

David P. Bartlett,  
Sheriff



John W. Davi,  
UnderSheriff

# COLUMBIA COUNTY SHERIFF'S OFFICE

COLUMBIA COUNTY PUBLIC SAFETY FACILITY

518 828-3344 – Dispatch Center 518 828-0601 – Administrative & Civil 518 828-9088 – Fax (Uniform Patrol Branch)	85 Industrial Tract Hudson, New York 12534-1505	518 828-3324 – Corrections 518 828-2032 – Fax (Corrections) 518 828-8453 – Drug and Terrorist Info. Hotline
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Corrections Division  
Volunteer Data Sheet

Date \_\_\_ / \_\_\_ / \_\_\_

Name: \_\_\_\_\_ Group Affiliation: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Have you ever been convicted of any form of sexual abuse?  Yes  No

If Yes, list the charge and explain: \_\_\_\_\_

**Emergency Contact Person:**

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

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

Phone Number: \_\_\_\_\_

Photo and Information taken by: \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR VALID NYS DRIVER'S LICENSE**

## The Prevention of Sexual Abuse in Jail

I have received and reviewed the information on the Prevention of Sexual Abuse in Jail. I understand that the Columbia County Jail has a ZERO TOLERANCE POLICY in regard to all forms of sexual abuse. I understand while in contact with an inmate that an inmate could make a report of abuse to me. I also understand that it is my duty and responsibility and agree to report this abuse immediately to staff or other appropriate authority and to cooperate in further investigation of the alleged abuse. The only exemption to the reporting clause herein is that that is considered privileged communication by legal definition.

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Print Name and Title

Signature

Date

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I understand that I must successfully pass through the metal detector without setting off the alarm EACH and every time I visit the facility. I understand that if I fail to pass through successfully, I will NOT be allowed into the facility

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print name and group affiliation

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signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
date