



Berks County Prison/Jail System

VOLUNTEER APPLICATION

1287 County Welfare Road, Leesport, PA 19533
Telephone: 610- 208-4800 Fax: 610-208-4878

Last Name: _____ First Name: _____ Male or Female (circle one)

Maiden Name / A.K.A.: _____ Race: _____

Social Security Number: _____ - _____ - _____ Date of Birth ____/____/____

Place of Birth (State, Country): _____ Drivers License State and Number: _____

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone Number: (Home) _____ (Other) _____

Emergency Contact: (Name) _____ (Relation) _____

Emergency Telephone Number: (Home) _____ (Other) _____

Organization I am representing: _____

Organization contact name and telephone number: _____

Have you ever been a volunteer in a prison or jail? Yes / No If yes, when, where and how long?

If yes, are you still a volunteer? Yes / No If not, why? _____

Do you have any relatives or friends who have ever been incarcerated at this institution? Yes / No

If yes, provide name: _____

Do you have relatives or friends employed at this institution? Yes / No

If yes, provide name: _____

Have you ever been arrested, cited, and/or charged with a crime? Yes / No

If yes, please provide the following: Year, Charge(s), and Disposition
(Disposition means: Guilty, Not Guilty, Dismissed, Withdrawn, Expunged, Restitution fines, ARD, Probation, etc.)

I hereby declare that, to the best of my knowledge, the above information is true and correct. I understand that if I do not disclose the information requested above, this may disqualify me from the volunteer program. I further agree to abide by all regulations governing my service as a volunteer with the Berks County Prison/ Jail System. I understand that volunteers are not permitted to perform professional services unless certified or licensed to do so. I agree that I will not engage in any activity that violates the rules of this institution and/or could lead to a security breach. I understand that such behaviors or activity may restrict my access to the institution and/ or subject me to criminal prosecution.

Finally, I authorize Berks County Prison/ Jail System staff to conduct a criminal background check of my past as well as any other historical check that may be required to process the application.

Signature

Date