

**BUCKS COUNTY DEPARTMENT OF CORRECTIONS
INMATE SERVICES – VOLUNTEER REGISTRATION**

In a correctional setting, it is necessary to complete a review of each person who enters the facility to determine if they are suitable for access. Each volunteer has a responsibility to handle their duties in an appropriate and professional manner. The information requested on this form is necessary to receive clearance for you to begin work as a volunteer. Please **completely** fill out this form legibly and attach a clear copy of your **current driver's license and your Pennsylvania background check results.**

Full Name (L, F, MI) _____ SSN _____
 Maiden Name/AKA's _____ US Citizen (Y/N) _____
 Date of Birth _____ Place of Birth _____ County of Residence _____
 Height _____ Weight _____ Eye Color _____ Hair Color _____ Sex _____ Race _____
 Distinguishing Physical Characteristics (please list – scars, tattoos, distinguishing marks): _____

Address _____
 Phone (home) _____ (work) _____ (mobile) _____
 Present Occupation _____ Date of Hire _____
 Education Level _____ Last School Attended _____ Marital Status _____
 Type of Volunteer Work Requested _____
 Previous Volunteer Work _____

List any and all arrests or convictions for a criminal or summary offense; include the date, location of arrest, and disposition (failure to do so will result in denial of your clearance): _____

Have you ever been incarcerated? _____

Do you have or have you had any friends/relatives incarcerated in Bucks County? _____

Volunteer Agreement

The information provided above is true and correct to the best of my knowledge. I agree to abide by all regulations governing my services as a volunteer with the Bucks County Department of Corrections.

I have read and understand the information in the Volunteer Handbook including those detailing confidentiality of information, contraband issues, and the Prison Rape Elimination Act.

I agree with the policy of discontinuing the participation of any volunteer whose direct or perceived behavior is deemed harmful to the volunteer program.

 Applicant's Signature _____
 Date

Staff Use Only

Approved _____
Yes No

Entered into OMS: _____
Staff Signature Expiration Date