



# Walla Walla County Corrections Volunteer Application

300 West Alder  
Walla Walla, WA 99362

Please be sure to fill out the volunteer application in full. Failure to complete the application may result in its return to you and will delay the application process.

Please print or type clearly

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

**(If forms are not completely filled out, it will automatically be rejected.)**

Do you have any allergies or medical conditions that may cause a medical alert? Yes  No

If yes, and you wish to disclose the information, please list the allergy or medical condition:

Do have a relationship (i.e.: parent, spouse, sibling, friend, etc.) with or are you on the visiting list of any person currently housed at WWCCD? Yes  No

If yes, please explain the nature of your relationship with them and give the name of the person.

Have you ever been incarcerated or on community supervision: Yes  No

If yes, please explain the nature of the incarceration and/or supervision and provide the dates/locations.

\*Please Note\* Omissions may be cause for termination or denial.

Are you currently volunteering at any other correctional agency: Yes  No

If yes, name of agency: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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Requested by: \_\_\_\_\_ Dept.: \_\_\_\_\_

Purpose:

\_\_\_\_\_

\_\_\_\_\_

Background Check: Passed  Denied  If denied, explain:

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Additional Information Attached: Yes  No

I understand and agree that all employed by the organization/agency I represent must abide by all rules, regulations and laws of the State of Washington and the Walla Walla County Corrections Department that relate to the confidentiality of records and all other privileged information.

I further agree that all volunteers through the organization I represent, are not to discuss any confidential or privileged information with family, friends or any persons not professionally involved with the Walla Walla County Corrections Department.

If inmates of the Walla Walla County Corrections Department approach any of our organization's employees or subcontractors and requests information that does not pertain to them, the staff/employees of the organization I represent will immediately contact their supervisor, notify the Walla Walla County Corrections Department Commander or person of authority at Walla Walla County Corrections Department, and file an incident report or statement report with the appropriate Walla Walla County Corrections Department representative.

I have received and read the Contractor/Vendor/Volunteer PREA brochure and agree to abide by it. I understand that the Corrections Center is a zero-tolerance facility which means that all allegations of sexual harassment, sexual misconduct and sexual abuse will be investigated thoroughly.

I also understand that WWCCD is a "no hostage" and zero tolerance facility. Employees will not recognize hostages for bargaining purposes or permit inmates or others to use hostages to escape from custody. Persons entering this facility may be subject to search.

I am aware of the potential criminal and civil penalties that may result from a breach of confidentiality, will be in violation of RCW 40.16.010 and RCW 40.16.020.

Any violation of the above may result in immediate termination of any and all contractual obligations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Contractor/Volunteer)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(WWCCD Commander or designated person)