

# Lancaster County Corrections Volunteer Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Please list any other name(s) you have used: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City/State) (Zip code)

Telephone Numbers: \_\_\_\_\_  
(Home) (Cell) (Work)

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
(Month/Day/Year)

Eyes: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: M or F

Social Security# \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Employer: \_\_\_\_\_  
(Name) (Location) (Occupation/Title)

Have you or any relatives or friends been lodged in Lancaster County Corrections in the last 6 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please list the name of the person incarcerated and their relationship to  
you \_\_\_\_\_.

Do you have any communicable diseases? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving treatment for mental health problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently receiving treatment by a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted for any violation of the law other than minor traffic violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain: \_\_\_\_\_

\_\_\_\_\_.

Area in which volunteer services will be performed:

Alcoholics Anonymous	_____	Sobriety Date	_____
Narcotics Anonymous	_____	Sobriety Date	_____
Religious Services	_____		
Education	_____		
Library Services	_____		
Clerical Services	_____		
Counseling	_____		
Arts & Crafts	_____		
Other (explain)	_____		

Professional Credentials held: \_\_\_\_\_

\_\_\_\_\_

Past Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Most suitable days you could provide volunteer services: Sun \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_  
Fri \_\_\_ Sat \_\_\_

Most suitable times you could provide volunteer services: Morning \_\_\_ Afternoon \_\_\_ Evening \_\_\_

List the names of three persons (other than relatives) who have knowledge of your skills and character:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone# \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**I agree to comply with the following:**

- 1) I will complete an orientation program with the Lancaster County Department of Corrections if required.
- 2) My volunteer service will not be monetarily compensated.
- 3) I will abide by the professional ethics governing the confidentiality of case histories of detainees.
- 4) I will not knowingly violate Lancaster County Department of Corrections Policies and Procedures while in the facility.
- 5) I will not bring contraband into the facility.
- 6) I will submit to a search of my clothing, purse, packages, person etc. if requested by Corrections staff, upon entering or while at the facility.
- 7) I will report any problems or irregularities encountered while at the facility to the Programs Director.
- 8) I give Lancaster County Department of Corrections permission to conduct a criminal history investigation on myself and contact character references I have listed.
- 9) I will maintain a professional distance from inmates.
- 10) I will immediately notify the Programs Director if I , any family member or close friend become incarcerated with the Lancaster County Department of Corrections.

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

**Return Application to: Lancaster County Corrections  
Attn: Programs Director  
3801 West 'O' Street  
Lincoln, NE 68528**

**For Use by Correctional Staff:**

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

Date of NCIC Criminal History: \_\_\_\_\_

Notes from Criminal History Background Check: \_\_\_\_\_

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Date Approved/Not Approved: \_\_\_\_\_

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date

**Committee Recommendations:**

Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Committee Signatures:

\_\_\_\_\_

Approve

Disapprove

\_\_\_\_\_

Approve

Disapprove

\_\_\_\_\_

Approve

Disapprove

**Restrictions:**

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