

# Winnebago County Juvenile Detention Center

## Volunteer/Contractor Application

5350 Northrock Drive  
Rockford, Illinois 61103  
Phone: (815)516-2980  
Fax: (815)282-8161

Thank you for your interest in volunteering at the Winnebago County Juvenile Detention Center. Please Complete the attached Packer as part of the background check. If you have any questions, please feel free to speak with any member of the management team.





Winnebago County Juvenile Detention Center

Volunteer/ Contractor Application

5350 Northrock Drive

Rockford, Illinois

Phone: (815)516-2980

Fax: (815)282-8161

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Last Name

First

Middle

---

Date of Birth

Address

---

Phone Number

Email

Emergency Contact

---

Name

Phone Number

Relationship

About the Volunteer

What is your highest level of education? \_\_\_\_\_

Have you ever volunteered your time or service? No ( ) Yes ( ) If yes, please

describe. \_\_\_\_\_

Describe any special skills, talents, secondary languages or hobbies you may have.

Why are you interested in volunteering at the Juvenile Detention Facility?

Are you affiliated with any community organizations or clubs? No ( ) Yes ( ) If yes, please

explain.

Who is your current employer ( if applicable )?

Please many any comments you feel are pertinent to your application

### References

Please list three personal references (include phone number and relationship)

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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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Name	Phone Number	Relationship
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I understand that all volunteers to the Juvenile Detention Facility must be approved by management, must receive background and DCFS checks, abide by the confidentiality policy and follow all facility rules, including PREA training.

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Applicant	Date
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## Winnebago County Juvenile Detention Center Volunteer Rules

### Orientation and Training

- 1) Please arrive 10 minutes before your scheduled start time. If you need to cancel for the day, please contact the shift supervisor to provide advances notification.
- 2) While in the Winnebago County Juvenile Detention Center, please remember to wear you identification badge.
- 3) If you have any concerns or questions, please ask the Shift Supervisor, Assistant Superintendent or Superintendent.
- 4) All volunteers are required to participate in a PREA Volunteer Orientation and review additional policies provided by the Volunteer Coordinator.
- 5) Please remember to address appropriately.
- 6) Volunteers should not give out personal information to any minor, such as phone numbers, addresses, emails or any other social media account information.

### Safety and Security

- 1) Valuables such as purses, wallets, cell phones, backpacks, brief cases, shall be places in the lockers in the lobby area. Pockets must also be cleared of any items and places in the lockers as well. Sunglasses, hats, scarves, coats and other outer garments must be placed in the lockers.
- 2) No outside gifts are allowed to be given to the minors.

### Resources

- 1) Due to safety and security reason, pens and pencils will not be allowed to be brought into the Winnebago County Juvenile Detention Center but will be provided by the Center.
- 2) Any outside resources must receive prior approval from the Assistant Superintendent or Superintendent before being brought into the facility.

### Confidentiality

- 1) Resident participation in programs is voluntary.
- 2) Volunteers cannot discuss anyone or publicize any details of cases, nor give any legal advice. Please do not speak to the minors about news events occurring while they are in Juvenile Detention. The minors are not allowed to watch the local news in the event they may know someone spoken about during the broadcast.
- 3) Please do not send letters for the minors or bring them into the facility. All mail must be delivered through the U.S. Postal Service.

I have read and understand the rules of the Winnebago County Juvenile Detention Center. I hereby agree to adhere to the above listed rules and policies.

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Name (please print)

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Date

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Signature of Volunteer/Contractor

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Date

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)  
**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth:  --  --  Gender:  Male  Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

\_\_\_\_\_  
City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

**OR**  
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

<b>Submit by mail OR fax OR email.</b>
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

\_\_\_\_\_  
Signed Date

**Please type, use bold letters or label:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Submitting Agency Fax Number)  
(Submitting Email Address)  
  
(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)

**Print Form**

**SEVENTEENTH JUDICIAL CIRCUIT  
WINNEBAGO COUNTY COURT SERVICES DEPARTMENT**

Debra Jarvis, Director  
Department of Court Services

526 W. State St  
Rockford, IL 61101  
Phone 815-319-6250

Date \_\_\_\_\_

I, \_\_\_\_\_, D.O.B: \_\_\_\_\_

Give freely my consent for the Winnebago County Department of Court Services to conduct a background investigation of my life which will include education and employment history, in addition to any other pertinent information that the Department requires and deems necessary and appropriate. I further consent for the same Court Services Department to contact appropriate law enforcement authorities regarding a criminal record check.

\_\_\_\_\_  
Applicant/Employee/Intern/Volunteer

\_\_\_\_\_  
Director of Court Services or Designee



**WINNEBAGO COUNTY JUVENILE DETENTION CENTER  
PRISON RAPE ELIMINATION ACT (PREA)  
Attorney/Volunteer and Contractor Training/Acknowledgement  
Tier 1 Training**

Name of Office/Organization/Vendor/Company: \_\_\_\_\_

**By reading and signing this form, you are acknowledging that you are aware of all policies and procedures governed by the Winnebago County Juvenile Detention Center and the United States Department of Justice Prison Rape Elimination Act of 2003.**

**WCJDC's PREA ZERO TOLERANCE POLICY**

In accordance with the Prison Rape Elimination Act of 2003, the Winnebago County Juvenile Detention Center has a zero-tolerance policy for sexual abuse and sexual harassment of any youth in a state facility. This includes youth-on-youth sexual abuse or sexual harassment and staff-on-youth sexual abuse or sexual harassment. Winnebago County Juvenile Detention Center will have all reported incidents of sexual abuse and sexual harassment investigated, will address the safety and treatment needs of all youth involved in sexual abuse or sexual harassment, and will discipline and prosecute those who violate this policy.

**WCJDC'S RESPONSIBILITY TO IMMEDIATELY RESPOND**

- **ANY** employee, volunteer, contractor, vendor, intern, or visitor must accept any information from a youth regarding sexual abuse or sexual harassment. Employees will immediately report the information to their supervisor and follow first responder procedures.
- Volunteers, contractors, vendors, interns, or visitors will immediately report the information to any facility staff.
- All individuals are legally bound to immediately report the information for further actions, which will include criminal and/or administrative investigation, medical and/or mental health treatment, separation of the alleged victim and the alleged perpetrator, collection of evidence, and other necessary protocols. Time is of the essence in reporting sexual abuse and sexual harassment.

**DEFINITIONS**

- **Sexual Abuse** includes engaging in, or attempting to engage in, a sexual act with any youth or the intentional touching of a youth's genitalia, anus, groin, breast, inner thigh, or buttocks, with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of any person. Sexual acts or contact between a youth and youth or a staff member and youth, even when no objections are raised, are always illegal, and by law, considered non-consensual.
- **Sexual Harassment** includes repeated or unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth directed toward another; and repeated or unwelcome verbal comments or gestures of a sexual nature to a youth by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- **Sexual Misconduct** by ANY employee, volunteer, contractor, vendor, intern, or visitor includes any act of sexual abuse and/or sexual harassment as defined herein.



**WINNEBAGO COUNTY JUVENILE DETENTION CENTER  
PRISON RAPE ELIMINATION ACT (PREA)**

**Attorney/Volunteer and Contractor Training/Acknowledgement  
Tier 1 Training**

**REPORTING SEXUAL ABUSE/SEXUAL HARASSMENT ON BEHALF OF A RESIDENT**

- WCJDC accepts – and will immediately investigate – a report made on behalf of a resident, from a guardian or an attorney, as well as reports that are made anonymously. If you report a sexual abuse or sexual harassment incident on behalf of a resident, which occurred at WCJDC, ANY staff volunteers, or contractors have a duty to report any knowledge, suspicion, or information about sexual abuse or sexual harassment against residents,
- WCJDC takes ALL reports seriously and will be investigated. WCJDC will also ensure that the resident is not retaliated against by other residents or staff. This means that you should disclose any information you may have about possible sexual abuse/sexual harassment against a resident, even if you do not have proof of the abuse or are unsure.
- Reporting sexual abuse or sexual harassment means you are telling someone who works here or an agency that collaborates with WCJDC. Here are some ways to report sexual abuse or sexual harassment on behalf of a WCJDC resident:
  - **Call WCJDC directly:** (815) 516-2980 (Ask to speak with the Superintendent or Supervisor).
  - **Report in person at WCJDC:** 5350 Northrock Drive, Rockford IL 61103
  - **Contact Winnebago County Sheriff's Office:** (815) 319-6000
  - **Email:** WCJDCPREA@17thcircuit.illinoiscourts.gov

**Please Answer the Questions below:**

1. Have your actions while on the job ever caused your employer to take disciplinary action or have you ever resigned from a position while under investigation for sexual harassment?     \_\_\_ Yes     \_\_\_ No
2. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?     \_\_\_ Yes     \_\_\_ No
3. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, if the victim did not consent or was unable to consent or refuse?     \_\_\_ Yes     \_\_\_ No
4. Have you been civilly or administratively adjudicated to have engaged in the activity as described above?     \_\_\_ Yes     \_\_\_ No

**By signing this form, you attest that you have read and understand the Sexual Abuse and Sexual Harassment Policy, as well as received information on how to report sexual abuse or sexual harassment on behalf of a WCJDC resident. For more information about PREA, ask to speak with WCJDC's PREA Coordinator. For more information about WCJDC's programs and services, please review WCJDC's resident handbook.**

**Print Name Attorney/Volunteer/Contractor:** \_\_\_\_\_

**Signature of Attorney/Volunteer/Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of WCJDC Staff Reviewing:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Confidentiality Policy**

Volunteers and contractors of the Winnebago County Juvenile Detention Center must adhere to strict guidelines in regard to the confidentiality of information related to the minors in the facility. As a volunteer/contractor, you are strictly prohibited from disclosing confidential information, as defined in this policy.

Confidential information includes, but it not limited to, minor's names, court dates, charges court status and other identifying information. Confidential information also includes law enforcement and court records of minors and the work product of any judge, attorney or other employee, including, but not limited to notes, papers, discussions and memoranda, all office and employee records are confidential. Misuse or dissemination of confidential information or communications in violations of this policy may result in the termination of your volunteer/contractor privileges with the Winnebago County Department of Court Services, including the Juvenile Detention Center, and may be subject to the penalties set forth in the Juvenile Court Act, 705 ILCS 405/1-1 *et seq.*

I have read and had the opportunity to ask questions regarding the Volunteer/Contractor Confidentiality Policy. I will abide by the requirements set forth in this policy.

### **Release and Waiver of Liability and Indemnity Agreement**

By my signature below, I acknowledge that I am aware of, appreciate the character of and voluntarily assume the risks involved in entering the secured perimeter of the Winnebago County Juvenile Detention Center. There risks may arise in a variety of ways, including without limitation: my lifting heavy objects or otherwise exerting myself, using sharp objects or tools, being exposed to COVID-19 or other infectious diseases, and interacting with and being in the presence of the juveniles and other individuals in the Juvenile Detention Center. I understand that these risks include risks of injury, illness, death, and property damage or loss, and that they may arise from my own actions or from the actions of others.

In consideration for being permitted to enter the Winnebago County Juvenile Detention Center for any purpose including, but not limited to, participation in a religious, cultural or volunteer activity, a tour, any on-site programs, or some other activity, I hereby agree to the following

- I. I hereby release, waive, and discharge and agree to indemnify and hold harmless Winnebago County, its directors, officers, board members, employees, agents and volunteers (hereinafter referred to as a "Releasees") from any and all liability, claims, costs, and expenses of any kind and of whatever nature which I or my personal representatives, assigns, heirs, or next of kin may have or which may later accrue, caused by or arising directly or indirectly from my presence in, upon, or about the premises or any facilities or equipment or participating in any program at the Winnebago County Juvenile Detention Center. This release and waiver include, in each such case, all claims in respect of the risks noted above, known and unknown, foreseen and unforeseeable, regardless of the cause and whether such claims arise from tort, contract, or otherwise, and even if caused by the negligence of the Releasees.
- II. I understand the risks associated with being on the premises of the Winnebago County Juvenile Detention Center and I hereby freely and voluntarily assume the risk of bodily injury, death, property damage or loss, and all other injuries and other consequences, whether known or unknown, whether foreseen or unforeseeable, and whether due to negligence of Releasees or otherwise while in, about or upon the premises of the Winnebago County Juvenile Detention

Center and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Winnebago County Juvenile Detention Center.

III. I affirm that I am covered by primary medical insurance and understand that I am responsible for my medical bills if injury occurs while in, about or upon the premises of the Winnebago County Juvenile Detention Center and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Winnebago County Juvenile Detention Center. I hereby consent for the staff at the Juvenile Detention Center to provide, administer, or obtain medical treatment for me and release and forever discharge them from any claim whatsoever which arises or may arise on account of any first-aid treatment of their services rendered in connection with an emergency during my time at the Juvenile Detention Center.

IV. I further expressly agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that this agreement shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that if any portion of this Agreement is held invalid, the balance of this Agreement shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign this Release and Waiver of Liability and Indemnity Agreement and further agree that no oral representations, statements, or inducements apart from those contained in this Agreement have been made.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_