

**INMATE PROGRAMS DIVISION**

Dear Prospective Volunteer:

Thank you for expressing interest in volunteer services. All potential volunteers are required to complete the following application, Background Check, and Personal Information form in full. If, for any reason, this application is incomplete, the approval process will stop. Therefore, it is imperative that you complete all forms in their entirety.

For security reasons, this facility and its' administrators are concerned about the people and personnel who work here. This application will be kept confidential. Only those involved in the approval process will know your personal information. For reasons of confidentiality, information will only be released to the applicant.

Once your application has been submitted, a background check will be conducted. The background check includes a history of legal problems (if any) and may also include verifying any information received from your application and personal/professional references.

An orientation to the Knox County Corrections Division is also required prior to anyone being granted permission to work as a volunteer in any of our correctional facilities. This orientation session will introduce you to our staff, discuss rules and regulations, and answer any questions. When the Orientation is complete, your references will be checked. You will then be notified to pick up your ID from the Information Technology (IT) office at the City-County Building.

Again, thank you for your interest in volunteering with the Knox County Sheriff's Office. Please call me at (865) 281-6900 with any questions. If you are volunteering for religious programming, please contact Jeff Hunter with your questions.

Completed applications may be emailed to [Megan.Costantini@knoxsheriff.org](mailto:Megan.Costantini@knoxsheriff.org) or sent through the U.S. Postal Service addressed to:

**Roger D. Wilson Detention Facility  
5001 Maloneyville Road  
Knoxville, TN 37918  
Attention: Programs Division**

**Thank You,**

**Megan Costantini  
Programs Division  
Administrative Assistant**

**[Megan.Costantini@knoxsheriff.org](mailto:Megan.Costantini@knoxsheriff.org)**



## Volunteer Application

### INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Maiden Name \_\_\_\_\_ Alias/Nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Current and Past States of Residence \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
State Number

Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Height \_\_\_\_\_

Organizational Affiliation \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

-----For Office Use Only-----

Reference Check

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Background Check

- QH
- JIMS
- NCIC

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Final Approval

- Approved
- Denied

Authorized by \_\_\_\_\_ Date \_\_\_\_\_

New Jail Ministry Status  New Volunteer Status  Re-activated Jail Ministry Status  Re-activated Volunteer Status



## Volunteer Application

What services are you interested in offering the inmates of Knox County?

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What experience do you have offering these services?

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What qualifications do you have that uniquely prepare you for this type of service?

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### Submit a copy of your Professional Qualifications

Have you ever been arrested before?  Yes  No

If YES	Date	Charge	Disposition
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Have you ever been convicted?  Yes  No

If YES:	Date	Charge	Disposition
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Has any member of your family ever been arrested and/or detained at the Knox County Sheriff's Office Corrections Facilities?

Yes  No

If YES:	Name	Relationship	Charge	Dates of Incarceration
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# KNOX COUNTY



# SHERIFF'S OFFICE

**REFERENCES:** Please provide 4 personal or professional references. DO NOT use relative of ANY kind.

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that all statements and information provided by me are true and complete to the best of my knowledge.

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



### Non-Employee Identification Card Request Form

**VOLUNTEER INFORMATION**

Name \_\_\_\_\_  
Last Name Middle Initial First Name

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Reason for Request \_\_\_\_\_

Type of Identification being requested:

Media  Visitor  Chaplain  
 Special Deputy  Volunteer  Other

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

**SPONSOR INFORMATION**

Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**APPROVAL**

Assistant  
Chief Deputy \_\_\_\_\_ Date \_\_\_\_\_



**VOLUNTEER CRIMINAL HISTORY CHECK**

Criminal History check for \_\_\_\_\_

Services Volunteer will be providing: \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Complete Middle name \_\_\_\_\_

List all other names you have used, including nicknames; if female, furnish maiden name. If you have ever used any surnames other than your true name. If you have legally changed your name, give date and court.

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

Date of birth \_\_\_\_\_ Place of birth (city/state) \_\_\_\_\_

List ALL states of Residence \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Driver's license # \_\_\_\_\_ State \_\_\_\_\_ Exp date \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ (used for criminal history check only)

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

**\*\*\*\*\*Do not write below this line – KCSO use ONLY\*\*\*\*\***

QH \_\_\_\_\_ IQ (list states queried) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

IQ results \_\_\_\_\_ QWA \_\_\_\_\_ QPO \_\_\_\_\_

Local Warrants \_\_\_\_\_ JIMS history \_\_\_\_\_

Driving Record \_\_\_\_\_ Exp date \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_



## Knox County Sheriff's Office Personal Information – VOLUNTEER

Volunteer Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number Home: \_\_\_\_\_ Other: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

### Medical Information – known health problems:

- Heart Medications: \_\_\_\_\_
- Diabetic  insulin dependent  medication  diet controlled
- Seizures Medications: \_\_\_\_\_
- Hemophiliac Medications: \_\_\_\_\_
- Hypertension Medications: \_\_\_\_\_
- Allergies Medications: \_\_\_\_\_

- Other health information: such as currently on chemotherapy or any radiation treatment, dialysis.  
List hospital or office where you received treatment.

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

*This information is necessary in order for the KCSO Medical Staff to provide appropriate on site emergency care. Only medical information essential to your care will be shared with transporting ambulance personnel. The original document will be on file in the Program Director's Office and a cop will be furnished to the on duty medical supervisor. Report ANY changes in your medical condition as soon as possible (in writing) to the Programs Director. Completion of this form will not affect your volunteer status.*

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



**Self-Declaration of Sexual Abuse/Sexual Harassment**

**Check One:** Applicant:  Employee:  Promotion:

Escorted Contractor/Volunteer:  Unescorted Contractor/Volunteer:

1. I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date.
2. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes  No
3. Have you even been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes  No
4. Have you ever been civilly or administratively adjudicated to have engaged in sexual activity, sexual abuse, or sexual harassment? Yes  No

By my signature below, I understand my continuing affirmative duty to disclose any change in my reporting status as indicated above. I further understand that any material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Full Printed Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Witnessed by (KCSO Representative) \_\_\_\_\_ Date: \_\_\_\_\_

**\*Forward Original to Human Resources Office.**