

Thank you for your interest in becoming a visiting clergy at the Kane County Adult Justice Center (KCAJC).

Attached you will find a three page application. Please fill out the application completely and return it to the Detainee Programs Coordinator.

Once the application has been received the Sheriff's Office will conduct the appropriate background check. After that has been completed you will be advised whether or not you have been approved. If you are approved your information will be kept on file for two years. During that time you will be able to visit detainees housed in the KCAJC via our video visitation system. Persons with relatives in the custody of the Sheriff's Office will not be allowed to visit with detainees as a visiting clergy member.

Along with the application you will need to submit

- A copy of your driver's license or state ID card
- A copy of your letter of ordination or a letter from the leader of the organization you represent stating that you are in good standing and you are approved to minister on their behalf.

If you have any questions please contact the Detainee Programs Coordinator, Bill Woods, at (630) 762-2726 or via E-mail at WoodsBill@Co.Kane.IL.US or Fax (630) 513-0848.

Kane County Adult Justice Center

Visiting Clergy Application & Background Check

- Please fill out the application completely using ink.
- Please print in all areas of this application.
- If more room is needed to fill answer questions please use a separate piece of paper and attach it to this packet along with a copy of your driver's license and any other certificates which are applicable.

PERSONAL INFORMATION

Your name (Last, First Middle):							
Your street address:							
City of residence:		State of residence:		Zip code:			
Home phone #:		Cell phone #:					
Work phone #:		E-mail address:					
Your sex:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Your Race:	Your Height:	Feet	Inches	
Your weight:	Pounds	Your hair color:	Your eye color:				
Your date of birth (DOB):		Your birthplace (City/State/Country):					
Your social security #:		Your driver's license (DL) #:					
The issuing state of your DL:		The expiration date of your DL:					

ORGANIZATION INFORMATION

Please give the name of the organization which you represent in the space below:		
Please give the address of the organization in the space below (street, city, state and zip)		
What is your position/title within the organization:		
Please provide the following information for a person within this organization who can act as a reference for you.		
Name of a person within the organization we may contact:	Their title:	Their telephone number:

EDUCATION

Please check the highest level of education you have COMPLETED?			
High School/GED <input type="checkbox"/>	Trade <input type="checkbox"/>	Associate Degree <input type="checkbox"/>	Bachelor's Degree <input type="checkbox"/>
Masters <input type="checkbox"/>	Post Grad <input type="checkbox"/>	PhD <input type="checkbox"/>	Other (explain below) <input type="checkbox"/>
Do you possess any certifications which would apply to your services at the facility? If Yes, please explain below and attach a copy of the certification to the application packet.			

EMPLOYMENT

Are you currently employed? If yes, please give the information requested for your current employer. If no please give the information of your most recent employer.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of employer:					
Address of employer:					
Job title:		Supervisor name:			
Employer's phone#:		Length of employment:		Years	Months
Your job duties:					
If you are currently unemployed please provide the last date of employment from your previous employer.				Month:	Year:
Have you ever been fired or terminated by an employer? If Yes, please explain below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL INFORMATION

Are you now or have you EVER been a member of or associated with a street or prison gang, a hate group or any other criminal organization? If yes, list below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to anyone currently in the custody of the Kane County Sheriff's Office? If yes, please describe below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a relative of any employee of the Kane County Sheriff's Office or any other law enforcement organization? If yes, please describe below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any scars, marks or tattoos? If yes, please describe in area below (please note if it is a scar, mark or tattoo, its specific location on your body and description).				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you married or a partner in a civil union? If yes, please give your spouse's / partner's name, address and telephone number in the space below.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever used a name other than the name given on page one? If yes please describe below (include nicknames, married names, maiden names and abbreviated names).				<input type="checkbox"/> Yes <input type="checkbox"/> No	

CRIMINAL HISTORY

Have you ever been arrested for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any criminal charges (felony or misdemeanor) pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime (felony or misdemeanor)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been incarcerated (jail or prison)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on court supervision, probation, parole or mandatory supervised release (MSR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to an Order of Protection or Restraining Order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently involved in any civil or criminal proceedings (litigant, witness, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been required to register as a sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been fingerprinted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you answered Yes to any of the questions above, please use this space to explain. Be as specific as possible with all information given (dates, locations, outcomes, etc.). The more information that you provide, the more it will help when conducting your background check.</p>	

PRISON RAPE ELIMINATION ACT (PREA) COMPLIANCE

Have you ever been accused or found guilty (criminally, civilly, or administratively) of sexual abuse or harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever engaged or attempted to engage in sexual abuse or harassment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If you answered Yes to any of the questions above, please use this space to explain. Be as specific as possible with all information given (dates, locations, outcomes, etc.). The more information that you provide, the more it will help when conducting your background check.</p>	

SUBSTANCE ABUSE HISTORY:

Have you ever taken illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever abused other substances (such as alcohol, prescription medications, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered YES to either question above, please explain your answer below.	
If you do have a substance abuse history are you CURRENTLY clean and sober?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered YES to the above question, how long?	Years: Months:

VOLUNTEER INFORMATION

Have you ever volunteered with the Kane County Sheriff's Office? If yes please describe when and in what capacity below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently an approved volunteer and / or visiting clergy member for the Kane County Sheriff's Office? If Yes, please fill out the shaded area below.		<input type="checkbox"/> Yes <input type="checkbox"/> No
In what volunteer program do you currently participate?		
What organization do you represent (name of church, group, etc.)?		
Who is your team leader?		

Signature of Approval:

I, _____
(Please print your name on the line above)

Agree to allow the Kane County Sheriff's Office to conduct a background check to investigate my suitability to provide services at and within Kane County Adult Justice Center. I attest that the information provided in this application is true and correct. Furthermore, I agree to IMMEDIATELY notify the proper authority upon my arrest, charge, or conviction for any offense or change in any information contained in this application while I am serving as a volunteer for the Kane County Sheriff's Office / Kane County Adult Justice Center. I understand that if I fail to do so that my privileges may be suspended or terminated.

 (Signature)

 (Date)

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OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo ID Included: <input type="checkbox"/> Yes <input type="checkbox"/> No	Background Check: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
D.P.C. Signature:			Date: