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Volunteer Application

VOLUNTEER INTEREST

(Please Write Legibly)

- Mounted Patrol Reserve Deputy Water Recovery Unit
- Chaplain Corps Explorer Post Jail Programs Radio/Communications

APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Current Street Address				Apartment/Unit #						
City			State			ZIP				
Phone			E-mail Address							
Previous Street			Apt/Unit #							
City			State							
Dates Available		Driver's License Number			DL State					
Number of Hours Requested for Volunteer Work										
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a violation of the law other than traffic offenses			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION										
High School			Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	GPA				
College or University			Address							
From	To	Expected date of graduation?				Degree				
Other			Address							
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
ACADEMIC AND PROFESSIONAL REFERENCES										
Please list three professional references.										
Full Name					Relationship					
Company					Phone					

[Type here]

Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

CURRENT AND PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release an internship with Washington County Sheriff's Office.	
Signature	Date

[Type here]

List experiences, skills or abilities you have relating to the volunteer position you are seeking:

List academic, previous volunteer or personal interests that you have relating to the volunteer position you are seeking

As a representative of Washington County Sheriff's Office, what do you believe is your volunteer mission?

Is there anything else you would like us to know about you?

What is the next step in the volunteer process?

- Washington County Sheriff's Office will review your volunteer application.
- You will be required to attend a volunteer orientation and submit your fingerprints for a criminal history check.
- You will be asked to sign an Authorization to Release Information in order to examine your suitability to serve as a volunteer for the Washington County Sheriff's Office.
- If selected, you will also be required to obtain a volunteer identification photo.

[Type here]

RETURN THIS APPLICATION TO:

Washington County Sheriff's Office
15015 – 62nd Street North
Post Office Box 3801
Stillwater MN 55082-3801

Volunteer applications and additional questions can be directed to the following employees based upon your areas of interest:

Mounted Patrol

Deputy Matt O'Hara
651-430-7824

Matt.Ohara@co.washington.mn.us

Explorers Post

Sergeant Tim Harris
651-430-7820

timothy.harris@co.washington.mn.us

Reserve Deputy and Water Recovery Unit

Commander Kyle Schenck
651-430-7864

Kyle.schenck@co.washington.mn.us

Chaplain Corps

Sergeant Cory Reedy
651-430-6389

Cory.reedy@co.washington.mn.us

Jail /Offender Programs

Sergeant David Stumpner
651-430-7927

david.stumpner@@co.washington.mn.us

Internships

Sergeant Rebecca Broome
651-430-7651

Rebecca.broome@co.washington.mn.us

Radio/Communications

Public Safety Radio Systems Manager
651-430-7863

Nate.timm@co.washington.mn.us

Washington County does not discriminate on the basis of race, color, national origin, sex, religion, age, and handicapped status in employment or the provision of services.



**INFORMED CONSENT
RELEASE OF PREDATORY
OFFENDER REGISTRATION DATA**



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

[Type here]

First Name: _____ Middle Name: _____ Last Name: _____

Maiden or Former Last Name (s): _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Issuing State: _____

Current Address: _____

City, State, Zip Code: _____

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to Washington County any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and Washington County from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

INFORMED CONSENT FOR RELEASE OF INFORMATION

I, _____, understand that the Washington County Sheriff's Office requires that all applicants and/or volunteers having access to the Law Enforcement Center be fingerprinted as a part of a criminal history background check. I further understand that submitting to the fingerprint process is voluntary. I also understand that failure to submit to fingerprinting for purposes of running a criminal history check, may eliminate the candidate from further consideration for the position sought within the Washington County Sheriff's Office. The purpose for running the criminal history check is to determine the candidate's suitability for access to the Washington County Law Enforcement Center and

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sensitive information that may be encountered while performing duties for the Washington County Sheriff's Office.

I, _____, authorize the Washington County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, and other law enforcement agencies with which I have had contact, to release any public, private, or confidential information pertaining to my driver's license record, Bureau of Criminal Apprehension records and/or National Crime Information Center records and any and all other offense report records to the Washington County Department of Human Resources in order to determine my suitability for employment with Washington County.

I understand that this written consent is valid for one year, but that it may be revoked by me at any time prior to the one year expiration, except to the extent that action has been taken in reliance upon it. I can revoke this consent by filing a written request with the Washington County Department of Human Resources terminating the consent. I also understand that this data and related criminal history record check is defined by Minn. Stat. § 13.43 as personnel data and shall be treated as such.

Date Executed: _____

Signature: _____

Print Name: _____

Note: If the candidate is under 18 years of age, a parent or legal guardian must sign below.

Parent / Legal Guardian: _____

(Signature)

Print Name: _____

Date: _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS - FBI

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should

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explain the authority for collecting your information and how your information will be used, retained, and shared.²

- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Written notification includes electronic notification, but excludes oral notification.²

<https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>³ See 28 CFR 50.12(b).⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Updated 05/10/2017

Non-substantive updates incorporated in January 2018

PRIVACY ACT STATEMENT - FBI

This privacy act statement is located on the back of the FD-258 fingerprint card.

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Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Notice of Rights and Informed Consent to Release Data for Driver's License and Criminal History Records and Offense Reports

As part of your employment and/or volunteer application process with Washington County you are being asked to supply private data that was not requested on the application form. Washington County is requesting you supply the data to determine your suitability for employment or volunteerism with Washington County, including use of the data to conduct criminal history and related record checks. You may refuse to provide any requested data. However, a refusal will prevent Washington County from conducting an adequate background investigation which in turn may cause your application for employment and/or volunteerism to be removed from consideration. A false statement or failure to fully disclose the requested data shall be grounds to withdraw any offer of employment or volunteerism or

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termination from employment or volunteerism without regard to when such false statement or omission is detected.

Private data such as date of birth and driver's license number may be shared between the Washington County Sheriff's Office, Human Resource Department and the legal advisor to the County. Otherwise unless authorized by state statutes or federal law your private data will not be released to any other person or agency without your written consent except under court order or if otherwise authorized or required by law. A written consent for release of private data is known as "INFORMED CONSENT." Any public data you provide is available to anyone requesting it.

The private data Washington County is now requesting from you is as follows:

1. Have you ever been convicted, plead guilty been sentenced or placed on probation or diversion in any court of law for the commission of a criminal offense whether or not the record of such a case been sealed or expunged? Criminal offense includes any traffic or moving violations punishable by incarceration whether or not such a sentence was actually imposed. Yes No

a. If you answered yes to the above question, state the jurisdiction (s), date of conviction(s), and pleas of guilty and sentence received below: If you answered no, please mark N/A and skip to 2.

b. State the offense name to the best of your knowledge

2. Please print your full legal name

First Name	Middle Name	Last Name/Sur Name

3. What is your current address?

Address	Apt#/Unit #	City	State	Zip Code

4. Please list all previous addresses you have lived within the last five years

Address	Apt#/Unit #	City	State	Zip Code
Address	Apt#/Unit #	City	State	Zip Code

[Type here]

Address	Apt#/Unit #	City	State	Zip Code
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5. List all former names or aliases used

First Name	Middle Name	Last Name/Sur Name
First Name	Middle Name	Last Name/Sur Name

6. List your driver's licenses number

License number	State issued from

7. List your date of birth

DD/DD/YEAR	
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8. **Sex:** Female Male

9. **Race:** _____

I have read, and I understand the above Notice of Rights; also known as the Tennessee Warning

Signature Required	Date	Daytime Phone Number