

**DALLAS COUNTY SHERIFF'S OFFICE**  
**DALLAS COUNTY JAIL**  
**CIVILIAN APPLICATION FOR ADMITTANCE**

**Personal Information**

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

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Gender \_\_\_\_\_ Race \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Length of Residence at Above Address \_\_\_\_\_

Previous Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

**Employment Information**

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor's Phone # \_\_\_\_\_

Length of Employment \_\_\_\_\_

**Emergency Contact Information**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**References** Please list 3 references who know of your ability to do this type of work

Reference 1 \_\_\_\_\_ Phone # \_\_\_\_\_

Reference 2 \_\_\_\_\_ Phone # \_\_\_\_\_

Reference 3 \_\_\_\_\_ Phone # \_\_\_\_\_

**Educational Information**

High School \_\_\_\_\_

College \_\_\_\_\_

Major Area of Study \_\_\_\_\_

Professional Certification \_\_\_\_\_

Degree \_\_\_\_\_

**Type of Admittance Requested**

Volunteer  Support Services  Other (Specify) \_\_\_\_\_

**Previous Institutional / Volunteer Experience**

Organization with which you are affiliated \_\_\_\_\_

List Prior Affiliations \_\_\_\_\_

Have you ever worked with juvenile or adult offender?  Yes  No

If Yes, where: \_\_\_\_\_ When: \_\_\_\_\_

Describe the experience \_\_\_\_\_

Reason for terminating this work \_\_\_\_\_

Are you currently working in any other detention or correctional facility?  Yes  No

If Yes, where: \_\_\_\_\_

Describe your reasons for wanting to work with inmates in the Dallas County Jail \_\_\_\_\_

How much time per week do you plan to devote to the Jail? Days per week \_\_\_\_\_ Hours Available \_\_\_\_\_

Any additional information that you feel would be beneficial to our working relationship.

It is the policy of the Dallas County Sheriff to provide equal opportunity in volunteer placement to all persons regardless of race, creed, religion, sex, national origin, marital status, age or disability.

Applicant Signature \_\_\_\_\_

Form Must be Printed to Sign

Date \_\_\_\_\_

Mail , Fax or Deliver to:  
Dallas County Jail  
201 Nile Kinnick North  
Adel, Iowa 50003 Fax:  
515-993-6974

**DALLAS COUNTY SHERIFF'S OFFICE- JAIL  
PROGRAMS VOLUNTEER CRIMINAL HISTORY  
REQUEST FORM**

Complete all fields

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Maiden Name/Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Female Male

Drivers Licence # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I do hereby authorize the Dallas County Sheriff's Office to conduct a search of their records to ascertain if I have a criminal record, and to make known that criminal record to the Dallas County Sheriff or his designee.

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

Form Must be Printed to Sign

For Official Use Only

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Received By Staff Signature \_\_\_\_\_

Staff Reviewing Criminal History Signature \_\_\_\_\_

\_\_\_ Passes Review \_\_\_ Failed Review

Supervisor Signature \_\_\_\_\_

\_\_\_ Approved \_\_\_ Denied

Mail, Fax or Deliver to:  
Dallas County Jail  
201 Nile Kinnick North  
Adel, Iowa 50003 Fax:  
515-993-6974