



# Kane County Sheriff's Office

37W755 IL Route 38 • St. Charles, IL 60175

Tel: 630.232.6840 • Fax: 630.513.6984

**Donald E. Kramer**  
Sheriff

**Thomas L. Bumgarner**  
Chief Deputy

---

**Patrick Gengler**  
Director of Administration

**James Lewis**  
Director of Corrections

**Eddie Jackson**  
Director of Court Security

---

February 3, 2016

Dear Applicant:

Thank you for your interest in becoming a volunteer at the Kane County Adult Justice Center (KCAJC).

Attached is the "2017 Volunteer Application & Background Check." Please complete the application in its entirety and send via United States Postal Mail or hand deliver to the Kane County Sheriff's Office in c/o the Detainee Programs Coordinator. **All completed applications must be submitted no later than Friday, February 28, 2017.** Faxed or scanned copies of the application will not be accepted.

Attached to the application, include a **copy of your driver's license or state ID card, and** any certifications which may be applicable to your service at the KCAJC (letters of ordination, degrees, etc.).

Upon receipt of the application at the Kane County Sheriff's Office, a background check is performed on all applicants. After all pertinent information has been gathered and reviewed you will be advised as to whether or not you have been approved to begin volunteer service at KCAJC.

In addition to completing the application, anyone interested in volunteering must attend a mandatory orientation/training session. Please refer to Page 7 of this packet to see the dates and times of the orientation/training sessions.

If you need more room to complete the answers to any of the questions, use additional sheets of paper and attach them to the application.

If you have any questions, please contact the Detainee Programs Coordinator, Bill Woods, by telephone at 630-762-2726 or via E-mail at [WoodsBill@co.kane.il.us](mailto:WoodsBill@co.kane.il.us).

Sincerely,

Bill Woods  
Detainee Programs Coordinator

**The following requirements/conditions must be met by all applicants:**

- All applicants must submit to a criminal background investigation.
- All applicants must be at least eighteen (18) years of age or older.
- All applicants must be U.S. citizens
- No applicant may have a relative/close personal friend in the custody of the Sheriff of Kane County.
- No applicant may have been in the custody of the Sheriff of Kane County for a period of at least five (5) years prior to the date of their application.
- No applicant may have been on parole, probation, or mandatory supervised release (MSR) for a period of five (5) years prior to the date of their application.
- No applicant may have been convicted of any crime (felony or misdemeanor) for a period of five (5) years prior to the date of their application.
- No applicant may have pending criminal (felony or misdemeanor) charges.
- No applicant may be a current member or known associate of a street or prison gang, any hate group, or other criminal organization.
- Persons required to register as a sex offender will not be allowed to volunteer in the facility.
- The Kane County Sheriff's Office has a zero tolerance for sexual abuse and harassment of staff and/or inmates. Anyone who has been found guilty of or terminated under suspicion of sexual abuse/harassment will not be considered for a volunteer position.
- All applicants with a history of substance abuse must have a history of sobriety of at least one (1) year.
- Applicants may be denied at the discretion of KCAJC staff.
- All Applicants must attend all required trainings.
- All applicants must be a member in good standing with the group/organization which they represent.
- Any applicant who knowingly or willfully gives false information at any time during the application process will result termination of that persons application process.

Any change in contact information or any other information given during the application process must be reported to the Detainee Programs Coordinator immediately. Failure to do so will result in termination of the application process.

**2016 Kane County Adult Justice Center  
Volunteer Application and Background Check**

- Please complete the application using ink.
- Please print in all areas of this application.
- If more room is needed to complete an answer, use a separate piece of paper and attach it to this packet along with a copy of your driver's license, and any other certificates which are applicable.

**PERSONAL INFORMATION**

Your name (Last, First Middle):							
Street address:							
City of residence:		State of residence:		Postal Code:			
Home phone #:		Cellular #:					
Work phone #:		EMail address:					
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Race:		Height:	Feet	Inches	
Weight:	Pounds	Hair color:		Eye color:			
Date of Birth (DOB):		Birthplace (City/State/Country):					
Social Security #:		Driver's License (DL) #:					
The issuing state of your DL:		The expiration date of your DL:					

**REFERENCE INFORMATION**

Please provide the following information for one person whom we may contact as a personal and/or character reference. This person must be a non-family member.					
Name of reference:					
Address of reference:					
Contact number of reference:		EMail address of reference:			
Relationship to reference:		References profession:			
Approximately how long have you known this person?		Years:		Months:	

**EMERGENCY INFORMATION**

Name of emergency contact person:					
Their relationship to you:		Their telephone number:			
Do you have any allergies and/or medical conditions our staff should be aware of? If Yes, please list below.					<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you taking any medications that our staff should be aware of? Please list below.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION**

Please check the highest level of education you have COMPLETED?			
High School/GED <input type="checkbox"/>	Trade <input type="checkbox"/>	Associate Degree <input type="checkbox"/>	Bachelor's Degree <input type="checkbox"/>
Masters <input type="checkbox"/>	Post Grad <input type="checkbox"/>	PhD <input type="checkbox"/>	Other (explain below) <input type="checkbox"/>
Do you possess any certifications which would apply to your services at the facility? If yes, please explain below and attach a copy of the certification to the application packet.			

**EMPLOYMENT**

Are you currently employed? If yes please give the information requested for your current employer. If no please give the information of your most recent employer.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of employer:			
Address of employer:			
Job title:		Supervisor's name:	
Employer's phone#:		Length of employment:	Years                  Months
Your job duties:			
If you are currently unemployed please provide the last date of employment from your previous employer.		Month:	Year:
Have you ever been fired or terminated by an employer? If Yes, please explain below.			<input type="checkbox"/> Yes <input type="checkbox"/> No

**CRIMINAL HISTORY**

Have you ever been arrested for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any criminal charges (felony or misdemeanor) pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime (felony or misdemeanor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been incarcerated (jail or prison)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on court supervision, probation, parole or mandatory supervised release (MSR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to an Order of Protection or Restraining Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently involved in any civil or criminal proceedings (litigant, witness, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fingerprinted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to any of the questions above, please use this space to explain. Be as specific as possible with all information given (dates, locations, outcomes, etc.). The more information that you provide, the more it will help when conducting your background check.	

**PRISON RAPE ELIMINATION ACT (PREA) COMPLIANCE**

Have you ever been accused or found guilty (criminally, civilly, or administratively) of sexual abuse or harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever engaged or attempted to engage in sexual abuse or harassment	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to any of the questions above, please use this space to explain. Be as specific as possible with all information given (dates, locations, outcomes, etc.). The more information that you provide, the more it will help when conducting your background check.	

**SUBSTANCE ABUSE HISTORY:**

Have you ever taken illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever abused other substances (such as alcohol, prescription medications, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to either question above, please explain your answer below.	
If you do have a substance abuse history are you CURRENTLY clean and sober?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to the above question, how long?	Years:                      Months:

**PERSONAL INFORMATION:**

Are you now or have you EVER been a member of or associated with a street or prison gang, a hate group or any other criminal organization? If Yes, please list below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to anyone currently in the custody of the Kane County Sheriff's Office? If Yes, please describe below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a relative of any employee of the Kane County Sheriff's Office or any other law enforcement organization? If Yes please describe below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any scars, marks or tattoos? If Yes, please describe in area below (please note if it is a scar, mark or tattoo, its specific location on your body and description).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever used a name other than the name given on page one? If Yes please describe below (include nicknames, married names, maiden names and abbreviated names).	<input type="checkbox"/> Yes <input type="checkbox"/> No

**VOLUNTEER INFORMATION**

Have you ever volunteered with the Kane County Sheriff's Office? If Yes please describe when and in what capacity below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently an approved volunteer and / or visiting clergy member for the Kane County Sheriff's Office? If Yes, please fill out the shaded area below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what volunteer program do you currently participate?	
What organization do you represent (name of church, group, etc.)?	
Who is your team leader?	
In what capacity do you wish to volunteer at Kane County Sheriff's Office?	

Who referred you to the Kane County Sheriff's Office for volunteer opportunities?			
Please give the information requested below of someone in the organization which you represent, whom we can contact to check your status with the organization.			
Name:		Telephone #:	
Position in the organization:			

**Signature of Approval:**

I, \_\_\_\_\_ Agree to allow the Kane County Sheriff's Office to conduct a background check to investigate my suitability to provide volunteer services within Kane County Adult Justice Center. I attest that the information provided in this application is true and correct. Furthermore, I agree to IMMEDIATELY notify the proper authority upon my arrest, charge, or conviction for any offense or change in any information contained in this application while I am serving as a volunteer for the Kane County Sheriff's Office/Kane County Adult Justice Center. I understand that if I fail to do so that my volunteer status may be suspended or terminated.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**Sheriff's Office Use Only**

Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Background Check: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Assigned Area: <input type="checkbox"/> Addiction <input type="checkbox"/> AMSB <input type="checkbox"/> Bible Study <input type="checkbox"/> Chaplain <input type="checkbox"/> Church <input type="checkbox"/> Coping Skills <input type="checkbox"/> Education <input type="checkbox"/> Parenting <input type="checkbox"/> Other		Team Leader:	
D.P.C. Signature:		Date:	

Everyone who passes the background check is required to attend an orientation/training class prior to beginning their volunteer service.

Please select from three of the following dates and times that you are available to attend an orientation/training class and place a number next to it according to your preference (**1** for your first choice **2** for your second choice, and **3** for your third choice).

Training will be conducted on the following dates and times.

<b>Selection Number</b>	<b>Date</b>	<b>Time Frame</b>
	Saturday April 29, 2017	12:00 p.m. to 5:00 p.m. *
	Thursday, May 11, 2017	12:00 p.m. to 5:00 p.m. *
	Saturday, May 13	12:00 p.m. to 5:00 p.m. *
	Wednesday, May 17	12:00 p.m. to 5:00 p.m. *

\* End times are estimated. It may be necessary to extend sessions past the indicated end time for larger groups. Please take this into consideration when picking your session.

An attempt will be made to accommodate your selection, but class size is limited. You will be notified of a final orientation/training date and time after the background check process has been completed.

Each orientation/training session will be held at Kane County Sheriff's Office. The sessions are conducted in the Training Room. The Kane County Sheriff's Office is located at 37W755 Illinois Route 38 in St. Charles, Illinois, 60175. Please meet in the lobby of the Sheriff's Office, five (5) minutes prior to the scheduled start time. All orientation/training sessions will begin at the time indicated. Anyone arriving late, for any reason, will not be allowed to participate.