

**CORRECTIONS CENTER OF NORTHWEST OHIO
VOLUNTEER APPLICATION
(Please print and fill out application completely)**

1. Name: _____
(Last) (First) (Middle)

2. Social Security Number: _____ Date of Birth: _____

3. Address: _____

4. E-MAIL Address: _____

5. Phone Number: Home: _____ Work: _____ Cell: _____

6. Have you ever been convicted of a felony or misdemeanor: Yes No

If yes, briefly explain (include incarcerations and dates incarcerated): _____

7. In the last two years have you had friends or relatives incarcerated at CCNO? Yes No

If yes, please list name and relationship. _____

8. Should we be aware of any medical condition(s)? Yes No

If yes, please explain: _____

9. Do you have to carry your medications at all times? Yes No

If yes, please explain: _____

10. With what local organization(s) or church are you affiliated?

(Name) (Address) (Telephone number)

(Name) (Address) (Telephone number)

11. IN CASE OF EMERGENCY, PLEASE CONTACT:

(Printed Name)

(Relationship) (Telephone number)

(Signature of Applicant) (Date)

CORRECTIONS CENTER OF NORTHWEST OHIO

Request for Computerized Criminal/Traffic History Check (CCH)



PLEASE PRINT

| | | | | | |
|----------------------------------|--------------------------------------|------------------------|-----|--------|--------|
| Name (Last, First, Middle) | | Current Address | | | |
| Maiden Name/Other Names Used | | Previous Address | | | |
| Home Phone Number | Work Phone Number | Social Security Number | | | |
| Date of Birth (Month, Day, Year) | Driver's License Number/State Issued | Race | Sex | Height | Weight |

I hereby authorize and request that any criminal justice agency release **ANY/ALL** information concerning myself from their Criminal/Traffic Records to the Corrections Center of Northwest Ohio. I understand such information may include ANY CONVICTIONS, PRIOR ARRESTS, CHARGES CLEARED AND/OR PENDING WITHIN ANY JURISDICTION KNOWN TO THE CORRECTIONS CENTER OF NORTHWEST OHIO. I further understand that such information may not be released without my signature.

Witnessed and signed before me this _____ day of _____, _____.

Signature of subject to be checked

Date

My Commission Expires _____

Signature of NCIC/LEADS Operator

Date

Signature of Notary Public

A copy of your driver's license may be submitted in lieu of obtaining a notary signature.

To Be Completed by CCNO

Received By (Signature)

Date

Staff receiving form must check the appropriate box below:

- Employment
- Medical Department
- Food Service Department
- Drug/Alcohol Department
- Volunteer
- Intern
- Contractor _____
- Other _____

CCNO Investigator must check below:

- CCNO/LCCC IR
- Misdemeanor (Criminal) – 5 yrs.
- Felony – 10 years

Director of Security

Date

Approved

Disapproved

Pending Final Approval of Fingerprints _____
Director of Security

Date

CORRECTIONS CENTER OF NORTHWEST OHIO (CCNO)

VOLUNTEER RELEASE FORM

In consideration of the opportunity afforded me to participate as a volunteer at the Corrections Commission of Northwest Ohio, a/k/a Corrections Center of Northwest Ohio (collectively, "CCNO") and/or otherwise in connection with the programs of the CCNO, the undersigned ("Volunteer"), for himself/herself, and his/her spouse, legal representatives, heirs, executors, personal representatives, successors and assigns, hereby fully and forever releases, acquits and discharges the CCNO and its members, representatives, commissioners, officers, agents, employees, and other volunteers from and against any and all losses, expenses, claims, demands, actions, causes of action, damages, liabilities, rights and claims, of whatsoever kind or nature, whether in law or in equity, on account of or relating to any injury or loss to Volunteer's person or property, including but not limited to injury resulting in Volunteer's death, whether caused by the CCNO's negligence or otherwise, while the Volunteer is present at the CCNO and its premises and facilities or while the Volunteer is otherwise engaging in any activities or programs of or at the CCNO.

Volunteer gives and grants this Release in full understanding and recognition of the possible danger to which Volunteer may subject himself/herself in the course of participation as a volunteer at the CCNO or in connection with the activities and programs of the CCNO.

Volunteer agrees to defend, indemnify, and hold harmless the CCNO from and against any loss, liability, damage, or cost that it may incur, whether caused by the CCNO's negligence or otherwise, due to Volunteer's engagement or participation as a volunteer at the CCNO or in connection with the CCNO's activities and programs.

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion of this Release is held invalid or unenforceable, the balance of this Release shall, notwithstanding, continue in full legal force and effect.

Volunteer further agrees not to release and/or share with any other person or entity any confidential information to which Volunteer may gain access during the course of Volunteer's presence at the CCNO or participation in the activities of the CCNO.

Volunteer states that he/she has carefully read this Release, knows its contents, and signs it as his/her own free act.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the ____ day of _____, 20____.

Signature of Witness

Signature of Volunteer