Employment, School, Church or Other Organization) | | | | | |
| Organization Name: | | Your Position/Role: | | | |
| Contact Name: | | Title: | Telephone Number: | | |
| Address: City / State / Zip: | | | | | |
| Organization Name: | | Your Position/Role: | | | |
| Address: City / State / Zip: | | | | | |
| PERSONAL REFERENCE (Non-relative, known at least 1 year & must differ from Professional Reference) | | | | | |
| Contact Name: | | | Telephone Number: | | |
| Address: City / State / Zip: | | | | | |



| PRIOR VOLUNTEER REFERENCE (If Any) | | |
|---|---------------------|-------------------|
| Organization Name: | Your Position/Role: | |
| Contact Name | Title: | Telephone Number: |
| Address: City / State / Zip: | | |
| <p>DISCLOSURE: All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer in the Washoe County Sheriff's Office (WSCO).</p> <p>Have you ever been convicted of a crime? YES / NO</p> <p>If yes, describe each conviction in full. Also indicate date(s) of crime(s) and in which city, county and state each took place. (Attach a separate piece sheet if needed.)</p> <p><input type="checkbox"/> Check here if you are a returning volunteer and have previously disclosed this conviction(s).</p> | | |
| WAIVER, CONSENT, RELEASE, DISCLAIMER AND ASSUMPTION OF RISK AGREEMENTS | | |

By affixing my signature below, I, on behalf of myself, hereby enter into the following agreements **IN CONSIDERATION OF** my being able to participate in any way as a volunteer at the Washoe County Sheriff's Detention Facility. I hereby consent to the investigation and verification of all information given in the application, including searches of law enforcement and public records (including driving records and criminal background checks), contact with former employers and reference interviews.

I HEREBY WAIVE, RELEASE AND HOLD HARMLESS the County of Washoe and its officers, agents, and employees, from any and all liability which may occur during my participation in the tour of the **Washoe County Detention Facility** sponsored by the Washoe County Sheriff's Office, whether such liability arises during my participation in this program or by virtue of an resulting therefrom. I fully realize the risks involved in participating in a jail tour, including, but not limited to exposure to nudity, profane language, injury which could occur due to my proximity to violent inmates, injury which could occur due to my proximity to staff members carrying out their duties in managing those inmates or in maintaining the security of the facility, exposure to violent incidents, slip and fall injuries, loud noises, intoxicated inmates, inmates under the influence of narcotics, mentally disturbed, emotionally unstable, or violent inmates, pneumatically operated doors, airborne diseases, riots, and any other risk attendant with being inside a secure jail. I understand that the jail tour includes walking of up to 2 miles, and I certify that I am able to comfortably meet the physical demands of this activity.

I acknowledge the risk of danger to me and knowingly relinquish all rights I may have in seeking compensation for injury from any incident which may occur. I assume all those possible risks of harm, injury or danger to me and knowingly waive and relinquish the County of Washoe and its employees from any and all liability, whether personal injury or property damage, and whether grounded in tort, contract or other legal theory.

Washoe County and its officers, agents, and employees assume no duty to care for me, to prevent me from incurring any injury or damage, or in any way to look after my safety or well-being. I will participate in the jail tour and accompany personnel of the Washoe County Sheriff's Office voluntarily, with knowledge of the attendant risks.

IMPORTANT! PLEASE READ AGREEMENTS AS PRINTED AND THEN SIGN BELOW

I HAVE READ THE ABOVE DISCLOSURE STATEMENT, AND THE WAIVER, CONSENT AND RELEASE OF LIABILITY, THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE, I AGREE TO INFORM WCSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.

Print Name: _____ Signature: _____ Date: _____