



## SHELBY COUNTY GOVERNMENT DIVISION OF CORRECTIONS VOLUNTEER APPLICATION

**For Office Use Only:** Date Received

Date Completed

ID#

INT:

Thank you for your interest to serve as a volunteer within the Shelby County Division of corrections (SCDC). Please read the following questions carefully and type or clearly print your answers to each before signing below. Areas marked with an \* are required fields and must be completed before application will be considered or processed. Thank you.

\*Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
LAST FIRST MIDDLE

\*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Driver's License #: \_\_\_\_\_, \*State: \_\_\_\_\_ \*Exp: \_\_\_\_\_

\*SSN#: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*Race: \_\_\_\_\_ \*Sex: \_\_\_\_\_

\*City: \_\_\_\_\_, \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*HM Phone #: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_

\*Organization Name: \_\_\_\_\_

\*Employer: \_\_\_\_\_

\*Occupation: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Supervisor: \_\_\_\_\_

\*City: \_\_\_\_\_, \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*WK Phone #: ( ) \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\*Emergency Contact Person: \_\_\_\_\_ \*Telephone # ( ) \_\_\_\_\_

Answers to the following questions will be considered for serving as a volunteer and for purposes relevant to the assignment for which you are applying. Answering, "yes" to any of the following questions will not automatically disqualify you as a volunteer.

\*Have you ever been convicted of a crime, or are there any criminal charges currently pending against you? Yes \_\_\_ No \_\_\_  
If "yes", please explain: \_\_\_\_\_

\*Have you been arrested within the last ten years? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes", please explain: \_\_\_\_\_

\*Are you related to any inmate(s) at our (SCDC) facility? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes", please list below:

INMATE NAME	R&I NUMBER	RELATIONSHIP
_____	_____	_____
_____	_____	_____

\*Level of Education ( ) GED ( ) HS Diploma ( ) Undergraduate Degree ( ) Master Degree ( ) Other  
If "other", please explain: \_\_\_\_\_

\*Please indicate below the category of service(s) in which you would be most interested in volunteering:

- [ ] Administrative: Internship, Clerical, and Secretarial
- [ ] Spiritual: Lead Worship, Lead Study, Revival, and Gospel Concerts
- [ ] Counseling: Marriage & Family, Prerelease, Domestic Violence, Parenting, Mentoring
- [ ] Education: Literacy & Mathematics, Vocational, Languages, Tutoring, Time-To-Read, Librarian
- [ ] Professional: Legal assistance, Medical/Health Awareness, Job Placement, Interviewing & Techniques
- [ ] Recreation: Arts & crafts, Sports, Entertainment
- [ ] Support: Letter Writing, Donations, Hosting events
- [ ] Other: Please specify: \_\_\_\_\_

\*Preferred Shift: ( ) Mornings 9:00 – 10:00 a.m. ( ) Evenings 7:00 – 8:00 p.m.

\*Days Available: ( ) Weekdays ( ) Weekends ( ) Both

\*Length of Commitment/Hours ( ) Weekly O 1-2 O2-4 O4-6 hours ( ) Monthly O 1-2 O2-4 O4-6 hours

Please list any additional hobbies, interest, special skills or agencies in which you have served as a volunteer:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### REFERENCES

\*Please list two persons (other than family) who can evaluate your potential for volunteering with our organization:

Name: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_ Years: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_ Years: \_\_\_\_\_

#### CERTIFICATION

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that any misstatement of fact may result in termination. All statements made on this application, including employment information, are subject to verification as a condition of serving as a volunteer. I hereby give my permission for SCDC to verify any information included in this application.

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

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

For Office Use Only:	Comments	Signature/INT	Approved	Not Approved
Criminal Record:				
Employment:				
References:				
Date:				