



WASHTENAW COUNTY SHERIFF'S OFFICE

Release of Information Interns/Volunteers/Community Engagement

1. This is to authorize you to furnish the Washtenaw County Sheriff Office (WCSO), or any representative thereof, any and all information, which they may request regarding the records of

→ _____

(Print name in full)

including, but not limited to, school records, employment records including disciplinary histories, military records, credit information, driving record, criminal records/history, and other public records from all persons, businesses, schools, government agencies, social organizations or other organizations or institutions which release such information.

2. This also authorizes the WCSO to make whatever inquiries the WCSO deems appropriate to determine your suitability to participate as a volunteer/intern/outreach worker/citizen's police academy participant. The information you are providing below is needed to gather this information, but the information obtained will be held in confidence as provided by law.

3. I understand that I may periodically be run in LEIN (Law Enforcement Information Network) and/or other databases to verify my driver's license status and confirm I have no wants/warrants, criminal history, or negative Law Enforcement contacts.

A photographic or fax copy of the authorization is the equivalent of the original.

Signature _____

Date _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Date of Birth _____ Race _____ Sex _____

Driver's License Number _____ State _____

Reason for participating in Citizens Academy: _____

If a minor:

~~Parent Name (printed) _____~~

~~Parents Signature _____~~

~~Date _____~~



WASHTENAW COUNTY SHERIFF'S OFFICE

Intern / Volunteer / Community Engagement Application

Applying for: Volunteer Internship With Whom? _____ Outreach Worker

Division: Corrections/Jail Police Services Community Engagement Administration

Approval for Application Process: _____ Date: _____
 (Undersheriff/Commander/Director signature)

Applicant Information

Last Name	First Name	Middle
Address	City	State Zip
Home Phone	Work Phone	Cell Phone
Date of Birth	E-Mail	

VOLUNTEERS/INTERNS/COMMUNITY ENGAGEMENT: Check which group you are applying for:

POLICE SERVICES

- Road Patrol
- Other _____

JAIL / CORRECTIONS

- Religious Volunteer
- Domestic Violence Group Facilitator
- Safe House Volunteer
- Project Outreach/U of M
- Project Community/U of M
- AA - NA Facilitator
- Art Therapy
- Other _____

COMMUNITY ENGAGEMENT

- Reserve Deputy
- Explorer Program
- Outreach Worker
- Youth Outreach Worker
- Citizen's Police Academy
- General Volunteer/Intern
- Other _____

OTHER _____

RECORDS / ADMINISTRATION

Indicate Exact Time Periods of Availability:

Sunday _____	Thursday _____
Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	

INTERNS: Please complete the following:

College/University Attending _____	Declared Major _____
Student Status: Full Time _____ Part-Time _____	Expected Graduation Date: _____
Internship Course Name: _____	
Professor Name: _____	Office #: _____

Signature _____

Date _____