## **Lancaster County Corrections Volunteer Application**

Name:(Last)		(First)		(Middle)		
Please list any other name	(s) you have used:_					
Home Address:(Stree		(City/State)		(Zip	code)	
Telephone Numbers:	(Home)		(Cell)		(Work)	
Email Address:	,					
Date of Birth:(Month/Day/Y	Height: ear)	_ Weight:	Hair Color:			
Social Security#			Race:			
(Name)	(Name) (Loca			(Occup	(Occupation/Title)	
Have you or any relatives of Yes No  you  Do you have any commun  Are you currently receiving Are you currently receiving Have you ever been convicy Yes No If yes	If yes, please list the icable diseases? Yes treatment for men	name of the law of the law of the law of	oblems? Yes	ated and the	eir relationship to	
Area in which volunteer se	ervices will be perfor	med:				
Alcoholics Anonymous Narcotics Anonymous						

Past Volunteer Experience:
Most suitable days you could provide volunteer services: SunMonTuesWedThurs Fri Sat
Most suitable times you could provide volunteer services: MorningAfternoon 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:\_\_\_\_\_ Date Approved/Not Approved:\_\_\_\_\_ Signature of Approving Official Date **Committee Recommendations:** Approval\_\_\_\_\_ Disapproval\_\_\_\_\_ Committee Signatures: Disapprove Approve Approve Disapprove Approve Disapprove **Restrictions:**