



Turning lives around one child at a time.

WAIVER FOR RELEASE OF INFORMATION

Position Applying For: _____

Forms completed more than (60) days old will not be accepted. Release information will not be provided to third parties.

Full Name: _____

Alias/Maiden Name/Other Married Names: _____

Address: _____

City, State, ZIP: _____

Phone Number: () _____

Date of Birth: _____ SSN#: _____

Place of Birth: _____ Sex: _____

List all states where you have lived: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Drivers License Number: _____ State ID#: _____

Position Applying For: _____

I hereby authorize Summit County Juvenile Court and the following jurisdictions: Stow Municipal Court, Akron Municipal Court, Barberton Municipal Court, Summit County Clerk of Courts and Summit County Sheriff's Office to perform a record check on the information on the above name. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any damage on account of furnishing said information whether or not final disposition is known.

Signature: _____ Date: _____

Witness: _____ Date: _____





SUMMIT COUNTY JUVENILE DETENTION FACILITY
650 DAN STREET
AKRON, OHIO 44310

STATEMENT OF COMMITMENT

I, _____, understand that the policy and procedure manual of the Summit County Juvenile Detention Facility is accessible to me at all times. I further state that as a volunteer, I agree to abide by all policies, procedures, rules, and regulations contained in this manual. By signing this form I am making a commitment to the Juvenile Detention Facility to do so. I understand that any violation of these rules and regulations, or policies and procedures, may result in termination of my services. I also acknowledge that where the Juvenile Detention Facility does not have a policy or procedure, and the County of Summit does, that administration reserves the right to defer to county policy. The Summit County Juvenile Detention Facility policy manual is available in the supervisor's office, control room, and intranet.

I, _____, have received and understand the policies regarding my assigned responsibilities, confidentiality of information, code of ethics, and sexual harassment, and agree to abide by said policies.

Volunteer signature _____

Date _____

Superintendent _____

Date _____



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CONFIDENTIALITY & LIABILITY AGREEMENT

I understand and agree that in the performance of any duties as a volunteer of the Juvenile Detention Facility, I must hold in strictest confidence any observations I may make or hear regarding clients, client families, staff or volunteers.

I understand that I may not use any information (including but not limited to verbal, written or electronic formats) of a personal or private nature in casual conversation or in other ways that might identify, cause harm or detract from the reputation of another person.

I understand that I may not use or disclose an individual's protected information for any purpose without properly documented consent or authorization of the client or his/her authorized representative unless required to do so by federal/state law or regulation; unless an emergency exists or the information has been sufficiently de-identified so the recipient would be unable to link the information to the client.

I understand that intentional or unintentional violation of confidentiality may result in possible legal action by others (i.e. clients, families, staff).

I further understand that potential risks of physical or emotional harm involved while in the Summit County Juvenile Detention Facility exists and will indemnify and hold harmless the County of Summit, the Juvenile Court, and the officers and employees of the County for any physical or emotional harm to me, which occurs while on Detention Facility grounds.

Printed Name: _____

Date: _____

Signature: _____

Date: _____

Superintendent: _____

Date: _____