

**VOLUNTEER APPLICATION**  
Buncombe County Detention Facility  
Volunteer Program Services

Thank you for your interest in Volunteering with the Buncombe County Detention Facility (hereinafter BCDF). Before filling out the application, please read the following expectations, which apply to all BCDF Volunteers:

- Volunteers are expected to maintain the highest ethical standards, candor, and honesty.
- Volunteers are expected to provide services that are proactive, fair, courteous, responsive, and efficient.
- Volunteers are expected to hold themselves accountable to the people of Buncombe County to render services that are open, effective, and efficient.
- Volunteers are expected to maintain courteous, conscientious, and professional behavior in all activities and at all times.
- Volunteers are expected to remain knowledgeable of all aspects of their duties, with a clear understanding of how each individual's role fits within the larger organization and its mission.
- Volunteers are expected to act for the public good without regard to convenience or self-interest.
- Volunteers are expected to maintain confidences in accordance with legal and ethical standards.
- Volunteers are expected to value and honor those whom they serve.

Volunteers are held to the same standards as all employees and officers who serve the BCDF. Failure meet any of these expectations may constitute grounds for termination of Volunteer status.

(Application Continues on Next Page)



PREVIOUS RESIDENCE (required if less than two years at your current residence; include street, number, city, state, and zip code): \_\_\_\_\_  
\_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

HOME PHONE (if applicable): \_\_\_\_\_

EMAIL (personal): \_\_\_\_\_

EMAIL (business): \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

DRIVER'S LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION (include name, street address, home, business, and mobile numbers, personal and professional emails, and any other way of reaching them directly and immediately): \_\_\_\_\_  
\_\_\_\_\_

EDUCATION (high school, university, and post-graduate institutions as applicable; include area of study and graduation dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOREIGN LANGUAGE SKILLS (indicate whether fluent, intermediary, or beginner): \_\_\_\_\_  
\_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

CURRENT SUPERVISOR: \_\_\_\_\_

SUPERVISOR'S ADDRESS, TELEPHONE # and EMAIL[S]: \_\_\_\_\_

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PROFESSIONAL REFERENCE #1 (name, complete address, phone #, email): \_\_\_\_\_

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PROFESSIONAL REFERENCE #2 (name, complete address, phone #, email): \_\_\_\_\_

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PERSONAL REFERENCE #1 (name, complete address, phone #, email; *relatives and/or family members may not serve as a reference*): \_\_\_\_\_

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PERSONAL REFERENCE #2 (name, address, phone #, email; *relatives and/or family members may not serve as a reference*): \_\_\_\_\_

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ARE ANY OF YOUR RELATIVES AND/OR FAMILY MEMBERS *EMPLOYED* (OR HAVE THEY EVER BEEN EMPLOYED) BY THE BCDF (if so, provide names, street addresses, phone #s and emails; also include their division and/or duties, and dates of employment): \_\_\_\_\_

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ARE ANY OF YOUR RELATIVES AND/OR FAMILY MEMBERS *INCARCERATED* AT THE BUNCOMBE COUNTY DETENTION FACILITY (if so, provide names, current or former street addresses, phone #s, emails, incarceration dates, and reasons for detention): \_\_\_\_\_

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ARE YOU CURRENTLY VOLUNTEERING IN/AT ANOTHER CORRECTIONAL FACILITY? (Include facility name and complete address, start date, name of Supervisor, including their phone number and email): \_\_\_\_\_

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PRIOR VOLUNTEER SERVICE: (include dates, locations, addresses, cities, states, and zip):

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PRIOR VOLUNTEER SUPERVISOR[S]: (organization, name, address, phone #, email): \_\_\_\_\_

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IN WHAT CAPACITY DO WISH TO VOLUNTEER? \_\_\_\_\_

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WHY DO YOU WISH TO VOLUNTEER AT THE BCDF? DESCRIBE SKILLS THAT MAKE YOU A GOOD CANDIDATE, AND WHAT YOU EXPECT TO GAIN FROM YOUR EXPERIENCE: \_\_\_\_\_

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BY WHAT CRITERIA WOULD YOU DETERMINE WHETHER YOUR SERVICE TO THE BCDF IS EFFECTIVE OR NOT? \_\_\_\_\_

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(Application/Agreement Continues on Next Page)

## VOLUNTEER AGREEMENT

**VOLUNTEER ACKNOWLEDGMENT AND RELEASE:** By signing this Acknowledgement and Release I hereby acknowledge that I will receive no compensation for serving as a Volunteer; that there are certain risks inherent in working within the confines of the BCDF; that while the BCDF will take reasonable precautions to provide for my protection, it cannot provide an unqualified guarantee of my physical safety; that I shall bear medical costs associated with any injury related to my tasks as a Volunteer;<sup>1</sup> that neither the BCDF nor its agents will protect me from any legal liability that may result from my participation as a Volunteer. I acknowledge, understand, and am fully aware that giving false information to clients and staff of this facility (as well as staff members related to the operations of this facility) may result in the rejection of my application and/or termination of my Volunteer status. I agree to abide by all expectations herein as well as all other BCDF policies and staff instructions.

**EXPRESS ASSUMPTION OF RISK:** I the undersigned volunteer willingly. I fully and expressly assume all risks. In consideration for participation as a Volunteer, I, the undersigned, hereby release the BCDF, Buncombe County, and the Office of the Buncombe County Sheriff, their principals, agents, and employees, from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation as a Volunteer with the BCDF, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This release shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees.

**INDEMNIFICATION:** I recognize that there are risks associated with volunteering at the BCDF. I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my intentional or negligent acts or omissions. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless the BCDF, Buncombe County, and the Office of the Buncombe County Sheriff, their principals, agents, and employees from liability for the injury and/or death of any person(s) and/or damage to property that may result from my negligent or intentional acts or omissions as a Volunteer.

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<sup>1</sup> Every volunteer is responsible for medical expenses associated with a volunteer's tasks and duties at the BCDF. All volunteers are expected to have health insurance as mandated by the Affordable Care Act. The BCDF has, however, purchased Accidental Medical Expense Protection insurance (hereinafter "AMEP"). Appropriate officials of the BCDF shall determine whether injuries are accidental for the purposes of AMEP. If AMEP is available, its coverage is limited to those expenses not covered by a volunteer's medical insurance, including Medicare. Coverage limits are as follows: \$25,000 medical, \$5,000 accidental death, with a \$10,000 maximum disbursement per schedule. The BCDF will neither provide nor pay for any medical treatment not covered by the AMEP. Furthermore, because volunteers are neither employees of the BCDF nor Buncombe County, Volunteers are not covered by worker's compensation. The BCDF is not responsible for lost wages

LEGAL PROCEEDINGS: Claims, disputes and/or other matters in question arising from this agreement shall be heard in the North Carolina General Courts of Justice in Asheville, Buncombe County, North Carolina, which said Court shall have jurisdiction to hear any dispute between the parties arising out of this Contract. This paragraph establishes exclusive and sole jurisdiction for any legal proceeding in Buncombe County, North Carolina. Any claims, disputes, or other matter shall be governed by the laws of the State of North Carolina. I waive any right to a trial by jury.

CONFIDENTIALITY AGREEMENT: As a Volunteer at the BCDF, I understand that I may work with confidential records and information. Such records and information include certain legal, criminal, personnel, and medical records; social, psychological, financial, personal, and family history information, and more. Confidential records and information are governed by the laws of the State of North Carolina and by Federal law. Some of those laws CRIMINALIZE the release of certain confidential records, such as personnel records or information, such as private health information. Confidential records and information may include, but are not limited to, law enforcement investigatory material, certain data involving criminal and civil litigation, social security numbers, driver's license numbers, and other personal identifying information. If a Volunteer is unsure whether certain records or information are confidential, the Volunteer should treat the records or information as confidential and consult a Command-Level Officer for guidance.

As a Volunteer, I understand that I am required to maintain strict confidentiality of all oral, written, and computerized records and information, including every other form of information that pertains to Volunteer Program Services, its clients, and their families. Only when necessary, and with the consent of the Volunteer Program Services Coordinator, may I share information with team member Volunteers. *Furthermore, I understand that my agreement to keep all information confidential applies to the period of my Volunteer service and afterwards, without exception.* By signing below, I fully and unequivocally understand the meaning and import of the confidentiality agreement stated herein and all related parts. I agree to all requirements and policies that pertain to the Volunteer Program Services and the BCDF.

(Signature Page Follows)

I have read (or have had read to me) this application and understand its contents. I am aware that this is a release of liability and I freely and voluntarily accept the terms. I certify that I am at least eighteen (18) years of age. I further state that I am in proper condition for participating as a BCDF Volunteer. I hereby give permission to all people listed as references to supply information to the Buncombe County Detention Facility. Furthermore, I give the BCDF permission to perform a criminal background check on me using my social security number and other personal identifying information. **If charged with a crime other than an infraction, while a Volunteer, I will report this immediately (within 24 hours) to the Volunteer Program Services Coordinator.**

NAME (print): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please return this application completed in full to: **Victoria (Val) Lamberti, Buncombe County Detention Facility, 20 Davidson Drive, Asheville, NC, 28801.** You may fax your application to: 828-250-6018. Call 828-250-4585 with questions concerning the application. We thank you for your intention to serve as a Volunteer in this facility. You can expect a fair and impartial assessment of your qualifications to serve as a Volunteer.

**Attention BCDF Staff:** Detach the following portion of the application immediately upon receipt. The following information is collected anonymously, for statistical purposes only.

ETHNICITY/RACE: \_\_\_\_\_