

# Barnstable County Correctional Facility

6000 Sheriff's Place, Bourne, MA 02532

Phone 508.563.4425 Fax: 508.563.4475

## Security Dept.

### Background Information Request and Waiver

PLEASE PRINT CLEARLY OR TYPE: ALL AREAS MUST BE FILLED OUT COMPLETELY

#### PURPOSE OF BACKGROUND CHECK (SELECT ONE)

INTERN \_\_\_\_\_ VOLUNTEER \_\_\_\_\_ VENDOR/CONTRACTOR: \_\_\_\_\_

#### PERSONAL DATA

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Jr/Sr)

Previous Name/  
Alias: \_\_\_\_\_  
(Last) (First) (Middle) (Jr/Sr)

Home  
Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Mailing  
Address: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip)

Email: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Home Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

#### EMERGENCY CONTACT:

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name of  
Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext. #: \_\_\_\_\_

Education (degree/license): \_\_\_\_\_

Do you have any friends or relatives that are presently, or have been incarcerated at the

Barnstable County Correctional Facility? \_\_\_\_\_

Who/When? \_\_\_\_\_

Have you ever been convicted of a:

Felony? \_\_\_\_\_ Where/When: \_\_\_\_\_

**Please provide two references:**

Name and Address: \_\_\_\_\_

\_\_\_\_\_

Name and Address: \_\_\_\_\_

\_\_\_\_\_

**Vehicle Information:**

Vehicle Model: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate: \_\_\_\_\_

Projected involvement at BCSO (i.e. AA volunteer, Bible study, kitchen employment etc.)

\_\_\_\_\_

If you are volunteering to participate in a specific group, please state the name of the group (i.e.: AA, poetry reading etc.)

\_\_\_\_\_

**Waiver of Liability:**

I, \_\_\_\_\_, hereby release, discharge, and hold harmless the Barnstable County Sheriff's Office, its agents, representatives and employees from any and all liability arising out of the inspection of documents, records and other information pertaining to my background.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**Special Operations Background Check Completed:** Approved \_\_\_\_\_ Denied \_\_\_\_\_

Investigator completing background check: \_\_\_\_\_ Date: \_\_\_\_\_  
(print title/name)

**Completed Originals:** Volunteer(s) go to Volunteer Coordinator  
Intern(s) / Employees(s) go to HR  
Vendor/Contractor go to Training Dept.