



## Chester County Prison Community Volunteer Application

### General Information:

Full Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\* Drivers Lic. #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Children Names & Ages: \_\_\_\_\_

→ \* A copy of your driver's license must be attached to this application.

### Education Information:

High School Graduate Yes/Year: \_\_\_\_\_ School: \_\_\_\_\_

No  Grade Completed: \_\_\_\_\_ God? Yes  No

College: Yes  No  Degree: Yes: \_\_\_\_\_ No

College/Univ. Name: \_\_\_\_\_

### Employment Information:

Present Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

### Organization Affiliated With:

Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Group Phone Number: \_\_\_\_\_

### References: (Please Provide us with a non-family member reference)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Background Questionnaires:**

Have you ever been incarcerated? No  Yes   
If yes, provide when, where, reason and duration. \_\_\_\_\_  
\_\_\_\_\_

Have you ever worked with inmates at other Correctional Facilities? No  Yes   
If yes, provide when, where, reason and duration. \_\_\_\_\_  
\_\_\_\_\_

Do you now or in the past, have any friends or relatives incarcerated? No  Yes   
If yes, provide when, where, reason and duration. \_\_\_\_\_  
\_\_\_\_\_

Do you have now or in the past had any friends or relatives who are/were victims of an inmate incarcerated at CCP? No  Yes   
If yes, provide when, name of individual as well as inmate. \_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve by volunteering your time and services to the inmate population at Chester County Prison?  
\_\_\_\_\_  
\_\_\_\_\_

**Failure to complete any portion of this application and/ or the supplying of any false inaccurate information may result in denial of this application.**

I hereby agree to abide to all rules and regulations governing my service as a volunteer at the Chester County Prison. I have read and fully understand all sections of the Volunteer Guidelines Handbook. I also understand that volunteers are not permitted to perform professional services unless certified or licensed to do so.

The responsibility of volunteers to conduct themselves as a positive role model has been explained. I agree with the Chester County Prison Policy of discontinuing and immediate termination of participation by any volunteer whose direct or perceived behavior is determined to be harmful to the Volunteer Program and or the Institution.

Print Name	Signature
FOR OFFICIAL USE ONLY	

COAST \_\_\_\_\_ NCIC \_\_\_\_\_ HHS \_\_\_\_\_

Treatment: \_\_\_\_\_  
Approved / Disapproved

Security: \_\_\_\_\_  
Approved / Disapproved