



LUBBOCK COUNTY SHERIFF'S OFFICE

P.O. BOX 10536
 LUBBOCK, TX 79408
 PHONE: (806)775-7004
 FAX: (806)775-7979

KELLY S. ROWE

SHERIFF
Mike Reed
 Chief Deputy LE
Cody Scott
 Chief Deputy Detention

CONTRACT EMPLOYEES AND PROGRAM VOLUNTEERS

PUBLIC TRUST APPLICATION

THE LUBBOCK COUNTY SHERIFF'S OFFICE CONDUCTS BACKGROUND INVESTIGATIONS TO ESTABLISH CONTRACT EMPLOYEES AND PROGRAM VOLUNTEERS ARE ELIGIBLE FOR PUBLIC TRUST POSITIONS AND ELIGIBLE FOR ENTRY INTO THE SECURED AREAS WITHIN THE LUBBOCK COUNTY DETENTION CENTER. GIVING THE LUBBOCK COUNTY DETENTION CENTER THIS INFORMATION IS VOLUNTARY. HOWEVER, YOUR APPLICATION MAY NOT BE PROCESSED OR COMPLETED IN A TIMELY MANNER IF YOU DON'T PROVIDE INFORMATION ON EACH ITEM WE REQUEST. THIS MAY EFFECT YOUR EMPLOYMENT OR VOLUNTEER STATUS.

1. A CRIMINAL HISTORY CHECK WILL BE COMPLETED ON EACH PROGRAM VOLUNTEER AND CONTRACT SERVICES EMPLOYEE APPLICATIONS.
2. PROGRAM VOLUNTEERS AND CONTRACT SERVICE APPLICANTS MAY BE DENIED FOR ANY OF THE FOLLOWING :
 - A. ANY **FELONY CONVICTION** OR **DEFERRED ADJUDICATION** WITHIN THE PAST 7 YEARS.
 - B. ANY **CLASS "B" MISDEMEANOR OR HIGHER CONVICTION** OR **DEFERRED ADJUDICATION** WITHIN THE PAST 5 YEARS.
 - C. AN INDIVIDUAL WHO IS A REGISTERED SEX OFFENDER.
 - D. AN INDIVIDUAL WHO HAS BEEN INCARCERATED IN THE LUBBOCK COUNTY DETENTION CENTER OR ANOTHER CORRECTIONAL FACILITY WITHIN THE PAST 5 YEARS.
 - E. AN INDIVIDUAL WHO HAS PENDING CRIMINAL CHARGES.
 - F. AN INDIVIDUAL WHO IS CURRENTLY ON PROBATION OR PAROLE.
 - G. AN INDIVIDUAL WHO HAS BEEN REMOVED AS A PROGRAM VOLUNTEER OR AS A CONTRACT SERVICES EMPLOYEE, FOR A DETENTION CENTER RULE OR OTHER VIOLATIONS, INCLUDING CRIMINAL VIOLATIONS.

PLEASE SELECT WHICH POSITION YOU ARE SUBMITTING AN APPLICATION FOR APPROVAL

CLERGY			
EDUCATION/REHABILITATION			
CONTRACT SERVICES			

PLEASE PROVIDE A LEGIBLE COPY OF YOU DRIVER'S LICENSE AND SOCIAL SECURITY CARD. IF YOU DO NOT PROVIDE A COPY OF BOTH ITEMS, YOUR APPLICATION WILL NOT BE PROCESSED.



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AUTHORITY TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE LUBBOCK COUNTY SHERIFF'S OFFICE AND IT'S AUTHORIZED REPRESENTATIVES BEARING THIS RELEASE, OR A COPY THEREFORE, WITHIN ONE YEAR OF IT'S DATE, TO OBTAIN ANY INFORMATION IN YOUR FILES PERTAINING TO MY EMPLOYMENT, CRIMINAL HISTORY AND PERSONAL HISTORY.

I HEREBY DIRECT YOU TO RELEASE SUCH INFORMATION UPON REQUEST OF THE BEARER. THIS RELEASE IS EXECUTED WITH FULL KNOWLEDGE AND UNDERSTANDING THAT THE INFORMATION IS FOR OFFICIAL USE. CONSENT IS GRANTED TO ALL PARTIES TO FURNISH SUCH INFORMATION, AS DESCRIBED ABOVE, TO THIRD PARTIES IN THE COURSE OF FULFILLING ITS OFFICIAL RESPONSIBILITIES. I HERBY RELEASE YOU, AS CUSTODIAN OF SUCH RECORDS OR RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM OR ASSOCIATES BECAUSE OF COMPLAINEE WITH THIS AUTHORIZATION AND REQUEST TO RELEASE INFORMATION, OR ATTEMPT TO COMPLY WITH IT.

I AM FURNISHING MY SOCIAL SECURITY ACCOUNT NUMBER ON A VOLUNTARY BASIS WITH THE UNDERSTANDING SUCH IS NOT REQUIRED BY ANY LAW OR REGULATION. I HAVE BEEN ADVISED THAT ALL PARTIES WILL UTILIZE THIS NUMBER ONLY TO FACILITATE THE LOCATION OF EMPLOYMENT AND CRIMINAL HISTORY BACKGROUND CONCERNING ME IN CONNECTION WITH THIS APPLICATION. SHOULD THERE BE ANY QUESTIONS TO THE VALIDITY OF THIS RELEASE, YOU MAY CONTACT ME AS INDICATED BELOW.

DATE: _____

FULL NAME: _____
(LAST) (FIRST) (MIDDLE)

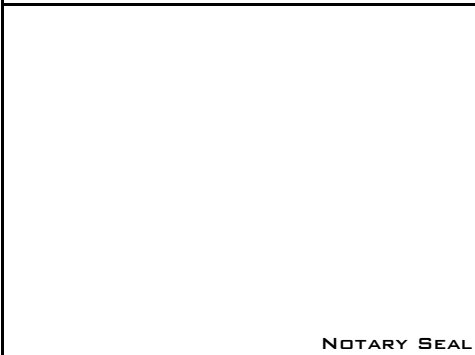
CURRENT PHYSICAL ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE NUMBER () _____ WORK PHONE NUMBER () _____

ADDITIONAL PHONE NUMBER (CELL, PAGER): _____

SOCIAL SECURITY NUMBER: _____

APPLICANT'S NOTARIZED SIGNATURE: _____



SWORN TO AND SIGNED BEFORE ME, ON THE _____ DAY OF _____,
IN AND FOR THE _____ COUNTY, IN THE STATE OF _____

SIGNATURE OF NOTARY PUBLIC: _____

PRINTED NMAE OF NOTARY PUBLIC: _____

MY COMMISSION EXPIRES: _____



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FULL NAME	IF YOU HAVE ONLY INITIALS IN YOUR NAME, USE THEM AND STATE (ID) . IF YOU HAVE NO MIDDLE NAME ENTER "NMN"										
<u>LAST NAME</u>			<u>FIRST NAME</u>				<u>MIDDLE NAME</u>				
DATE OF BIRTH	<u>MONTH</u>	<u>DAY</u>	<u>YEAR</u>	<u>PLACE OF BIRTH (CITY, COUNTY, STATE)</u>							
OTHER NAMES USED											
<u>1. NAME</u>						<u>2. NAME</u>					
<u>3. NAME</u>						<u>4. NAME</u>					
TELEPHONE NUMBERS											
<u>WORK</u>			<u>HOME</u>			<u>MOBILE</u>			<u>SOCIAL SECURITY #</u>		
<u>DRIVER'S LICENSE NUMBER & STATE</u>			<u>HAIR</u>		<u>EYES</u>		<u>HEIGHT</u>		<u>WEIGHT</u>		
<u>EMERGENCY CONTACT: NAME, ADDRESS AND PHONE NUMBER</u>											
HAVE YOU EVER BEEN CONVICTED OF A CRIME? CIRCLE ONE								YES	NO		
<u>CHARGE</u>	<u>DATE</u>	<u>COUNTY</u>	<u>MISD/FELONY</u>		<u>DISPOSITION</u>						
<u>CHARGE</u>	<u>DATE</u>	<u>COUNTY</u>	<u>MISD/FELONY</u>		<u>DISPOSITION</u>						
<u>CHARGE</u>	<u>DATE</u>	<u>COUNTY</u>	<u>MISD/FELONY</u>		<u>DISPOSITION</u>						
<u>EMAIL ADDRESS</u>											
ATTACH AND ADDITIONAL SHEET IF NECESSARY											



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DO YOU HAVE CHARGES PENDING?				YES	NO		
<u>CHARGE</u>	<u>DATE</u>	<u>COUNTY</u>	<u>MISD/FELONY</u>	<u>DISPOSITION</u>			
<u>CHARGE</u>	<u>DATE</u>	<u>COUNTY</u>	<u>MISD/FELONY</u>	<u>DISPOSITION</u>			
LIST THE PLACES WHERE YOU HAVE LIVED, BEGINNING WITH THE MOST RECENT AND WORKING BACK 7 YEARS. ALL PERIODS MUST BE ACCOUNTED FOR IN YOUR LIST. BE SURE TO INDICATE THE ACTUAL PHYSICAL LOCATION OF YOUR RESIDENCE! DO NOT USE A P.O. BOX AS AN ADDRESS.							
MONTH/YEAR TO PRESENT	# 1	STREET ADDRESS		APT#	CITY	STATE	ZIP CODE
MONTH/YEAR # 2 TO PRESENT	# 2	STREET ADDRESS		APT#	CITY	STATE	ZIP CODE
MONTH/YEAR # 3 TO PRESENT	# 3	STREET ADDRESS		APT#	CITY	STATE	ZIP CODE
MONTH/YEAR # 4 TO PRESENT	# 4	STREET ADDRESS		APT#	CITY	STATE	ZIP CODE
MONTH/YEAR # 5 TO PRESENT	# 5	STREET ADDRESS		APT#	CITY	STATE	ZIP CODE
MONTH/YEAR # 6 TO PRESENT	# 6	STREET ADDRESS		APT#	CITY	STATE	ZIP CODE
ATTACH AND ADDITIONAL SHEET IF NECESSARY							



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LIST YOUR EMPLOYMENT BEGINNING WITH THE PRESENT AND WORKING BACK 7 YEARS. LIST FULL TIME WORK, PART TIME WORK, SELF EMPLOYMENT AND ALL PERIODS OF UNEMPLOYMENT. THE ENTIRE 7 YEAR PERIOD MUST BE ACCOUNTED FOR WITHOUT BREAKS.

MONTH/YEAR # 1 TO PRESENT	EMPLOYER	POSITION / TITLE		SUPERVISOR NAME
# 1 EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
MONTH/YEAR # 2 TO PRESENT	EMPLOYER	POSITION / TITLE		SUPERVISOR NAME
# 2 EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
MONTH/YEAR # 3 TO PRESENT	EMPLOYER	POSITION / TITLE		SUPERVISOR NAME
# 3 EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
MONTH/YEAR # 4 TO PRESENT	EMPLOYER	POSITION / TITLE		SUPERVISOR NAME
# 4 EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
MONTH/YEAR # 5 TO PRESENT	EMPLOYER	POSITION / TITLE		SUPERVISOR NAME
# 6 EMPLOYER'S STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER

ATTACH AN ADDITION SHEET IF NECESSARY



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LIST 3 PEOPLE WHO KNOW YOU WELL AND LIVE WITHIN THE UNITED STATES. THEY SHOULD BE GOOD FRIENDS, PEERS, COLLEAGUES ETC., WHOSE COMBINED ASSOCIATION WITH YOU INCLUDES AS WELL AS POSSIBLE THE LAST 7 YEARS. DO NOT LIST YOUR SPOUSE, FORMER SPOUSE, OR OTHER REALTIVES.

# 1 NAME OF REFERENCE	# OF YEARS KNOWN	TELEPHONE NUMBER	
# 1 REFERENCE'S STREET ADDRESS	CITY	STATE	ZIP
# 2 NAME OF REFERENCE	# OF YEARS KNOWN	TELEPHONE NUMBER	
# 2 REFERENCE'S STREET ADDRESS	CITY	STATE	ZIP
# 3 NAME OF REFERENCE	# OF YEARS KNOWN	TELEPHONE NUMBER	
# 3 REFERENCE'S STREET ADDRESS	CITY	STATE	ZIP

LIST FULL NAME, CORRECT CODE AND OTHER REQUESTED INFORMATION FOR EACH OF YOUR RELATIVES, LIVING OR DECEASED AS SPECIFIED BELOW.

1- MOTHER (FIRST)	3- STEPMOTHER	5- FOSTER PARENT	7- STEPCHILD	
2- FATHER (SECOND)	4- STEPFATHER	6- CHILD (INCLUDE ADOPTED)	8- BROTHER	
9- SISTER	10- ADOPTED SIBLINGS			
RELATIVES FULL NAME	CODE	D. O.B. M/D/YYYY	CURRENT STREET ADDRESS	STATE
RELATIVES FULL NAME	CODE	D. O.B. M/D/YYYY	CURRENT STREET ADDRESS	STATE
RELATIVES FULL NAME	CODE	D. O.B. M/D/YYYY	CURRENT STREET ADDRESS	STATE



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RELATIVES FULL NAME	CODE	D. O.B. M/D/YYYY	CURRENT STREET ADDRESS	STATE
ATTACH AN ADDITION SHEET IF NECESSARY				



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CHURCH AFFILIATION, IF APPLICATION IS FOR CLERGY OR PROGRAMS VOLUNTEER:

NAME OF CHURCH		PASTOR		PHONE #	
CHURCH ADDRESS		CITY		STATE	ZIP

ORGANIZATION REFERENCE, IF APPLICATION IS FOR CLERGY OR PROGRAMS VOLUNTEER:

NAME OF ORGANIZATION		CONTACT OF ORGANIZATION		PHONE #	
ORGANIZATION ADDRESS		CITY		STATE	ZIP

SPONSORING ORGANIZATION, IF APPLICATION IS FOR CLERGY OR PROGRAMS VOLUNTEER:

NAME OF SPONSORING ORGANIZATION		CONTACT OF SPONSORING ORGANIZATION		PHONE #	
SPONSORING ORGANIZATION ADDRESS		CITY		STATE	ZIP

PLEASE CHECK ALL WHICH APPLIES FOR DATES YOU ARE BEST AVAILABLE FOR CLERGY AND PROGRAMS:

SUNDAY	<input type="checkbox"/>	
MONDAY	<input type="checkbox"/>	
TUESDAY	<input type="checkbox"/>	
WEDNESDAY	<input type="checkbox"/>	
THURSDAY	<input type="checkbox"/>	
FRIDAY	<input type="checkbox"/>	
SATURDAY	<input type="checkbox"/>	



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FOR OFFICE USE ONLY	
REVIEWED BY CHAPLAIN:	
RECOMMEND APPROVAL: <input type="checkbox"/>	RECOMMEND DENIAL: <input type="checkbox"/>
REASON FOR DENIAL: _____	
CHAPLAIN SIGNATURE _____	DATE: _____
REVIEWED BY PROGRAMS COORDINATOR:	
RECOMMEND APPROVAL: <input type="checkbox"/>	RECOMMEND DENIAL: <input type="checkbox"/>
REASON FOR DENIAL: _____	
PROG. COORD. SIGNATURE: _____	DATE: _____
REVIEWED BY CONTRACT STAFF SUPERVISOR:	
RECOMMEND APPROVAL: <input type="checkbox"/>	RECOMMEND DENIAL: <input type="checkbox"/>
REASON FOR DENIAL: _____	
CONTRACT SIGNATURE: _____	DATE: _____



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REVIEWED BY GANG INTELLIGENCE OFFICER:	
RECOMMEND APPROVAL: <input type="checkbox"/>	RECOMMEND DENIAL: <input type="checkbox"/>
REASON FOR DENIAL: _____	
GANG INT. SIGNATURE _____ DATE: _____	
REVIEWED BY OPS SERGEANT:	
RECOMMEND APPROVAL: <input type="checkbox"/>	RECOMMEND DENIAL: <input type="checkbox"/>
REASON FOR DENIAL: _____	
OPS SGT. SIGNATURE: _____ DATE: _____	



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LUBBOCK COUNTY SHERIFF'S OFFICE DETENTION FACILITY RULES AND REGULATIONS FOR PROGRAM VOLUNTEERS AND CONTRACT SERVICES EMPLOYEES

THE LUBBOCK COUNTY DETENTION CENTER IS A MAXIMUM SECURITY FACILITY.

1. ALL VOLUNTEERS AND CONTRACT STAFF WILL ADHERE TO THE RULES AND REGULATIONS SET FORTH BY THIS AGENCY. VIOLATIONS OF THE RULES AND REGULATIONS MAY RESULT IN THE IMMEDIATE REMOVAL FROM THE FACILITY, FUTURE DENIAL OF ACCESS INTO THE DETENTION FACILITY AND/OR PLACED INTO CUSTODY.

2. ALL PROGRAM VOLUNTEERS AND CONTRACT SERVICES APPLICANTS ARE REQUIRED TO COMPLETE A PUBLIC TRUST APPLICATION (ATTACHED) GIVEN TO YOU BY THE APPROPRIATE SUPERVISOR OR COORDINATOR.

3. THE FOLLOWING ARE THE COORDINATORS AND CONTRACT SUPERVISORS. IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT ONE OF THE FOLLOWING:

- A. PROGRAM COORDINATOR: JOEL BUFORD (806)775-7064**
- B. CHAPLAIN: SAN HONTZ (806)775-7006**
- C. MEDICAL CONTRACT SUPERVISOR: (806)775-7105 OR 775-7107**
- D. COMMISSARY CONTRACT SUPERVISOR: (806)775-7103**
- E. FOOD SERVICE CONTRACT SUPERVISOR: (806)775-7101**

4. WHEN AN APPLICATION IS APPROVED OR DENIED, THE APPLICANT WILL BE NOTIFIED IN WRITING BY THE APPROPRIATE SUPERVISOR.

5. IF APPROVED THE APPLICANT WILL BE REQUIRED TO ATTEND AN ORIENTATION GIVEN BY THE PROGRAMS DEPARTMENT AND ATTEND A SECURITY TRAINING CLASS GIVEN BY THE OFFICE OF PROFESSIONAL AND ETHICAL STANDARDS. YOU WILL BE NOTIFIED BY YOUR COORDINATOR OR SUPERVISOR WHEN TO ATTEND EITHER OF THESE TRAININGS.

6. ALL PROGRAMS VOLUNTEERS AND CONTRACT STAFF MUST BE SCREENED FOR TUBERCULOSIS ONCE A YEAR, WHICH IS REQUIRED BY STATE LAW. THE DETENTION FACILITY WILL PROVIDE THE T.B. TEST AT NO EXPENSE TO THE APPLICANT. YOU WILL BE NOTIFIED BY EITHER A COORDINATOR OR SUPERVISOR FOR THE T.B. TEST.

7. THE FOLLOWING ITEMS ARE CONSIDERED CONTRABAND WITHIN THE SECURED PERIMETER OF THE DETENTION FACILITY, BUT NOT LIMITED TO THE FOLLOWING:

- A. ELECTRONIC DEVICES OF ANY TYPE: CELL PHONES (PERSONAL), IPAD, IPOD, ETC..;**
- B. UNAUTHORIZED READING MATERIAL: MAXIM, LOW RIDER, ETC..;**



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CONTRABAND CONTINUED:

C. KNIVES;

D. PEPPER SPRAY;

E. FINGERNAIL CLIPPERS AND FINGERNAIL FILES;

F. PURSES;

G. TOTES;

H. BACKPACKS, SATCHELS ETC... (IF THESE ARE APPROVED, ONLY CLEAR OR SEE THROUGH WILL BE PERMITTED INTO THE SECURED PERIMETER.)

I. BRIEFCASES (IF THIS ITEM PERTAINS TO YOUR EMPLOYMENT THE BRIEFCASE HAS TO BE APPROVED AND IS SUBJECT TO SEARCH BEFORE ENTERING THE SECURED PERIMETER). IF THE BRIEFCASE DOES NOT PERTAIN TO YOUR EMPLOYMENT, IT WILL BE SECURED BY YOU, EITHER IN THE LOCKERS PROVIDED IN THE MAIN LOBBY OR SECURED IN YOUR VEHICLE.

J. TOBACCO PRODUCTS OF ANY KIND.

8. YOU OR YOUR POSSESSIONS MAY BE SUBJECT TO A PAT DOWN OR SEARCH BY DETENTION STAFF, UPON YOUR ARRIVAL OR DEPARTURE OF THE SECURED PERIMETER, OR ENTRY AND EXIT FROM A HOUSING POD WITHIN THE DETENTION FACILITY AT ANYTIME.

9. IT IS A VIOLATION OF LAW TO POSSESS CONTRABAND WITHIN THE DETENTION FACILITY (PC 38.11). THIS IS A FELONY OF THE THIRD DEGREE, WHICH CARRIES A PENALTY OF IMPRISONMENT IN THE TEXAS DEPARTMENT OF CORRECTIONS OF NOT MORE THAN 10 YEARS AND NOT LESS THAN 2 YEARS AND A FINE NOT TO EXCEED \$10,000.00.

10. IT IS A VIOLATION OF LAW TO GIVE CONTRABAND TO AN INMATE (PC 38.114). THIS IS A CLASS "B" MISDEMEANOR WHICH CARRIES A PENALTY OF CONFINEMENT IN JAIL NOT TO EXCEED 180 DAYS AND A FINE NOT TO EXCEED \$2,000.00 OR BOTH.

11. SEXUAL CONTACT, SEXUAL INTERCOURSE OR DEVIATE SEXUAL INTERCOURSE IS PROHIBITED BETWEEN YOU AND THE INMATES. IT IS A VIOLATION TO HAVE A RELATIONSHIP WITH AN INMATE (PC 39.04). THIS IS A STATE JAIL FELONY, WHICH CARRIES A PENALTY OF CONFINEMENT IN JAIL OF NOT MORE THAN 2 YEARS OR LESS THAN 180 DAYS AND A FINE NOT TO EXCEED \$10,000.00.

12. ALL CONTRACT STAFF AND VOLUNTEERS ARE IN A POSITION OF PUBLIC TRUST, YOU ARE NOT TO ENGAGE IN ANY ACTIVITIES WHERE A CONFLICT OF INTEREST MAY EXIST.



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14. DO NOT BRING OR GIVE INMATES ANYTHING FROM OUTSIDE THE FACILITY WHICH INCLUDES THE FOLLOWING AND SIMILAR ITEMS.

- A. MAKEUP OF ANY KIND;**
- B. PERFUME OF ANY KIND;**
- C. LOTION OF ANY KIND;**
- D. TOBACCO OF ANY KIND;**
- E. FOOD OF ANY KIND;**
- F. CANDY OF ANY KIND;**
- G. GUM OF ANY KIND;**
- H. MEDICATIONS (RX OR OTC)**
- I. GLASSES (READING, SUNGLASSES OR RX) UNLESS APPROVED BY ADMINISTRATION OR MEDICAL;**
- J. NEWSPAPERS;**
- K. MAGAZINES;**
- L. POSTAGE STAMPS;**
- M. ENVELOPES;**
- N. PUBLICATIONS OF ANY KIND;**
- O. CLOTHING;**
- P. ALCOHOL;**
- Q. WRITING MATERIALS IE.. PAPER, PENS, PENCILS ETC..;**

15. CONTRACT STAFF AND VOLUNTEERS ARE NOT ALLOWED TO MAKE PHONE CALLS FOR INMATES.

16. CONTRACT STAFF AND VOLUNTEERS ARE NOT ALLOWED TO ACCEPT EITHER COLLECT CALLS OR MAKE THREE WAY CALLS FOR INMATES.

17. CONTRACT STAFF AND VOLUNTEERS ARE NOT ALLOWED TO CONTACT AN INMATE'S FAMILY MEMBERS, FRIENDS, MINISTERS OR ATTORNEY AT THE INMATE'S REQUEST.

18. IF A FAMILY MEMBER OR FRIEND SHOULD BECOME INCARCERATED WITHIN THE LUBBOCK COUNTY DETENTION CENTER, EACH CONTRACT EMPLOYEE AND VOLUNTEER MUST IMMEDIATELY NOTIFY YOUR COORDINATOR OR SUPERVISOR BY REPORTING IT IN WRITING, INCLUDING THE FOLLOWING INFORMATION. (NAME, RELATIONSHIP, AND AREA OF CONFINEMENT).

19. DRESS CODE: DRESS IN A MANNER APPROPRIATE FOR YOUR POSITION

- A. SHIRT AND SHOES MUST BE WORN AT ALL TIMES. NO OPEN TOED SHOES.**
- B. HALTER TOPS, T-SHIRTS (UNDERWEAR TYPE), TANK TOPS, FISHNET SHIRTS OR SEE THROUGH FABRICS ARE NOT ALLOWED;**



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- C. SHIRTS AND BLOUSES WITH AN OPEN MIDRIFF ARE NOT ALLOWED;
- D. CUTOFF SHORTS ARE NOT ALLOWED;
- E. SHIRTS OR OTHER ARTICLES OF CLOTHING WITH PICTURES OR LANGUAGE WHICH MAY BE CONSIDERED OFFENSIVE ARE NOT ALLOWED;
- F. SLACKS AND PANTS SHALL BE WORN AT OR ABOVE THE WAIST;
- G. DRESSES AND SKIRTS SHALL MEET THE TIPS OF THE PERSON'S FINGERS WHILE EXTENDED BY THEIR SIDE.
- H. CLOTHING WHICH IS TOO TIGHT OR REVEALING IS NOT ALLOWED;
- I. CLOTHING WHICH HAS BEEN MODIFIED IN A REVEALING MANNER IS NOT ALLOWED;
- J. ONE SET OF STUD EARRINGS AND UP TO TWO RINGS ARE ALLOWED;
- K. PIERCINGS WHICH ARE VISIBLE ARE NOT ALLOWED IE.. EYEBROW, LIP, NOSE, ETC..

20. NEVER DISCLOSE PERSONAL FAMILY MATTERS OR INFORMATION TO THE INMATES;

21. NEVER DISCLOSE INFORMATION OR MAKE COMMENTS, WHETHER POSITIVE OR NEGATIVE CONCERNING OTHER STAFF, OFFICERS, OR INMATES WHILE IN THE PRESENCE OF OTHER INMATES OR OTHER NON INVOLVED PERSONNEL;

22. THERE SHALL NEVER BE NON - PROFESSIONAL PHYSICAL CONTACT BETWEEN CONTRACT STAFF, VOLUNTEERS, INMATES AND THEIR FAMILIES;

23. CONTRACT STAFF OR VOLUNTEERS WILL NOT TAKE PART IN ANY NON - PROFESSIONAL ACTIVITIES WITH INMATES OR THEIR FAMILIES;

24. CONTRACT STAFF AND VOLUNTEERS WILL NOT TO GIVE LEGAL ADVICE CONCERNING LEGAL MATTERS;

25. CONTRACT STAFF AND VOLUNTEERS WILL NEVER RECOMMEND AN ATTORNEY OR A BONDING COMPANY TO ANY INMATE;

26. CONTRACT STAFF AND VOLUNTEERS SHOULD NEVER DISCLOSE PERSONAL INFORMATION SUCH AS RESIDENCE ADDRESS, PHONE NUMBERS, VEHICLE INFORMATION, OR PERSONAL ACTIVITIES (HOBBIES AND VACATIONS) TO INMATES;

27. CONTRACT STAFF AND VOLUNTEERS WILL NOT DISCUSS MATTERS OF BUSINESS OR PERSONAL IN NATURE WITH ANY INMATE, UNLESS IT IS PART OF YOUR DUTIES AND IT IS THE INMATE'S INFORMATION YOU ARE DISCUSSING.

28. CONTRACT STAFF AND VOLUNTEERS WILL NOT PLACE MONIES ON AN INMATE'S TRUST FUND ACCOUNTS. THIS INCLUDES FROM A CHURCH FAMILY OR FRIENDS OF AN INMATE.



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29. IF ASKED, CONTRACT STAFF AND VOLUNTEERS WILL FORWARD ANY QUESTIONS REGARDING MARITAL INFORMATION TO THE CHAPLAIN.

30. CONTRACT STAFF OR VOLUNTEERS ARE NOT ALLOWED TO DO FAVORS FOR THE INMATES AND YOU ARE NOT ALLOWED TO ACCEPT FAVORS OR ITEMS FROM INMATES.

31. CONTRACT STAFF AND VOLUNTEERS ARE NOT ALLOWED TO GIVE ANYTHING TO THE INMATE WITHOUT PRIOR APPROVAL OF DETENTION FACILITY ADMINISTRATION.

32. ALL CONTRACT STAFF AND VOLUNTEERS ASSIGNED TO THE DETENTION FACILITY SHALL KEEP ALL COMMUNICATIONS WITH INMATES ON A PROFESSIONAL LEVEL. ANY CONTRACT STAFF OR VOLUNTEERS WHO COMMUNICATES ANY OF THE ABOVE MENTIONED INFORMATION WILL BE SUBJECT TO DISCIPLINARY ACTIONS FOR A BREACH OF SECURITY.

33. INFRACTIONS OF ANY OF THE PRECEEDING RULES MAY RESULT IN YOUR BEING ESCORTED FROM THE FACILITY OR CRIMINAL CHARGES FILED AGAINST YOU.



LUBBOCK COUNTY SHERIFF'S OFFICE

P.O. BOX 10536
LUBBOCK, TX 79408
PHONE: (806)775-7004
FAX: (806)775-7979

KELLY S. ROWE

SHERIFF
Mike Reed
Chief Deputy LE
Cody Scott
Chief Deputy Detention

**SEXUAL ASSAULT AND SEXUAL MISCONDUCT
ACKNOWLEDGEMENT FORM**

THE LUBBOCK COUNTY SHERIFF'S OFFICE HAS A ZERO TOLERANCE FOR ANY SEXUAL ABUSE, SEXUAL HARASSMENT OR SEXUAL MISCONDUCT BETWEEN STAFF, CONTRACT STAFF, PROGRAM VOLUNTEERS OR INMATES HOUSED IN LCDC.

SEXUAL CONTACT, SEXUAL INTERCOURSE OR DEVIATE SEXUAL INTERCOURSE IS PROHIBITED BETWEEN YOU AND THE INMATES. IT IS A VIOLATION TO HAVE A RELATIONSHIP WITH AN INMATE (PC 39.04). THIS IS A STATE JAIL FELONY, WHICH CARRIES A PENALTY OF CONFINEMENT IN JAIL OF NOT MORE THAN 2 YEARS OR LESS THAN 180 DAYS AND A FINE NOT TO EXCEED \$10,000.00.

ANY SEXUAL ASSAULT, SEXUAL MISCONDUCT OR ANY ATTEMPTED SEXUAL ASSAULT OR SEXUAL MISCONDUCT SHALL BE REPORTED TO A SUPERVISOR, COORDINATOR OR STAFF MEMBER IMMEDIATELY.

ALL CONTRACT STAFF AND PROGRAM VOLUNTEERS ARE GOVERNED BY THE TEXAS PENAL CODE AND ARE IN A POSITION OF PUBLIC TRUST. YOU ARE NOT TO ENGAGE IN ANY ACTIVITIES WHERE A CONFLICT OF INTEREST MAY EXIST.

ALL CONTRACT STAFF AND PROGRAM VOLUNTEERS SHALL FOLLOW THE PROCEDURE TO PROHIBIT SEXUAL MISCONDUCT AT THE LUBBOCK COUNTY DETENTION CENTER.

WHOEVER VIOLATES A PROVISION OF THIS FORM SHALL BE PROSECUTED UNDER TEXAS STATE LAW.

I HAVE READ AND UNDERSTAND THIS FORM IN REGARDS AND SEXUAL ACTIVITY, SEXUAL RELATIONS AND SEXUAL MISCONDUCT BETWEEN A CIVILIAN AND AN INMATE ARE FORBIDDEN. I UNDERSTAND LUBBOCK COUNTY HAS A ZERO TOLERANCE. I FURTHER UNDERSTAND ANY VIOLATION WILL RESULT IN DISBARMENT FROM THE FACILITY AND INCLUDE THE FILING OF CRIMINAL CHARGES.

SIGNATURE

DATE

PRINTED NAME



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HOSTAGE POLICY

IT IS THE POLICY OF THE LUBBOCK COUNTY SHERIFF'S OFFICE, NO DOOR WILL BE OPENED IN THE EVENT A STAFF MEMBER, CONTRACT EMPLOYEE, PROGRAM VOLUNTEER OR VISITOR IS TAKEN HOSTAGE. HOWEVER, THE LUBBOCK COUNTY SHERIFF'S OFFICE WILL ENSURE EVERY EFFORT WILL BE TAKEN TO DEFUSE THE SITUATION AND TO REGAIN THE HOSTAGE'S FREEDOM.

I HAVE READ AND FULLY UNDERSTAND THE RULES, REGULATIONS AND HOSTAGE POLICY PRESENTED TO ME.

PRINTED NAME

DATE

SIGNATURE

NAME OF COMPANY/ORGANIZATION



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LUBBOCK COUNTY PROPERTY RETURN

DATE

I _____, UNDERSTAND I AM OBLIGATED TO RETURN MY LUBBOCK COUNTY ID BADGE, ALONG WITH ANY OTHER COUNTY PROPERTY, UPON RESIGNATION/TERMINATION OF MY EMPLOYMENT/VOLUNTEER RELATIONSHIP.

SIGNATURE

PRINTED NAME