



**LOUDOUN COUNTY SHERIFF'S OFFICE  
ADULT DETENTION CENTER**

**42035 LOUDOUN CENTER PLACE  
LEESBURG, VIRGINIA 20175**



**VOLUNTEER / SUPPORT STAFF APPLICATION**

Please type or print clearly with black ink. Failure to complete ALL requested information or directions will result in your application being denied and returned. For areas not applicable, please place "N/A" in the appropriate space.

**PERSONAL INFORMATION**

FULL NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER	
MAILING ADDRESS				
STREET ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
CITY		STATE	ZIP CODE	
CITY / COUNTY OF RESIDENCE			YEARS AT CURRENT RESIDENCE	
HOME TELEPHONE	WORK TELEPHONE		OTHER TELEPHONE (TYPE _____)	
PLACE OF BIRTH (CITY, COUNTY, STATE)		RACE	SEX	
BLOOD TYPE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR

**EMERGENCY CONTACT INFORMATION**

NAME (LAST, FIRST, MIDDLE)				
STREET ADDRESS				
CITY		STATE	ZIP CODE	
HOME TELEPHONE	WORK TELEPHONE		OTHER TELEPHONE (TYPE _____)	
RELATIONSHIP				



This application must be submitted with a copy of a current government issued photo identification (identification card, driver license, passport, etc.). The application and all related documents can be mailed to the Loudoun County Adult Detention Center Programs Section at the address found at the top of this application or by dropping them off in person.

Please be advised that a criminal background and sex offender registry check will be conducted and that information on this application may be investigated. A member of the Loudoun County Adult Detention Center Programs Section will contact you for an interview after the above requested materials are received. Upon approval for admittance, you will be required to attend security orientation before admittance into the facility.

By signing below, you are certifying that the information supplied on this application is true to the best of your knowledge and you are authorizing a criminal background and sex offender registry check to be conducted. Any false or misleading information is grounds for immediate termination of your involvement with the Loudoun County Adult Detention Center.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

### SHERIFFS OFFICE USE ONLY

CRIMINAL HISTORY CHECK COMPLETED BY _____	DATE _____
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NCIC / VCIN _____	LOCAL _____	ADC _____
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INTERVIEW CONDUCTED BY _____	DATE _____
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INMATE PROGRAMS SECTION RECOMMENDATION <input type="checkbox"/> RECOMMEND <input type="checkbox"/> DECLINE (Reason: _____)	DATE _____
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SECURITY BRIEFING ATTENDANCE DATE _____
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TERMINATED BY _____	TERMINATION DATE _____
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TERMINATION REASON _____
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