

WHATCOM COUNTY JAIL  
**ACCESS AUTHORIZATION**

Fill in white areas **\*\*Print legibly\*\***

NAME			PROCESS DATE		
Last	First	Middle	Month	Day	Year

Minister

Professional  
 Type: \_\_\_\_\_

Password: \_\_\_\_\_

Volunteer  
 Type: \_\_\_\_\_

**PERSONAL INFORMATION**

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License No. State / Province: \_\_\_\_\_

**Access**

Inside Jail:  yes

Visiting booth:  yes

**Home Address**

Street: \_\_\_\_\_

City/State (Province): \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Business /Organization Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

**WHATCOM COUNTY SHERIFF'S OFFICE  
VOLUNTEER\* QUALIFICATIONS,  
RULES AND REGULATIONS**

**VOLUNTEER QUALIFICATIONS:**

- Minimum of one year clean and sober
- Minimum of one year off of court supervision
- Completion of attached application
- Completion of pre-service checklist (previous page)
- Background check by Sheriff's Office
- Approval of the Corrections and Treatment Committee (for A. A. and N. A.)
- Application signed by the C and T Committee Chairperson (A. A. and N. A.)
- Approval of the Administrative Lieutenant
- Applications signed by Religious Volunteer Coordinator (for religious volunteers)

**VOLUNTEER RULES AND REGULATIONS:**

1. **Bring nothing** into a Jail Facility except authorized instructional materials, one piece of picture ID, and your car keys.
2. **Give nothing** to any inmate without prior authorization of the Senior Shift Deputy.
3. **Take nothing** from any inmate without prior authorization of the Senior Shift Deputy.
4. **Do not** enter into any contracts or civil agreements with inmates (past or present).
5. **Make no contacts** for inmates with persons outside the Whatcom County Jail, in person, by telephone, or mail.
6. Follow the directions of the Corrections Deputies **without debate or delay.**
7. Volunteers are strongly discouraged from interfering with the court cases of any inmates (unless subpoenaed).
8. **Immediately** notify the Senior Shift Deputy if:
  - (a) You become aware of a security or safety concern
  - (b) A friend or relative is confined in a Jail Facility
  - (c) You are requested to violate any rule or law governing a Jail Facility

I have read and understand the contents of this application.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Jail Staff Signature: \_\_\_\_\_

\*includes A. A., N. A., and Religious Volunteers