



Tommy Ford
Sheriff

BAY COUNTY SHERIFF'S OFFICE JAIL FACILITY
5700 STAR LANE
PANAMA CITY, FLORIDA 32404
OFFICE: 850-785-5245 FAX: 850-769-7376
R.G. Anglin, Major

CONTRACTOR / VOLUNTEER / INTERN APPLICATION

Person's Name: _____

Current Address: _____

City, State, ZIP: _____

Primary Phone Number: _____ Alternative: _____

Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Primary Phone Number: _____ Alternative: _____

Person's Signature: _____ Date: _____

VOLUNTEER / INTERN (Use Only)

Place of Employment: _____

Program/Area of Interest: AA, NA, Lifeline, Juvenile Programs,
 Re-entry, Church Services, Medical Services

What is your availability: _____

Letter of Referral
Bay County Jail Volunteer Program

Date: _____

Organization: _____

Name of Pastor/Elder/Sponsor/Supervisor: _____

Address: _____

City & Zip Code: _____ Phone: _____

I am aware that (volunteer's name) _____
Is involved in jail ministry at the Bay County Jail Facility. I have personally known
him/her for ___ months/years and he/she has been involved in our organization for
months/years and is in good standing. We support him/her as a volunteer
encouraging a wholesome lifestyle of those incarcerated.

Length of time known: _____

Length of time in Organization: _____

Additional Comments:

Signature

Revised 3/23



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BACKGROUND INVESTIGATION AUTHORIZATION FORM

Please fill in the information listed below. Type or print legibly.

Full Name _____ **Race** _____ **Sex** _____

Current Address _____
Street City State Zip

Date of Birth _____ **Social Security#** _____

Driver's License # _____ **State of Issue** _____

If you have been at your current address less than 6 months, please indicate previous address:

Street City State Zip

I authorize the Bay County Sheriff's Office to make whatever inquiries it may deem necessary in connection with my desire to enter the Bay County Jail. As part of such inquiries, the Bay County Sheriff's Office has my permission to contact any person(s) who may have information relating to my suitability for entry and to secure consumer reports (including consumer credit reports and investigative consumer reports). I understand that information obtained by the Bay County Sheriff's Office in accordance with this authorization may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving record, judgments, liens, arrests and convictions.

I authorize, without reservation, any party or agency contacted by the Bay County Sheriff's office, to furnish the above information. I further authorize the Bay County Sheriff's Office to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purpose.

Applicant's Signature _____ **Date** _____