

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: _____

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:

_____	Approve	Disapprove
_____	Approve	Disapprove
_____	Approve	Disapprove

Restrictions:
