



## ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL

160 Peregory Lane  
Charlottesville, VA 22902

Phone: (434) 977-6981 Fax: (434) 977-0468  
www.acrj.org

### CONTRACTOR / VOLUNTEER APPLICATION

Dear Volunteer Applicant:

**We appreciate your interest in taking your time to volunteer here at the Albemarle-Charlottesville Regional Jail.**

Your expertise and effort will assist us in providing our clients with skills and knowledge that they can utilize when reentering the workforce and our community. We are pleased that you will be a part in assisting us with our efforts in providing education, training, habilitation and rehabilitation for our clients.

#### **APPLICATION INSTRUCTIONS**

These are the steps required for the ACRJ Contractor / Volunteer application process. Please review and complete these steps and contact me should you have any questions.

- 1) Contractors / Volunteers are required to complete the application packet prior to attending the ACRJ Orientation & Training class. Ensure that all areas are completely filled-in, & those that do not apply write **N/A** in the space. **PRINT CLEARLY & LEGIBLY.**
- 2) Be prepared to attend an Orientation & Training class that may last up to three (3) hours.
- 3) Include a photocopy of a valid government issued photo identification with your application.
- 4) You will be contacted via telephone by the ACRJ Programs Department once a date has been scheduled for the ACRJ Volunteer Orientation & PREA training.

#### **HOW TO SUBMIT THE APPLICATION**

Once your application has been completely filled out, you may submit it in one of three ways:

- 1) Drop off the application in an envelope marked to the attention of the Director of Programs, with the front desk receptionist.
- 2) Mail the application to:  
ACRJ: Programs Department  
160 Peregory Lane  
Charlottesville, VA 22902
- 3) Fax the application directly to the Director of Programs: (434) 977-0468

# CONTRACT / VOLUNTEER AGREEMENT

I agree to release the Superintendent, the Albemarle/Charlottesville/Nelson Regional Jail Authority, the staff of the Albemarle / Charlottesville Regional Jail, the County of Albemarle, the City of Charlottesville, the County of Nelson and the Department of Corrections from any and all liability that may result from your visits to the Albemarle/ Charlottesville Regional Jail. Furthermore, Do you agree to comply with the rules and regulations of the Albemarle / Charlottesville Regional Jail in conjunction with those rules and regulations set forth in this agreement.

I willingly sign this agreement and take full responsibility for any problems, injuries and / or death that may be incurred by me during my visit to the Albemarle/Charlottesville Regional Jail.

I will present my photo identification and jail issued identification card upon my arrival at the Albemarle/Charlottesville Regional Jail. I will sign and date the visitor or contract logbook upon each of my entries and exits.

I will submit to a search, if requested by the facility staff personnel.

I will not bring anything in or take anything out of the facility for an inmate at any time. If you have books, pamphlets, or other information for a class/program, they must be approved prior to bringing them in the facility. Items not pre-approved by the Director of Programs/Director of Education/Superintendent or designee, may not be brought into the facility.

Electronic equipment such as cell phones or other audio/video equipment is not permitted in the building unless specifically approved in advance. There are no exceptions to this and non-compliance will result in these items being confiscated and your volunteer status being revoked.

I will provide only information that is necessary in the performance of my duties, and if necessary, I will seek approval from facility staff personnel prior to providing this information.

In the event of a disorder or emergency in the facility, I will not become involved, but seek assistance from facility personnel and exit the facility. If taken hostage, my status will not entitle me to any special negotiations for my release.

I will not carry or possess weapons, narcotics, alcohol, or any forbidden items while in the facility. If there is a question or doubt about any items being forbidden, ask the contractor / volunteer coordinator or authorized designee.

I realize that I will be denied access to the facility and may be removed from my position as a contractor / volunteer, if it is apparent that I am under the influence of alcohol or drugs when seeking access to the facility.

I acknowledge that as a volunteer I may not write an inmate or put money on their canteen/phone account. Volunteers are not permitted to visit with any inmate incarcerated at ACRJ while providing services. If you have a relative, close friend, work associate, etc. that is or becomes incarcerated while you are volunteering at ACRJ, it is your responsibility to notify the Programs Department with the name and relationship to the inmate. If you are found to be in violation, your volunteer status may be revoked as well as being permanently denied access to the grounds-even as a visitor-for any reason.

Dress appropriately. Shorts, flip-flops, shirts with suggestive/vulgar language or pictures, shabby/torn clothing, tank tops, low cut shirts, see-through/revealing/tight fitting blouses are not permitted. You will not be allowed into the facility if dressed inappropriately.

It is your responsibility to notify the Programs Department if there are any changes that need to be made to your initial application. This includes contact information, emergency contact information, if you received a criminal offense, etc. If you are no longer participating as a volunteer please return your Volunteer ID to the Programs Department.

I acknowledge that failure to comply with any rules and regulations previously mentioned may be sufficient cause for denying me access from entering the facility or participating in any in-house programs, or may result in criminal charges.

I have read and fully understand this agreement. I do agree to release the aforementioned persons and organizations from all liability and accept full responsibility for any problems, injures and/or death incurred during my visits to the Albemarle / Charlottesville Regional Jail. Also, I do agree to abide by all the rules and regulations of the Albemarle / Charlottesville Regional Jail in addition to those rules and regulations set forth in this agreement.

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Length of Residence at this Address: \_\_\_\_\_

Contact Telephone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Company Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

**EMERGENCY INFORMATION**

Person to Contact in Case of Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Telephone#: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you a U.S. Citizen? YES  NO  If no, please provide documentation to verify that you are in the U.S. legally.

Are you currently working with any other correctional institution? If yes, please describe current work. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the type of class/program or volunteer work that you would like to bring to the offenders at the Albemarle/Charlottesville Regional Jail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you facilitated this type of class/program or volunteer work before? If yes, where: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list the agency or religious affiliation, if any, that you would be bringing the above mentioned class/program or volunteer work in through: \_\_\_\_\_

## **Criminal Investigations: Notice to Applicant**

It is the policy of the Albemarle-Charlottesville Regional Jail to request criminal records investigations on volunteer applicants during the screening process. Applicants with criminal convictions may be considered on a case by case basis, taking into consideration the nature, gravity, and time of the offense rather than automatically excluding applicants solely on the basis of a conviction. Failure to provide criminal conviction information may be subject to denial of volunteer access into the facility.

Are you now or have you ever been an associate or had any association with any known Gang? YES  NO

Are you visiting, have you visited, or are you corresponding with any inmate confined in any jail or any correctional institution of the Virginia Department of Corrections? YES  NO

Are you currently under supervised Probation or Parole? YES  NO

Please list any known family, friends, or associates who are currently under the supervision of any jail or the Virginia Department of Corrections (confined or parole): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any felony, any crime involving moral turpitude, or any offense involving the sexual molestation, physical/sexual abuse or rape of a child? YES  NO

If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged, arrested or convicted for any criminal offense? YES  NO

If yes, list:

	DATE	JURISDICTION	CHARGE(S)	DISPOSTION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

# Authorization for Criminal Records check

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>MIDDLE NAME</b>		<b>ALL OTHER NAMES (INCLUDING MAIDEN NAMES BY FORMER MARRIAGES)</b>
<b>DATE OF BIRTH</b> MONTH      DAY      YEAR		<b>PLACE OF BIRTH (CITY-TOWN-COUNTY)</b>			<b>STATE</b>	<b>SOCIAL SECURITY NUMBER</b>
<b>RACE</b>	<b>SEX</b>	<b>AGE</b>	<b>HEIGHT</b>	<b>WEIGHT</b>	<b>HAIR</b>	<b>EYES</b>
<b>APPLICANT, PLEASE SIGN IN THE BOX PROVIDED BELOW TO AUTHORIZE THE ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL TO COMPLETE A CRIMINAL HISTORY RECORDS CHECK</b>						

DO NOT WRITE BELOW THIS LINE

## CRIMINAL HISTORY/MOTOR VEHICLE VIOLATION RECORD


Records Check Run By: \_\_\_\_\_

Date \_\_\_\_\_

Applicant Orientation Conducted By: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

### DIRECTOR OF PROGRAMS

**RECOMMENDATION:    APPROVAL / DISAPPROVAL**

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

### DEPUTY SUPERINTENDENT / DESIGNEE

**FINAL:                APPROVAL / DISAPPROVAL**

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

## Volunteer Photo Identification

ALL INFORMATION GIVEN BELOW WILL BE USED ONLY FOR IDENTIFICATION PURPOSES FOR ENTRANCE INTO THE ALBEMARLE / CHARLOTTESVILLE REGIONAL JAIL. INFORMATION WILL BE USED TO CREATE YOUR VOLUNTEER BADGE WHICH WILL BE BROUGHT TO THE FACILITY UPON EACH VISIT.

PRINTED NAME: \_\_\_\_\_

ORGANIZATION/PROGRAM: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**THE VOLUNTEER BADGE IS THE PROPERTY OF THE ALBEMARLE / CHARLOTTESVILLE REGIONAL JAIL. TO BE USED FOR OFFICIAL USE OF THE HOLDER DESIGNATED. THE VOLUNTEER BADGE MUST BE PRESENTED TO ENTER THE FACILITY. USE OR POSSESSION EXCEPT AS PRESCRIBED IS UNLAWFUL AND WILL MAKE THE OFFENDER LIABLE TO HEAVY PENALTY.**

**IF LOST, STOLEN OR DAMAGED, YOU MUST REPORT THE MISSING CARD TO THE DIRECTOR OF PROGRAMS.**

\_\_\_\_\_  
Volunteer Signature:

\_\_\_\_\_  
Date:

**Please include a photocopy of your valid government issued identification at the end of your returned ACRJ Volunteer application!**