

# ROCK COUNTY CORRECTIONAL FACILITY PROFESSIONAL SERVICES APPLICATION

**Position:** \_\_\_\_\_ (Purpose for entering the jail – Project Treat, SARP, WI DHS, etc.)

**Contact Information:**

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

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

Primary Contact Phone #: \_\_\_\_\_ Secondary Contact Phone #: \_\_\_\_\_

**Personal Identifying Information:**

DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

States Held Driver's License / ID (with dates): \_\_\_\_\_

Birth City: \_\_\_\_\_ Birth State: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Additional Names Used (maiden, etc.): \_\_\_\_\_

**Social Media:**

E-Mail: \_\_\_\_\_

Facebook: \_\_\_\_\_ Other Social Media: \_\_\_\_\_

Past cities lived in during adulthood (since turning 18, use back if necessary):

City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

**Police Contacts:**

Agency: \_\_\_\_\_ State: \_\_\_\_\_ Reason: \_\_\_\_\_

Agency: \_\_\_\_\_ State: \_\_\_\_\_ Reason: \_\_\_\_\_

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Agency: \_\_\_\_\_ State: \_\_\_\_\_ Reason: \_\_\_\_\_

**Known past contacts with current / former inmates of the Rock County Jail (Includes Social Media):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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**Criminal Record/Treatment History:**

This information requested is essential in order to conduct the record check. You are not legally required to provide this information. However, if you choose to withhold this information, a final decision on your application cannot be made.

Racial Identity: \_\_\_\_\_

List any other name(s) by which you are known or have ever been known: \_\_\_\_\_

*No person shall be accepted as a volunteer if he/she has been confined in the Rock County Jail or any other jail or correctional facility within the preceding 12 months minimum. No person shall be accepted as a volunteer if he/she is presently on Probation. Volunteers must have at the minimum, 24 months free and clear of Probation*

Have you ever been convicted of a law violation other than a minor traffic offense? \_\_\_Yes \_\_\_No

If yes, please describe: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Date of Probation/Parole discharge or jurisdiction expiration: \_\_\_\_\_

Do you have any relatives or friends confined in the Rock County Jail? \_\_\_Yes \_\_\_No

If yes, please list name(s) and relationship(s): \_\_\_\_\_

Have you experienced drug/alcohol or mental health problems and/or received counseling or treatment for any of these problems?  
\_\_\_Yes \_\_\_No (*You may wait to discuss details in a private interview*)

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Every person who enters the jail has to potential to, intentionally or unintentionally, introduce contraband. Contraband is anything not specifically allowed in the jail. A key component of keeping everyone in the jail safe is preventing the introduction of contraband. As such, volunteers entering the jail will be limited to the items necessary for their programming and are subject to a security search. It is strongly recommended to read the book "Games Criminals Play" to avoid being manipulated in violating the security of the jail and possibly the law.

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I hereby affirm the information provide above is complete and accurate. I understand by signing below I am authorizing the Rock County Sheriff's Office to perform a background check of me with the information provided to determine my suitability to enter the jail.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_