

## La Crosse County Jail Volunteer Application

The information collected on this form will be used to determine your eligibility as a volunteer at the La Crosse County Jail. As a volunteer, the following information about you is public information: your name, job title and description, dates of volunteer employment with us, your work location, and work phone number. All other information about you is private and will not be shared without your written permission.

**SUBMIT YOUR COMPLETED FORM TO: CHAPLAIN TOM SKEMP, LA CROSSE COUNTY SHERIFF'S DEPARTMENT, 333 VINE STREET, LA CROSSE, WI 54601 IF YOU HAVEN'T HEARD FROM SOMEONE AT THE JAIL WITHIN 30 DAYS OF SUBMITTING THIS, PLEASE CALL CHAPLAIN TOM SKEMP AT (608) 785-9772.**

Full Name: \_\_\_\_\_ Maiden: \_\_\_\_\_  
Last First M.I.

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

---

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

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

Date of birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Month/day/year

Please indicate the area(s) you are willing to give your time and talent to.

Worship services <input type="checkbox"/> ↓	Bible study women <input type="checkbox"/> ↓	Bible study men <input type="checkbox"/> ↓	NA <input type="checkbox"/>	AA <input type="checkbox"/>	Other <input type="checkbox"/> ↓ (please specify below)
--	---	---	--------------------------------	--------------------------------	--

<i>Denomination and church affiliation:</i>	<i>Other:</i>
---	---------------

Please give a brief description of other volunteer activities you have participated in, past or present. Where? How long? What services? Still volunteering?

Have you ever been convicted of a felony? Yes  No

Are you currently on probation or parole? Yes  No

If you are currently on probation or parole, name, phone number and location of your agent:

*Please list three references, not relatives, who are familiar with your qualifications*

Name: \_\_\_\_\_ Phone: (    )

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

Name: \_\_\_\_\_ Phone: (    )

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

Name: \_\_\_\_\_ Phone: (    )

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

### **La Crosse County Volunteer Agreement**

This is to acknowledge that I have received a copy of the volunteer rules from the La Crosse County Sheriff's Department.

I understand these rules and will abide by them.

I understand that violation of any of the rules may result in the suspension and/or termination of the privilege of entering the Law Enforcement Center and/or possible criminal charge if violations are criminal in nature.

I am aware of the nature of this institution, and will take due caution in performance of my duties and will not hold the La Crosse County Sheriff's Department responsible for areas beyond their control.

I have read and understand the volunteer rules. I will be accountable and responsible for the code of ethics, standards of conduct/volunteer rules.

I Hereby declare that the above information is true and correct to the best of my knowledge. Further, I authorize the La Crosse County Sheriff's Dept. to conduct a routine criminal history check; results of such a check will be held as private.

Volunteer Signature \_\_\_\_\_ date \_\_\_\_\_

Chaplain Signature \_\_\_\_\_ date \_\_\_\_\_

Jail Captain Signature \_\_\_\_\_ date \_\_\_\_\_