

DAVID P. BARTLETT, Sheriff



JOHN W. DAVI, Undersheriff

COLUMBIA COUNTY SHERIFF'S OFFICE

COLUMBIA COUNTY PUBLIC SAFETY FACILITY

518 828-3344 - Law Enforcement Dispatch
518 828-3324 - Corrections/Jail Reception
518 828-0601 - Admin/Civil Enforcement

85 Industrial Tract
Hudson, New York 12534-1500
www.columbiacountysheriff.us
Emergency Call - 911

518 828-2032 - Corrections/Jail Fax
518 828-9088 - Law Enforcement Fax
518 822-8477 - Crime Tip Hotline

Corrections Division Volunteer Data Sheet

Date: ____/____/____

Name: _____ Group Affiliation: _____

Address: _____

Phone Number: _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Male ___ Female ___ HT ___ WT ___ Eye Color ___ Hair Color _____ Blood Type _____

Have you ever been convicted of any form of sexual abuse? Yes, No, If yes list charge and

explain: _____

Emergency Contact Person:

Name: _____

Address: _____

Phone Number: _____

Photo and information taken by: _____ N/A _____

ATTACH A COPY OF YOUR VALID NEW YORK STATE DRIVER'S LICENSE

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The Prevention of Sexual Abuse in Jail

I have received and reviewed the information on the Prevention of Sexual Abuse in Jail. I understand that the Columbia County Jail has a ZERO TOLERANCE POLICY in regard to all forms of sexual abuse. I understand while in contact with an inmate that an inmate could make a report of abuse to me. I also understand that it is my duty and responsibility and agree to report this abuse immediately to staff or other appropriate authority and to cooperate in further investigation of the alleged abuse. The only exemption to the reporting clause herein is that that is considered privileged communication by legal definition.

Print Name and Title

Signature

Date

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Agreement to Enter the Facility

I understand that I must successfully pass through the metal detector without setting off the alarm EACH and every time I visit the facility. I understand that if I fail to pass through successfully, I will NOT be allowed into the facility.

Print Name & Group Affiliation

Signature

/ /
Date

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Release – Criminal Record Check

Date: _____

I, _____ A/K/A/ _____
Print Print

Date of Birth _____

Social Security Number _____

Give consent for the Columbia County Sheriff's Office to release information regarding my Criminal Record.

*This criminal record check applies to the Columbia County Sheriff's Office ONLY.

Signature _____

Address _____

Phone Number _____

A/K/A = Also Known As: Please include any other names you are now known or have used in the past, including but not limited to street names, nicknames, married names, & maiden names.



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Instructions

1. Legibly complete the **Volunteer Data Sheet**
 - **Name:** Last Name, First Name, Middle Name
 - **Group Affiliation:** Enter the name of the existing organization conducting a correctional facility program that you will join as a volunteer. If not affiliated with an existing program, enter the service, church name or other organization.
2. After reviewing the **Prison Rape Elimination Act (PREA)** pamphlet provided to you, complete and sign the section titled "**The Prevention of Sexual Abuse in the Jail**". This topic will be covered in detail during training.
3. Complete the "**Agreement to Enter the Facility**" by printing your name and group affiliation. Sign and date this section also. You will receive training on how to pass through the metal detector.
4. Complete and sign the "**Release – Criminal Record Check**" form.
5. Obtain a photocopy of your valid driver's license or valid DMV photo identification and attach to the completed forms.
6. **Clergy or Official Religious Leader:** Photocopy your identification confirming that you are an official minister in your religion and attach the photocopy to the completed forms.
7. Prepare a 9x12 envelope addressed as follows:

Lieutenant William Hilscher
Columbia County Correctional Facility
85 Industrial Tract
Hudson, N.Y. 12534

Enclose the completed documents described in one through six above and either send the sealed envelope via U.S. Mail or deliver it to the Corrections Facility window at the above address. Please do not fold the completed reports and photocopied document(s).

8. Or, you may scan the completed documents and attach them to an Email sent to:
William.Hilscher@ColumbiaCountySheriff.us