



**COURTHOUSE AND DETENTION FACILITY
SECURITY IDENTIFICATION AND ACCESS CARD APPLICATION**
1425/1435 N. Courthouse Road Arlington Virginia 22201



New Application **Replacement** (*\$25 Applicable Fee*) Reason: _____

PLEASE PRINT LEGIBLY

*** REQUIRED***

***Last Name** _____ ***First Name** _____ ***MI** _____

***Date of Birth** ____/____/____ ***SSN: ***-**-_____**

COUNTY EMPLOYEE: Agency: _____

Supervisor Name: _____ Phone: _____

Hire Date: ____/____/____

___ Full-time ___ Part-time ___ Intern (dates working: from: _____ to: _____)

(For ACSO, ACFD, OEM, ECC, please add DID/ADMIN# _____)

CONTRACTED EMPLOYEE: County Project: _____

County Project Manager: _____ Phone: _____

Company Name: _____ Sub-Contractor Company Name: _____

Company Foreman/Supervisor: _____ Phone: _____

Duration of Contract: _____ Start Date: _____ Estimated End Date: _____

Mandatory Security Training: _____ Date Attended: ____/____/____

Security Background Check: ___ Yes ___ No Date: ____/____/____

Security Access Card Needed: ___ Yes ___ No Expiration Date: ____/____/____

Area(s) Requiring Access

Time(s) Requiring Access

For Completion by Security Systems Personnel

Access Card Number Issued: _____ **Employee Reference ID:** _____

Access Card Issued by: _____ Date: ____/____/____ Expiration Date: ____/____/____

Group Code Assigned: _____ Time Zone: _____ Access Level: _____

Notes/Special Access: _____



COURTHOUSE AND DETENTION FACILITY
SECURITY IDENTIFICATION AND ACCESS CARD APPLICATION

1425/1435 N. Courthouse Road Arlington Virginia 22201

* INCLUDE A COPY OF A PHOTO ID *



PLEASE PRINT ALL INFORMATION

REQUESTOR: _____

NAME: _____

Last

First

Middle

ADDRESS: _____

Street

City

State

Zip Code

HOME/CELL PHONE: _____ WORK PHONE: _____

HAVE YOU EVER WORKED IN A CORRECTIONAL ENVIRONMENT? ___YES ___NO

IF YES, WHEN? _____ WHAT FACILITY? _____

LOCATION OF FACILITY: _____ WHY DID YOU LEAVE? _____

CRIMINAL HISTORY INFORMATION

The information below is required to conduct a criminal history check. Having a criminal history will not automatically disqualify you for this position, nature of the offense and when it occurred will be considered. The information below and any criminal history record will be kept confidential and only used to determine your ACDF admission eligibility.

DOB: _____ SEX: _____ SS# _____ HEIGHT: _____ RACE: _____

PLACE OF BIRTH: _____ CITIZENSHIP: _____ EYE COLOR: _____ HAIR COLOR: _____

1. Have you ever been detained or charged or convicted (including traffic offense)? ___YES ___NO

2. Are you currently on Probation/Parole? ___YES ___NO

If Yes to either of the above, please provide date, place, charge, court, fines or sentence for each conviction. Give all the facts so that a decision can be made (attach additional sheet if necessary).

3. Have you ever possessed, tried, experimented with, or sold any illegal drug or illegally used prescription medication? ___YES ___NO If yes, please explain:

I certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete information may be grounds for denying this application and my admission into the ACDF or Arlington Courthouse. I understand that this application is the property of the Arlington County Sheriff's Office and will not be returned. I understand that I must notify the Support Services Administrator of any change in my name, address, phone number or any other pertinent information. I further understand that if my employment is terminated by me or my employer, I will return any equipment or ID's issued to me.

I authorize a review of and full disclosure of all records, or any part thereof, and any other forms of information regardless of form or format concerning myself whether the said records are of a public, private or confidential nature.

Signature of Applicant: _____ Date: _____



Beth Arthur
Sheriff

ARLINGTON COUNTY, VIRGINIA

OFFICE OF THE SHERIFF

COURTHOUSE
1425 N. COURTHOUSE ROAD, ROOM 9100
ARLINGTON, VIRGINIA 22201
(703) 228-4460



DETENTION FACILITY
1435 N. COURTHOUSE ROAD
ARLINGTON, VIRGINIA 22201
(703) 228-7286

**Attach
a recent
photo**

ACDF Volunteer Application

Position applied for: _____ **Date:** _____

Sponsoring organization: _____

(OAR, GNM, AA/NA, Other)

Personal Information:

Name: _____ Social Security # _____

Address: _____

Length at current residence: _____

If less than three years, please provide previous address: _____

Home phone number: _____ Cell # _____

Work phone number: _____ E-Mail: _____

Place of birth: _____

Date of birth: _____

Sex: _____ Race: _____ Age: _____

Employment:

Employer: _____ Position: _____

Work phone number: _____

Employer's address: _____

Length of employment: _____

Education:

Highest grade completed: _____ Degree obtained: _____

Name of last school attended: _____

Legal Record:

Have you ever been arrested? (YES / NO) Have you ever been convicted of a crime? _____ If “yes” to any of these questions, please give details including date, place, charge, court, fines, or sentence for each conviction. Give all of the facts. (Attach additional sheets if needed).

Have you ever been admitted to any correctional facility, jail or prison, local, state or federal for any criminal offense, employment, or on a volunteer basis? _____
If “yes”, please explain: _____

Have you ever used illegal drugs or used prescription drugs for non-medical purposes?

Have you ever possessed illegal drugs? _____ If so, please explain: _____

Do you consume alcoholic beverages? _____
Please explain: _____

References:

Please provide information on three individuals that are not related to you that we may contact.

Name _____ Address _____

Phone Number _____

Name _____ Address _____

Phone Number _____

Name _____ Address _____

Phone Number _____

Volunteer Experience:

Do you now or have you ever volunteered with any other organization before? _____
If “yes”, please provide additional information such as when, where, name of organization and services you provided? _____

Why do you want to become a volunteer within the Arlington County Detention Facility? _____

What skills and services can you provide? _____

Clergy:

Denomination: _____

Year and place of ordination: _____

Your title and name of your assignment: _____

Religious Volunteers:

Church/Group where you attend: _____ Phone Number: _____

Pastor/Leader's Name: _____ Phone Number: _____

Address: _____

(Please submit a letter from your Pastor/Leader recommending you for this ministry and stating your church/group involvement.)

Please list your church service/activities.

On a separate sheet, please give a brief account of your spiritual commitment/faith experience.

Emergency Contact Information:

Name: _____

Address: _____

Home phone number: _____

Work phone number: _____

Optional Information: The following information is not mandatory as part of this application but may be beneficial if you were involved in an emergency.

Allergies: _____

Medications: _____

Medical alert concerns: _____

Doctor's name: _____

Phone number: _____

I hereby certify that every statement that I have made on this application is true and complete to the best of my knowledge. I understand that any false or incomplete information may be grounds for denying this application and my admission into the ACDF. I understand that this application is property of the ACDF and will not be returned. I understand that I must notify the Volunteer Coordinator of any change in my name, address, phone number or any other pertinent information.

Signature of applicant: _____ Date: _____



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Release Authorization Form

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, and any other forms of information regardless of form or format concerning myself, by and to _____, (a duly authorized agent of the Arlington County, Virginia Sheriff's Office) whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all information in any form or format from employer and personal references including arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the Arlington County, Virginia Sheriff's Office to consider in determining my suitability as a volunteer. It is my specific intent to provide access to personal information, however personal or confidential it may be, and the sources of information specifically enumerated above are not intended to deny access to any records not specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability to volunteer with the Arlington County Sheriff's Office. I have had explained to me, and I fully understand that refusal to grant this authorization will not, of itself, constitute a basis of rejection of my application.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of my complying with this request.

I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy of this release form will be valid as an original hereof, even though the said copy does not contain an original writing of my signature.

SIGNATURE DATE

SOCIAL SECURITY NUMBER DATE OF BIRTH

SWORN AND SUBSCRIBED BEFORE ME
THIS THE _____ DAY OF _____

NOTARY PUBLIC

MY COMMISSION EXPIRES _____



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Volunteer/Internship Waiver and Agreement Form

I understand any statement on the application form not truthfully answered is grounds for denial of my application and may result in my removal from the volunteer/intern program process.

I voluntarily agree to give the Arlington County Sheriff's Office authorities permission to conduct a background investigation, including obtaining my criminal history. All information received from this background investigation will be used to determine my volunteer eligibility.

I agree to inform the Arlington County Sheriff's Office Authorities if I am convicted of any criminal offense while assigned to the volunteer/intern program.

I understand that I will not be compensated in any way for my services. I knowingly agree to release the Arlington County Sheriff's Office and/or its employees from any personal liability resulting from my injury or death.

I agree to abide by all Arlington County Sheriff's Office policies, particularly those relating to security and confidentiality of information.

I understand that the Arlington County Sheriff's Office may refuse to allow me to participate in the volunteer/intern program if I fail to complete all stages of the orientation process.

I hereby apply to be placed into the volunteer/intern program at the Arlington County Sheriff's Office, acknowledge I have received a volunteer handbook and understand the above statements.

Volunteer/Intern Name _____

Volunteer/Intern Signature _____

ACSO Staff Signature _____

