

Enclosed is a **KANE COUNTY ADULT JUSTICE CENTER
DETAINEE PROGRAMS SERVICE PROVIDER
APPLICATION & BACKGROUND CHECK FORM.**

Please complete the form as directed. When complete mail to:
Kane County Sheriff's Office Adult Justice Center (KCAJC)
Mr. Bill Woods
Detainee Programs Coordinator
37W755 IL Route 38 Suite A
St. Charles, IL 60175

(Make a copy for your records.)

It is necessary for you to contact Bill Woods to Schedule Orientation at KCAJC.
His contact information is on the enclosed information sheet.

Please email corrections@aadistrict62.org with any questions.

Thank you for your willingness to serve AA in this manner.

* Keep USPS receipt for date of mailing the Application to KCAJC.

**Thank you for your interest in Corrections Service Work.
The following information is for Female Volunteers.**

Kane County Sheriff's Office Adult Justice Center (KCAJC)

Contact Person: Bill Woods, Detainee Programs Coordinator

37W755 IL Route 38 Suite A

St. Charles, IL 60175

630-762-2726

Woodsbill@Kanecountyil.gov

Facility Overview: Kane County Adult Justice Center (KCAJC) opened August 30, 2008

Maximum Capacity: 640 Detainees in Ten (10) Housing Units

Nine (9) Housing units for Male Detainees (576); One Housing Unit for Female Detainees (64)

FYI: All Kendall County Sheriff's Female Detainees are placed in the Kane County Adult Justice Center. The AA Volunteer Program has been in place for 25 years in Kane County.

KCAJC Detainee Programs Service Provider Application and Background Check Form and KCAJC New Volunteer Orientation are Required and Arranged through Bill Woods, Detainee Programs Coordinator.

The following requirements/condition must be met by all applicants:

- All applicants must submit to a criminal background investigation.
- All applicants must be at least 21 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.
- Applicants may not have been arrested or in the custody of local police or any department of corrections for a period of at least five (5) years prior to applying.
- 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 work or 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 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 Kane County Sheriff's Office staff.
- All Applicants must attend all required trainings.
- All applicants must be a member in good standing with the group / organization which they represent.
- If at any time during the application process an applicant knowingly or willfully gives false information the process will be terminated.
- 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.

Kane County Adult Justice Center

Detainee Programs Service Provider

Application & Background Check Form

- Please fill out the application completely using ink.
- Please print neatly and legibly in all areas of this application.
- If more room is needed to fill answer questions please 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):								
Your street address:								
City of residence:		State of residence:		Zip code:				
Home phone #:				Cell phone #:				
Work phone #:				E-mail address:				
Your sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Your Race:			Your Height:	Feet	Inches
Your weight:	Pounds		Your hair color:			Your eye color:		
Your date of birth (DOB):				Your birthplace (City/State/Country):				
Your social security #:				Your 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 / character reference. This person must be a non-family member.			
Name of reference:			
Address of reference:			
Contact number of reference:		E-mail address of reference:	
Relationship to reference:		References profession:	
Approximately how long have you known this person?		Years:	Months:

EMERGENCY INFORMATION

Name of your 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 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
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 been criminally charged with a sex crime (rape, sexual assault, sexual abuse, human trafficking, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a sex crime (rape, sexual assault, sexual abuse, human trafficking, 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
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, hate group or any other criminal organization? If Yes, please explain 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

KCSO EMPLOYMENT / INTERNSHIP / VOLUNTEER INFORMATION

Have you ever been employed by, contracted by or 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
How did you learn about employment, intern or volunteer opportunities with the Kane County Sheriff's Office?		
<input type="checkbox"/> Friend / Relative <input type="checkbox"/> News Outlet <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Sponsoring Organization <input type="checkbox"/> Other (Please describe in the space below)		
In what capacity do you wish to work, intern or volunteer at the Kane County Sheriff's Office?		
Do you or the services you wish to offer represent an organization such as a church, ministry, business or social group?		<input type="checkbox"/> No <input type="checkbox"/> Yes (Please provide the information requested below about the organization you represent)
Name of Organization:		
Address of Organization:		
Telephone number of Organization:		
Name of a contact person within the Organization:		
Telephone number of the person above:		

Signature of Approval:

I, _____ Agree to allow the Kane County Sheriff's Office to conduct a background check to investigate my suitability to provide 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 the Kane County Sheriff's Office / Kane County Adult Justice Center. I understand that if I fail to do so that my status as a program provider may be suspended or terminated.

(Signature)

(Date)

OFFICE USE ONLY

Application Complete:	Photo ID Included:	Background Check:	Status:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Assigned Area:		Area of Operation / Team Leader:	
<input type="checkbox"/> Contractor <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____			
D.P.C. Signature:		Date:	