

Minnehaha County Sheriff's Department
Background Investigation

1. Reason for Background Check:

- Job Applicant
 Jail / Correction Center Program Leader
 Other, Specify _____

**** Clergy members will need to supply a copy of their ordination certificate. We do not accept certificates from Internet based organizations.**

2. Full Name: _____

(Last)

(First)

(Middle)

Other Names Used: (Maiden name, names by former marriages, former names changed legally or otherwise, alias)

3. Date of Birth: _____ Sex: Male _____ Female _____
Social Security Number: _____ - _____ - _____

4. Do You Presently Possess A Valid Driver's License?

Yes No

Operator's License Number (OLN) and State of Issue: _____

If "No" Explain: _____

5. Have You Ever Been Arrested Or charged By Any Law Enforcement Officer?

Yes No

If Your Answer Is "Yes," Give Full Details Below:

<u>Date</u>	<u>Charge</u>	<u>Place</u>	<u>Law Enforcement Authority</u>	<u>Action Taken</u>
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Name and Address of where you practice your ministry if applicable:

Please mail both blue sheets directly to"

Jared Brosder
500 N Minnesota
Sioux Falls, SD 57104

6. **Have You Ever Been Found Guilty Of A Criminal Offense?**

() Yes () No

If "Yes," List Details: _____

7. **Have You Ever Been Fingerprinted For Any Reason (arrest, job application, etc.)?**

If "Yes," List Details: _____

8. **I Certify That There Are No Misrepresentations, Omissions, or Falsification In The Foregoing Statements And Answers, And That The Entries Made By Me Are True, Complete, And Correct, To The Best Of My Knowledge And Belief, And They Are Made By Me In Good Faith.**

I Further Agree And Consent In Advance, To Being Summarily Discharged Without Cause Or Hearing If Any Of The Above Information Has Been Falsified And/Or Has Been Omitted.

Signature

Date

Authority For Release Of Information

I, hereby authorize any Minnehaha County Sheriff's Department representative, to obtain information relating to my employment, activities and/or criminal history. I understand this information is for official use only by the Sheriff's Department.

I, hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance; or any attempts to comply with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature (Full Name) _____

Full Name (please print) _____

Other Name (s) Used _____

Date: _____

Current Address _____

Telephone Number _____

Minnehaha County Volunteer Agreement

I, _____, agree to volunteer my services to Minnehaha County.

This agreement will begin on _____ and continue throughout the time I volunteer my services to the County. As part of my volunteer services, I state that I have never been convicted of any crime that required a court appearance, except as follows _____

_____. I also agree to the following:

1. That I will perform services for the County and I agree to follow direction of the staff and to abide by County policies and procedures while carrying out these volunteer services.
2. That I am not an employee of the County and, as such, that I am not entitled to receive salary, benefits or other compensation.
3. That this is the entire agreement, and no agreement, verbal or written exists outside this agreement. No promises of any kind have been made to me about future employment or any other reward for my efforts.
4. That either Minnehaha County or I may choose to end the volunteer relationship at any time for any reason by either a verbal or written notice.
5. I release Minnehaha County and its employees from any and all liability of harm or damage to my person or property while volunteering my services to the County.

Volunteers for various county departments will be covered by the County's workers compensation coverage when requested to perform county work by a duly authorized county official.

VOLUNTEER

Name: _____

Signature: _____

Date: _____

DEPARTMENT HEAD

Name: Jered Broesder

Signature: _____

Date: _____

Volunteers under the age of 18 must have this agreement co signed by their parent or guardian.

This is to certify that I, as a parent/guardian with legal responsibility for this volunteer, do consent and agree to his/her release as provided above. I agree that Minnehaha County will not be held liable for any event that may occur during my minor child's time as a volunteer, even if the event occurs due to the negligence of Minnehaha County, to the fullest extent permitted by law.

PARENT/GUARDIAN

Name: _____

Signature: _____

Phone #: _____

Date: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of and voluntarily assume the risks involved in participating in work, a religious activity, a cultural activity, a tour or some other activity that requires admission inside the security perimeter of each or all the following:

the Minnehaha County Jail, County Corrections Center (CCC); or any and all subsidiary facilities or operations of the Minnehaha County Jail.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

- 1.) Waive any claim or cause of action against and release from liability Minnehaha County, its officers, employees, contract employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above.
- 2.) Agree to indemnify and hold harmless Minnehaha County, it's officers, employees, contract employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and
- 3.) Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITH OUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY ATO THE GREATEST EXTENT ALLOWED BY LAW.

Name: _____ Date of Birth: _____

Signature: _____

Address: _____

Date: _____