

**BRADFORD COUNTY CORRECTIONAL FACILITY
VOLUNTEER INFORMATION SHEET**

Print Name: _____
(First) (Middle) (Last)

Address: _____
(Street) (Apt#, Etc.) (City) (State) (Zip)

Telephone (include area code) Work: _____ Home: _____

DOB: _____ Age: _____ SSN _____ Race: _____

Present Employer: _____ Phone _____

Position: _____

Spouse (Full Name): _____

Have you ever been incarcerated in this facility? _____ If yes, when? _____

Do you have any relatives or friends who are currently incarcerated in this facility? _____

Is yes, give name(s) and relationship(s): _____

Please list two personal references:

Name: _____ Phone _____

Name: _____ Phone _____

Signature: _____ Date _____

VOLUNTEER AGREEMENT FORM

Personal Information:

Name _____ Date _____

Organization represented _____

Contact phone number _____

Emergency Contact Information:

Name _____ Relationship _____

Address _____

Telephone _____

Areas of interest:

Programs of interest:

Specific skills or educational background:

VOLUNTEER CONTACT INFORMATION

1. All volunteers shall have an opportunity to schedule meetings with the Correctional Counselor to discuss any concerns the volunteers might have concerning their programs and/or activities. Please call to make arrangements for a meeting time.
2. All volunteers shall be notified at least one week in advance to any scheduling conflicts that might interfere with their assigned programs and/or activities.
3. In case of a facility lock down, all volunteers shall be informed not to attend their regular scheduled programs at the earliest convenience.

In signing this form, I acknowledge that I have read sections #18.01 of the facilities policy and procedure manual, and agree to the rules and regulations of the facility.

Signature: _____ Date _____

FOR OFFICIAL USE ONLY

Orientation date: _____ NCIC Check: _____

Program Day: _____ Start Time: _____ End Time: _____

Signature: _____