Don Stewart Warden

Phone: 570-297-5047 Fax: 570-297-4350



**Peter J. Quattrini, Jr.** Deputy Warden

## **Volunteer Information Form**

Name:						
Last	Middle	First				
Alias:						
Address:						
	City	State	Zip			
I enoth of time at pre	,		1			
Length of time at present address:  Previous address:			How Long:			
Marital Status:	Height:	Weight:	Eyes: Hair:			
SS#:	Race:	Sex:	E-Mail Address:			
DOB:	Place of Birth:					
Driver's License #		State:				
Present Employer:	ployer:Phone:					
Have you ever been i	ncarcerated in this fa	cility?	If yes, when?			
			in this facility?			
s yes, Name:Relationship:						
			<del>-</del>			
	Name: Relationship:					
Group Representing:		If applicable:				
☐ 12 Step Group AA or NA		Length	Length of Continuous Recovery:			
☐ Religious		Last da	Last date on Probation/Parole:			
Other:			County/State:			
	Criminal Convicti	on History (if applicable	e attach second nage)			
			•			
DI 11 4 4						
Please list two perso	onal references:					
Name:	Phone					
Name:			Phone			

I agree to abide by all facility policies particularly those relating to security and confidentiality of information. I also agree to the following:

- 1. A condition of your participation is a requirement that you report and all police contacts or new arrests to the Warden, Deputy Warden or the Corrections Counselor.
- 2. I have reviewed the Bradford County Correctional Facilities PREA standards that are available on the Bradford County, PA website or contacted the Corrections Counselor and understand my responsibilities related to PREA.

Signature	Da	nte	
	<u>OFFICIAI</u>	L USE ONLY	
Approval Date: Denial Date: Expiration Date:			
Orientation date:	NCIC Check:		
Program Day:	Start Time:	End Time:	
Signature:			