



BAY COUNTY SHERIFF'S OFFICE JAIL FACILITY

5700 STAR LANE
PANAMA CITY, FLORIDA 32404
OFFICE: 850-785-5245 FAX: 850-769-7376
R.G. Anglin, Major



Tommy Ford, Sheriff

VOLUNTEER

BACKGROUND INVESTIGATION AUTHORIZATION FORM

Please fill in the information listed below. Type or print legibly.

Full Name _____ Race _____ Sex _____

Current Address _____
Street City State Zip

Date of Birth _____ Social Security# _____

Driver's License # _____ State of Issue _____

If you have been at your current address less than 6 months, please indicate previous address:

Street City State Zip

I authorize the Bay County Sheriff's Office to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the Bay County Sheriff's Office has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports (including consumer credit reports and investigative consumer reports). I understand that information obtained by the Bay County Sheriff's Office in accordance with this authorization may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving record, judgments, liens, arrests and convictions.

I authorize, without reservation, any party or agency contacted by the Bay County Sheriff's office, to furnish the above information. I further authorize the Bay County Sheriff's Office to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purpose.

Applicant's Signature _____ Date _____

FOR INTERNAL USE ONLY

Criminal History _____ Past File(s) _____

Driving Record _____ Warrant(s) _____

Background Investigator _____ Date _____



BAY COUNTY SHERIFF'S OFFICE JAIL FACILITY

Volunteer Information Sheet

Date: _____

Print Name: _____ Signature Initial: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email: _____

Occupation: _____ Place of Employment: _____

In the event of an emergency, please notify:

Name _____ Relation _____

Phone number _____ Alternative number _____

Name _____ Relation _____

Phone number _____ Alternative number _____

Please check the area(s) that you are interested in:

____ AA ____ NA ____ Lifeline ____ Juvenile ____ Church Services ____ Re-entry

Circle Days Available: What is best? Day time Night time

Sunday Monday Tuesday Wednesday Thursday Friday

Religious Preference _____

Please enclose a Letter of Recommendation from your Pastor / Elder / Supervisor / Sponsor

**To complete your application, please attach a brief statement of what you expect to gain from your service and what they can expect from you.*

Bay County Sheriff's Office
Jail Facility
5700 Star Lane
Panama City, FL 32404
Jeff Newell, Chaplain

Letter of Acknowledgement

Date: _____

Organization: _____

Name of Pastor/Elder/Sponsor/Supervisor _____

Address: _____

City, Zip: _____ Phone: _____

I am aware that (volunteer's name) _____
is involved in jail ministry at the Bay County Jail. He/She is in
good standing with our organization. We support him/her as a
volunteer encouraging a wholesome lifestyle of those incarcerated.

Additional Comments:

Length of time known: _____

Length of time in Organization: _____

Signature

revised 6/17