



Washington County Community Corrections TEMPORARY HELP APPLICATION

Please print legibly. If not applicable please write "N/A".

All information is **REQUIRED** and will be used for a criminal background check.

What position are you applying for?

Today's Date: \_\_\_\_\_

Volunteer  Work Study  Internship  Temporary/Paid  Other \_\_\_\_\_

Please indicate Program:  Center for Counseling and Victims' Services  Parole & Probation/Criminal Justice

Estimated Start Date: \_\_\_\_\_ Estimated End Date (write N/A if work will be ongoing) : \_\_\_\_\_

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

ALL OTHER names used in the past: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_ Place of birth: \_\_\_\_\_

Have you, or any family member, or other acquaintances had any arrests or convictions? Please explain:

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

Are you, any members of your family, or any close acquaintances currently under supervision with Washington County Community Corrections?  NO  YES (list names) \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Best phone #: \_\_\_\_\_ Alternate phone # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

How many hours will you work per week? \_\_\_\_\_ When do you hope to work (Days/Times):

Mon \_\_\_\_\_  Wed \_\_\_\_\_  Fri \_\_\_\_\_

Tue \_\_\_\_\_  Thurs \_\_\_\_\_  Sat \_\_\_\_\_

(We will only consider applicants who can commit to 6 or more months of service)

Professional/Academic Affiliation & Program: \_\_\_\_\_

Would you be willing to volunteer in a disaster/crisis situation?  Y  N

Will you sign and abide by the volunteer agreement detailed on page 3?  Y  N

OFFICE USE ONLY	
Received/Reviewed by: _____ Designated Application Manager	Date: _____



**WCCC TEMPORARY HELP APPLICATION**

*(Please print legibly. All blanks must be filled, if not applicable please write "N/A")*

**Qualifying Experience/Education:** \_\_\_\_\_

**How did you hear about this opportunity:** \_\_\_\_\_

**In what area or capacity are you interested in serving? (Check all that you are qualified for & interested in.)**

- Victims' Counseling                       Offender Counseling                       Criminal Justice
- Women's/Men's Treatment Dorm       Community Mental Health               Parole/Probation
- Family/Couples Counseling               Clinical Supervision/Counseling       Mental Health Evaluations
- Corrections Center                       Public Relations/Outreach               Administrative Support
- Other: \_\_\_\_\_

**What experience are you hoping to gain with us?** \_\_\_\_\_

**Please list three references who have known you for at least two years and in what capacity.**  
*At least two (2) must be professional references.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**My signature indicates the information I've provided is accurate and true to the best of my knowledge:**

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



**WCCC/CCVS SERVICE AGREEMENT**

IN CONSIDERATION of my becoming involved with Washington County Community Corrections and/or the Center for Counseling & Victims' Services, I understand and accept the following conditions imposed upon my work during my term of service:

1. I must pass a criminal background check prior to working for the department and criminal activity, or affiliations with people on supervision with the department, may prevent me from working for the department.
2. The work assigned to me shall be subject to supervision and planning authorization of a fulltime WCCC supervisor, faculty supervisor, CCVS Manager, and WCCC management team members.
3. Client or family members, victims', and children's information shall be confidential. No information shall be provided to any outside person or outside agency unless written authorization from the client is in the file.
4. I shall retain client cases and work assignments delegated to me for the time that has been agreed upon by the Department. I will cooperate fully with supervisors and adhere to rules governing reporting.
5. Services I provide will not in any way assure me any future position or special consideration for becoming a regular employee, nor does it entitle me to any benefits of regular employment.
6. I agree to a term of 6 months volunteer/intern service and/or completion of my counseling intern/practicum requirements.
7. To the extent that my work may require entry to any correctional or detention facility, I will display proper authorization, including the WCCC ID badge, and will abide by all regulations, and avoid conduct that risks security in any way.
8. I will agree to participate in evaluations by my supervisor every three months or sooner, if deemed necessary by the Department.
9. During my tenure of services, I agree to maintain no personal or outside professional relationships with clients of the Department and to relay to my supervisor any personal contact with the system or conflicts of interest.
10. Upon termination of my services, I agree to maintain no personal or outside professional relationships with clients of the Department, and to relay to my supervisor any personal contact with the system or conflicts of interest.
11. I understand that my services and access to WCCC/CCVS is at the discretion of the Department and may be terminated if deemed necessary and appropriate by the Department.
12. I agree to follow the policies, rules, and procedures of WCCC, CCVS, and Washington County; including taking direction from WCCC supervisors in emergency/crisis situations.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Approver

\_\_\_\_\_  
Date

