

LUBBOCK COUNTY SHERIFF'S OFFICE

P. O. BOX 10536 LUBBOCK, TX 79408 PHONE: (806) 775-1469 FAX: (806) 775-1491 Kelly S. Rowe Sheriff

Mike Reed Chief Deputy LE

Cody ScottChief Deputy Detention

CONTRACT EMPLOYEES AND PROGRAM VOLUNTEERS PUBLIC TRUST APPLICATION

The Lubbock County Sheriff's Office conducts background investigations to establish that 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 do not provide information on each item we request. This may affect your employment or volunteer status.

- 1. A criminal history check will be completed on each program volunteer and contract service employee application.
- 2. Program volunteers and contract service applicants may be denied for any of the following:
- A. Any Criminal Charges pending or currently on Deferred Adjudication.
- B. Any Felony Convictions, which are considered crimes against a person, within the past **7 years**. Any Felony Convictions, which are not considered crimes against a person, within the past **5 years**.
- C. An individual who has been incarcerated in the Lubbock County Detention Center, or another correctional facility, within the past **2 years** on Class B Misdemeanors or higher, or **6 months** on Class C Misdemeanors.
- D. Has been convicted or placed on Community Supervision in any court of an offense involving family violence as defined under chapter 71, Texas Family Code in the last **2 years**.
- E. An individual who is a registered sex offender.
- F. An individual who has been removed as a program or contract volunteer due to a violation of rules.
- G. If an individual volunteer has a family member incarcerated in the facility, approval will be temporarily postponed. Current access into the facility will be suspended until the family member has been released.
- H. An individual who is currently on probation or parole will be required to provide a letter from their supervising officer, supporting their wish to become a volunteer for the Lubbock County Detention Center.
- I. At the discretion of Administration for the safety and security of the facility.

Please select which position you are submitting an application for approval:

		FOR OFFICE USE ONLY						
		Signature of Supervising Staff and Radio Number	Approval	Denial				
Religious Services								
Education Services								
Re-Entry Services								
Rehabilitation Services								
Contract Services								
Gang Intelligence Review	V							

E-Mail Address:

Authority to Release Information I hereby authorize the Lubbock County Sheriff's Office and its authorized representatives bearing this release, or a copy therefore, within one year of its 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 hereby release you, as custodian of such records or related personnel, both individually and collectively, from or associates because of compliance with this authorization and request to release information, or attempt to comply with it. I am furnishing my Social Security Administration 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 Name) Current Physical Address: (Street) Additional Phone Number(s) (cell, pager): Social Security Number: ----- The below portion to be completed in the presence of a Notary Public ------Applicant's **Notarized** Signature: Sworn to and signed before me, on the $____$ day of $____$, $____$, in and for the County of ______, in the State of _____. Signature of Notary Public: Printed Name of Notary Public: My Commission Expires:

Notary Seal

Full Name	You may use initials as your name, if they are on your State ID / DL. If you have no middle name enter "NMN".													
Last Name							First N	Name			Middle Name			
Date	of Birth	(MM/DD/YYYY)					Plac	ce of Birth (C	ity, County	y, State)				
Other Names Used (Last)							(First)			(.	Middle)		
						Telepho	ne Numbers							
	,	Work				Н	ome				Mobile			
Driv	er's Licen	se / State Issued ID						Identifica	ntion Detai	ils				
State		Number		Hair	r Color	•	Eye Color		Height			W	eight	
	Social Sec	curity Number												
		Name			Rela	ation		Addre	Address			Telej	ohone 7	#
Emergency Contact														
Have you ever been convicted of a crime?								(Check One) Yes No			No			
Charge	e	Date		County Misdemeanor or Felony			ony		Dis	spositio	n			
Do you have	any charg	ges pending?							((Check One)		Yes		No
Charge	e	Date		County		Misde	Misdemeanor or Felony D			Dis	spositio	n		
Are you Cur	rently on l	Parole or Probation?						•	(0	Check One)		Yes		No
Charge Date			County Misdemeanor or l		meanor or Felo	ony	Disposition							
Do you currently have any family members incarcerated in the			he Lubb	bock Count	ty Detention Ce	enter?	(0	Check One)		Yes		No		
	Nai	me		Relati	ion				Cl	harge				
												· <u> </u>		

-	where you have lived, beginning with the ndicate the actual physical location of y		_	•	•	t be acc	ounted for in your	
Month/Year	Street Address	Ap	t#	City	St	ate	ZIP	
Month/Year	Street Address	Ap	t #	City		ate	ZIP	
Month/Year	Street Address	Ap	t #	City		ate	ZIP	
Month/Year	Street Address	Ap	t#	City	St	ate	ZIP	
Month/Year	Street Address	Ap	t #	City	St	ate	ZIP	
	byment history beginning with the prese of unemployment. The entire 7 year per					ne work,	self-employment,	
Month/ Year	Employer	Position/Title			Sup	Supervisor's Name		
Employer's Address			City	State	ZIP	ZIP Telephone #		
Month/ Year	Employer		Position/Title	Sup	Supervisor's Name			
Employer's Address			City State		ZIP Telephone		Telephone #	
Month/ Year	Employer		Position/Title			ervisor's l	Name	
	Employer's Address		City	State	ZIP		Telephone #	
Month/ Year	Employer		Position/Title		Supe	ervisor's l	Name	
Employer's Address		City		State	ZIP	Telephone #		
Month/ Year	Employer		Position/Title		Sup	ervisor's l	Name	
	Employer's Address		City	State	ZIP		Telephone #	
	A	ttach add	litional sheets if necessar	y.		l		

List 3 people who know you well and live within the association with you includes, as well as possible, the		•	-		
Name of Reference		Years K	nown	Telephon	e #
Reference's Address		City	State	ZIP	
Name of Reference		Years K	nown	Telephon	e #
Reference's Address			City	State	ZIP
Name of Reference		Years K	nown	Telephon	e #
Reference's Address			City	State	ZIP
List full name, correct code, and other reques			-		ified below.
(1) Mother (2) Fa (6) Child (Include Adopted)		=	=		
Spouse or Domestic Partner	Code	D.O.B.	Cur	rent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rrent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rent Street Address	State
Relatives Full Name	Code	D.O.B.	Cur	rent Street Address	State
	Attack as	lditional sheets if no			

Church Affiliation, if Application is for	or Clergy Vol	unteer:						
Name of Church			Pas	etor		Telephone #		
Church Address				City		State	Zip	
Education Reference, If Application i	s for Educatio	n Volunte	eer:					
Name of Organization			Person of	f Contact			Telephone #	
Organization Address				City		State	Zip	
Rehabilitation or Internship Reference	e, If Applicati	on is for F	L	unteer or Internship):			
Name of Organization			Person of Contact				Telephone #	
Organization Addres	ss			City		State	Zip	
Re-Entry or Internship Reference, If A	Application is	for Re-En	try Volunteer or 1	Internship:				
Name of Organization			Person of	f Contact		Telephone #		
Organization Address				City		State	Zip	
Contract Services Reference, If Appli	cation is for C	Contract S	ervices Employme	ent:				
Name of Organization			Person of		Т		Telephone #	
Organization Address			City		State Zip			
701 1 1 11 11 11 11 6	1	1 , "1	11 6 61 5		.: D	Ε.	C	
	•		able for Clergy, Education, Rehabilitation, Re-Entry, or					
☐ Sunday ☐ Monday	☐ Tuesd	lay	☐ Wednesday	☐ Thursday		Friday	☐ Saturday	
LUBE RULES AND REGULATIO				DETENTION FA			MPLOYEES	
The Lubbock C	ounty Dete	ention C	enter is a MA	XIMUM SECU	JRITY	FACIL1	ITY	
All volunteers and contract staff w may result in the immediate remove	al from the fa	cility, futu	are denial of acces	ss into the Detention	n Facility	and/or pl	acement into custody.	
2. All program volunteers and contra the appropriate supervisor or coord	-	plicants a	re required to cor	nplete a Public Tru	st Applic	ation (atta	iched) given to you by	
3. If you have any questions you may A. Chaplain: (806) 775-7059 B. Education: (806) 775-7064 C. Re-Entry: (806) 775-7065 D. Rehabilitation/LPC Supervisor: E. Medical Contract Supervisor: (8 F. Commissary Contract Supervisor: G. Food Service Contract Supervisor	: (806) 775-72 806) 775-7105 or: (806) 775-	206 5 or (806) 7103		departments:				

- 4. When an application is approved or denied, the appropriate supervisor will notify the applicant.
- 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 TB test at no expense to the applicant. You will be notified by either a coordinator or supervisor for the TB Test
- 7. The following are considered contraband within the secured perimeter of the Detention Facility, but are not limited to the following:
 - A. Electronic Devices of Any Type: Cell Phones (Personal), iPad, iPod, Laptop (Personal), etc.
 - B. Unauthorized reading material: Maxim, Low Rider, etc.
 - C. Knives of Any Kind
 - D. Pepper Spray
 - E. Fingernail/Toenail 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 any time.
- 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 imprisonments 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.
- 13. 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 Prescription (RX) or Over-the-Counter (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 (i.e. paper, pens, pencils, etc.)

- 14. Contract staff and volunteers are not allowed to make phone calls for inmates.
- 15. Contract staff and volunteers are not allowed to accept either collect calls or make three way calls for inmates.
- 16. Contract staff and volunteers are not allowed to contact an inmate's family members, friends, ministers, or attorney at the inmate's request.
- 17. 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.
- 18. Dress Code: Dress in a manner appropriate for your
 - A. Shirt and shoes must be worn at all times.
 - B. Halter tops, t-shirts (underwear type), tank tops, fishnet shirts, or see through fabrics (sheer materials) are not allowed.
 - C. Shirts and blouses with an open midriff and shorts are not allowed.
 - D. Shirts or other articles of clothing with pictures or language which may be considered offensive are not allowed.
 - E. Slacks and pants shall be worn at or above the waist.
 - F. Shorts, dresses, and skirts must be within 2 inches of the knee.
 - G. Clothing is too tight or revealing is not allowed.
 - H. Clothing which has been modified in a revealing manner is not allowed.
 - I. Body jewelry other than conservative necklaces, earrings, rings, watches, and bracelets are not allowed.
 - J. Contract Staff, or Volunteers may be requested to leave the facility if their clothing is deemed inappropriate by detention center staff.
 - K. Contract staff choosing to dye their hair will only be allowed to choose a naturally occurring hair color.
- 19. Never disclose personal family matters or information to inmates
- 20. 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.
- 21. There shall never be non-professional physical contact between contract staff, volunteers, and inmates or their families.
- 22. Contract staff or volunteers will not take part in any non-professional activities with inmates or their families.
- 23. Contract staff and volunteers will not give legal advice concerning legal matters.
- 24. Contract staff and volunteers will never recommend an attorney or a bonding company to any inmate.
- 25 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.
- 26. Contract staff and volunteers will not discuss matters of business or those personal in nature with any inmate, unless it is part of your duties and it is the inmate's information you are discussing.
- 27. Contract staff and volunteers will not place monies on an inmate's trust fund account. This includes from or for a church, family of an inmate, or friends of an inmate.
- 28. If asked, contract staff and volunteers will forward any questions regarding marital information to the Chaplin.
- 29. 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.
- 30. Contract staff and volunteers are not allowed to give anything to the inmate without the prior approval of Detention Facility Administration.
- 31. 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.
- 32. Infractions of any of the preceding rules may result in your being escorted from the facility or criminal charges filed against you.

Hostage Policy	
It is the policy of the Lubbock County Sheriff's Office; no door will be volunteer, or visitor is taken hostage. However, the Lubbock County	
situation and to regain the hostage's freedom.	
I have fully read and I understand the rules, regulations, and hostage p	olicy presented to me.
Signature	Date
Printed Name	
Name of Organization	
SEXUAL ASSAULT AND SEXUAL MISCO	
The Lubbock County Sheriff's Office has a ZERO TOLERANCE police between Staff, Contract Staff, Program Volunteers, or Inmates housed	
Sexual contact, sexual intercourse or deviate sexual intercourse is prelationship with an inmate (PC 39.04). This is a State Jail Felony, whor less than 180 days and a fine not to exceed \$10,000.00.	
Any sexual assault, sexual misconduct, or any attempted sexual assault or staff member immediately.	or sexual misconduct shall be reported to a supervisor, coordinator,
All contract staff and programs volunteers are governed by the Texa engage in any activities where a conflict of interest may exist.	as Penal Code and are in a position of public trust. You are not to
All contract staff and programs volunteers shall follow this procedure to Center.	o prohibit sexual misconduct at the Lubbock County Detention
Whoever violates a provision of this form shall be prosecuted under Te	exas State Law.
I have read and I understand this form in regards to Sexual Activity, S inmate are expressly forbidden. I understand Lubbock County has Harassment, and Sexual Misconduct. I further understand any violation criminal charges.	a ZERO TOLERANCE policy for any Sexual Assault, Sexual
g:	
Signature	Date
Printed Name	
LUBBOCK COUNTY P	PROPERTY RETURN
	n obligated to return my Lubbock County ID Badge, along with any
other county property, upon resignation/termination of my employment	t/volunteer relationship.
Signature	Date
Signature	Date
Printed Name	

If you have received an application by other means than the Lubbock County Detention Center Administration Office, or your designated coordinator, you will need to turn in your application to the Lubbock County Detention Center Administration Office in Person so we can schedule a meeting/tour with the appropriate coordinator.

In o	rder to process your application, please ensure the following has been completed:
	The application is filled out in its entirety.
	The application has been notarized. Note: The Lubbock County Detention Center has notaries.
	Your E-Mail is included at the bottom of the first page of this application.
	A copy of your Social Security Card has been attached.
	A copy of your Driver's License has been attached.
	The completed application is returned to Jovita Barrera by:
	Fax: (806) 775-7971
	E-Mail: jbarrera@lubbockcounty.gov
	If there are any questions please call (806) 775-7003 or come to the Lubbock County Detention Center between the hours of 8:00 AM to 5:00 PM Monday through Friday.
App	olication Received By