



LUBBOCK COUNTY SHERIFF'S OFFICE

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 LUBBOCK, TX 79408
 PHONE: (806) 775-1469
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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 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				

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) (First Name) (Middle Name)

Current Physical Address: _____
(Street) (City) (State) (Zip Code)

Home Phone Number: () - - Work Phone Number: () - -

Additional Phone Number(s) (cell, pager): _____

Social Security Number: _____ - _____ - _____

----- The below portion to be completed in the presence of a Notary Public -----

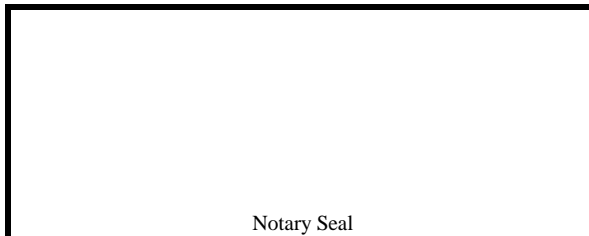
Applicant's **Notarized** Signature: _____

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 Name		Middle Name	
Date of Birth (MM/DD/YYYY)		Place of Birth (City, County, State)			
Other Names Used	(Last)		(First)		(Middle)
Telephone Numbers					
Work		Home		Mobile	
Driver's License / State Issued ID		Identification Details			
State	Number	Hair Color	Eye Color	Height	Weight
Social Security Number					
Emergency Contact	Name	Relation	Address		Telephone #
Have you ever been convicted of a crime? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Charge	Date	County	Misdemeanor or Felony	Disposition	
Do you have any charges pending? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Charge	Date	County	Misdemeanor or Felony	Disposition	
Are you Currently on Parole or Probation? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Charge	Date	County	Misdemeanor or Felony	Disposition	
Are you currently involved or have you ever been involved with anyone who has a criminal history? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name		Relation	Charge		

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	Street Address	Apt #	City	State	ZIP
Month/Year	Street Address	Apt #	City	State	ZIP
Month/Year	Street Address	Apt #	City	State	ZIP
Month/Year	Street Address	Apt #	City	State	ZIP
Month/Year	Street Address	Apt #	City	State	ZIP

List your employment history 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	Employer	Position/Title	Supervisor's Name		
Employer's Address		City	State	ZIP	Telephone #
Month/Year	Employer	Position/Title	Supervisor's Name		
Employer's Address		City	State	ZIP	Telephone #
Month/Year	Employer	Position/Title	Supervisor's Name		
Employer's Address		City	State	ZIP	Telephone #
Month/Year	Employer	Position/Title	Supervisor's Name		
Employer's Address		City	State	ZIP	Telephone #
Month/Year	Employer	Position/Title	Supervisor's Name		
Employer's Address		City	State	ZIP	Telephone #

Attach additional sheets if necessary.

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 relatives.

Name of Reference	Years Known	Telephone #	
Reference's Address	City	State	ZIP
Name of Reference	Years Known	Telephone #	
Reference's Address	City	State	ZIP
Name of Reference	Years Known	Telephone #	
Reference's 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 (2) Father (3) Stepmother (4) Stepfather (5) Foster Parent

(6) Child (Include Adopted) (7) Stepchild (8) Brother (9) Sister (10) Adopted Siblings

Spouse or Domestic Partner	Code	D.O.B.	Current Street Address	State
Relatives Full Name	Code	D.O.B.	Current Street Address	State
Relatives Full Name	Code	D.O.B.	Current Street Address	State
Relatives Full Name	Code	D.O.B.	Current Street Address	State
Relatives Full Name	Code	D.O.B.	Current Street Address	State
Relatives Full Name	Code	D.O.B.	Current Street Address	State
Relatives Full Name	Code	D.O.B.	Current Street Address	State
Relatives Full Name	Code	D.O.B.	Current Street Address	State
Relatives Full Name	Code	D.O.B.	Current Street Address	State

Attach additional sheets if necessary.

Church Affiliation, if Application is for Clergy Volunteer:						
Name of Church		Pastor		Telephone #		
Church Address		City	State	Zip		
Education Reference, If Application is for Education Volunteer:						
Name of Organization		Person of Contact		Telephone #		
Organization Address		City	State	Zip		
Rehabilitation or Internship Reference, If Application is for Rehabilitation Volunteer or Internship:						
Name of Organization		Person of Contact		Telephone #		
Organization Address		City	State	Zip		
Re-Entry or Internship Reference, If Application is for Re-Entry Volunteer or Internship:						
Name of Organization		Person of Contact		Telephone #		
Organization Address		City	State	Zip		
Contract Services Reference, If Application is for Contract Services Employment:						
Name of Organization		Person of Contact		Telephone #		
Organization Address		City	State	Zip		
Please check all which applies for dates you are best available for Clergy, Education, Rehabilitation, Re-Entry, or Contract Services:						
<input type="checkbox"/> 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
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						
<p>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 placement into custody.</p> <p>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.</p> <p>3. If you have any questions you may contact one of the following supervisory departments:</p> <p>A. Chaplain: (806) 775-7059</p> <p>B. Education: (806) 775-7064</p> <p>C. Re-Entry: (806) 775-7065</p> <p>D. Rehabilitation/LPC Supervisor: (806) 775-7206</p> <p>E. Medical Contract Supervisor: (806) 775-7105 or (806) 775-7107</p> <p>F. Commissary Contract Supervisor: (806) 775-7103</p> <p>G. Food Service Contract Supervisor: (806) 775-7101</p>						

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 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 fully read and I understand the rules, regulations, and hostage policy presented to me.

Signature

Date

Printed Name

Name of Organization

SEXUAL ASSAULT AND SEXUAL MISCONDUCT ACKNOWLEDGEMENT FORM

The Lubbock County Sheriff's Office has a ZERO TOLERANCE policy for any Sexual Abuse, Sexual Harassment, or Sexual Misconduct between Staff, Contract Staff, Program Volunteers, or Inmates housed in the Lubbock County Detention Center.

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 programs 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 programs volunteers shall follow this 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 I understand this form in regards to Sexual Activity, Sexual Relations, and Sexual Misconduct between a civilian and an inmate are expressly forbidden. I understand Lubbock County has a ZERO TOLERANCE policy for any Sexual Assault, Sexual Harassment, and Sexual Misconduct. I further understand any violation will result in disbarment from the facility and include the filing of criminal charges.

Signature

Date

Printed Name

LUBBOCK COUNTY PROPERTY RETURN

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

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 order 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 **Lucia Martinez** by:

Fax: (806) 775-7971

E-Mail: lumartinez@lubbockcounty.gov

If there are any questions please call (806) 775-7010 or come to the Lubbock County Detention Center between the hours of 8:00 AM to 5:00 PM Monday through Friday.

Application Received By _____