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John B. Cooke, Sheriff

Jail Volunteer Application

It is in the mutual interest of the Weld County Sheriff's Office and citizens of Weld County to form a volunteer group. As a volunteer, you have a valuable role in the detention center. We appreciate your willingness to dedicate your time to working with an offender population. Volunteers benefit the jail by offering a supportive and caring atmosphere for inmates participating in their programs.

There are really no specific qualifications to become a Volunteer with the Weld County Sheriff's Office. But, you should have:

- A desire to take an active role in promoting the change of behavior in our offender population.
- Satisfactory completion of a background check.
- Completion of the volunteer training.

Name: _____ Date of Birth: _____
(Last) (First) (Middle)

Address: _____
(Street/Apt) (City) (State) (Zip)

If you have lived at the above address for less than 5 years, please list the previous address:

Address: _____
(Street/Apt) (City) (State) (Zip)

Home Phone: _____ Social Security Number _____

Name of Church or Organization: _____

Church or Organization's phone number _____ Email Address _____

Driver's License Number: _____ Type: _____ State of Issue: _____ Expires: _____

"...to provide an environment designed to maintain and enhance the general health, welfare, and safety of the people of Weld County."

North Jail Complex
2110 "O" Street
Greeley, CO 80631
Phone (970) 356-4015 x3922
Fax (970) 304-6461



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Have you ever had your driver's license revoked or suspended or have you ever been denied issuance of a driver's license? Yes or No
If yes, please explain: _____

Maiden Name/Nicknames/Or Other Name Changes _____

U.S. Citizen (yes/no) _____ Native (yes/no) _____ Naturalize Certificate# _____

Date/Place/Court _____

Emergency Contact: _____
(Name) (Phone) (Relationship)

Employment History

Current Employer: _____
Employer's Address _____
(Street) (City) (State) (Zip)

Previous Employer: _____
Employer's Address _____
(Street) (City) (State) (Zip)

Volunteer Experience

Organization: _____ Dates From: _____ to: _____ Phone: _____

Organization's Address _____
(Street) (City) (State) (Zip)

Organization: _____ Dates From: _____ to: _____ Phone: _____

Organization's Address _____
(Street) (City) (State) (Zip)

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Traffic and Criminal Arrest Information

Beginning the most current, list each occurrence for which you received a traffic or criminal summons and/or you were arrested. Providing inaccurate information may disqualify you from the volunteer program.

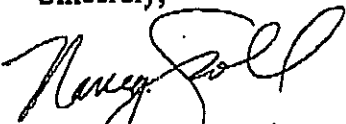
Offense/Charge: _____
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 Offense/Charge: _____
 Date: _____ Location: _____ Disposition: _____
 Offense/Charge: _____
 Date: _____ Location: _____ Disposition: _____
 Offense/Charge: _____
 Date: _____ Location: _____ Disposition: _____
 Offense/Charge: _____
 Date: _____ Location: _____ Disposition: _____

Are you related to anyone in the Weld County Jail? _____
 If a relative is incarcerated in the future, we ask that you notify the On-Duty Jail Commander before entering the jail. The Commander will determine whether you will be allowed to enter the jail or not.

"I certify that the above information is true and complete to the best of my knowledge."

Signature _____ Date Signed _____

Thank you for taking your time to show interest in the Volunteer Program at the Weld County Sheriff's Office. Citizens like you make a difference! It may take a few weeks to process the information that you have provided. You will be notified in writing as soon as we have approved or denied your application.

Sincerely,

 Inmate Services Director,
 Nancy Krill
 Weld County, Colorado

For Office Use Only	
Formal Review of Background	
Inmate Services Director _____	Deputy Bureau Chief _____

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