ACP 082

Adams County Adult Correctional Complex

VOLUNTEER APPLICATION

	Aliases:
Address:	Number of years at this address:
City:	Zip:
Daytime Phone:	Evening Phone:
E-mail Address:	
Soc. Sec. #:	Date of Birth:
Place of birth:	
Current employer or school	
Address:	Phone:
Education, work or volunteer experie	
Highest grade in education:	Educational degree:
Ministers: Ordained: Yes I	No Year and location of ordination:
Skills or certifications:	
Purpose of application:	
Languages you can speak or write:	
Days you are available:	Hours:
Area of interest: Mental Hea	Abuse Counseling Education Life Skills Religious Programs
Area of interest: Mental Hea Personal References (please list the r Name:	alth Counseling Support Groups Other (list) names of two non-relative references)
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Area of interest: Mental Hea Personal References (please list the r Name:	Address: Relationship: Phone:
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Area of interest: Mental Heal Personal References (please list the r Name: City/St/Zip: Name: City/St/Zip: Years of sobriety: Criminal history: Yes Where incarcerated: I give my permission for the above name obtained will be used only in conjunction criminal history and background check. Signature	ath CounselingSupport GroupsOther (list) hames of two non-relative references) Address: Phone:
Area of interest: Mental Heal Personal References (please list the r Name: City/St/Zip: Name: City/St/Zip: Years of sobriety: Criminal history: Yes N Where incarcerated: I give my permission for the above name obtained will be used only in conjunction criminal history and background check. Signature Please return completed form to: ce Use Only:	dth Counseling Support Groups other (list) Address: Address: Relationship: Address: Relationship: Address: Relationship: Address: Relationship: Vo ARD Program County Probation/Parole State Parole Years Incarcerated d references to be contacted either verbally or in writing if needed. I also understand that the information on this application is true and accurate to the best of my knowledge. Date Treatment Department – Director Barbie Taylor Adams County Adult Correctional Complex 45 Major Bell Lane Gettysburg, PA 17325 Fax: 717-338-3418
Area of interest: Mental Heal Personal References (please list the r Name: City/St/Zip: Name: City/St/Zip: Years of sobriety: Criminal history: Yes N Where incarcerated: I give my permission for the above name obtained will be used only in conjunction criminal history and background check. Signature Please return completed form to:	dth Counseling Support Groups other (list) Address: Address: Relationship: Address: Relationship: Address: Relationship: Address: Relationship: Vo ARD Program County Probation/Parole State Parole Years Incarcerated d references to be contacted either verbally or in writing if needed. I also understand that the information on whith the Adams County Adult Correctional Complex volunteer programs and hereby give my consent to a All the information on this application is true and accurate to the best of my knowledge. Treatment Department – Director Barbie Taylor Adams County Adult Correctional Complex 45 Major Bell Lane Gettysburg, PA 17325 Fax: 717-338-3418