Adams County Adult Correctional Complex

VOLUNTEER APPLICATION

Name:	Aliases:		
Address:		Nur	mber 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 ex	perience:		
Highest grade in education:	Education	onal degree:	
Ministers: Ordained: Yes	No Year and location of	of ordination:	
Skills or certifications:			
Purpose of application:			
Languages you can speak or wri	ite:		
Days you are available:		Hours:	
Personal References (please list	the names of two non-relative ref	Groups Other (list)erences)	
	ridaress.		
Name:			Phone:
		T. 1 . 1 . 1 .	
Years of sobriety:			
	— ☐ No ☐ARD Program ☐Coun	ty Probation/Parole State Parole	e Years Incarcerated
Where incarcerated:			
I give my permission for the above obtained will be used only in conjur	nction with the Adams County Adult	er verbally or in writing if needed. I a Correctional Complex volunteer progr cation is true and accurate to the best	ams and hereby give my consent to a
Signature		Date	
Please return completed form	to: Treatment Department – D Adams County Adult Corr 45 Major Bell Lane Gettysburg, PA 17325		
ce Use Only:			
ector of Treatment Signature		Background Check	
of Security Signature		Security Training TB Testing	