

The Hospitals and Institutions subcommittee is seeking willing N.A. members to serve at the Berks County Prison. The process is as follows:

1. Fill out clearance application in its entirety. Applications will be denied if not completely filled out. Be sure to include “Hospitals and Institutions of Narcotics Anonymous” for name of the volunteer organization and “Gabe B. 610-864-6512” as the organization contact name and number.

**2. Email clearance application to JHerman@countyofberks.com or mail to Joseph Herman: Volunteer Coordinator
1287 County Welfare Rd.
Leesport PA 19533.**

3. After 2-3 weeks, contact Joseph Herman at 610-208-4800 extension 4200 or email JHerman@countyofberks.com to see if you have been cleared then schedule for volunteer training (see 2017 Volunteer Training Schedule for details).

If you have any questions, contact the H&I Chair, Gabe B. at 610-864-6512.



Berks County Jail System

☐ **Jail**

1287 County Welfare Road
Leesport, PA 19533
phone: 610-208-4800

☐ **Community Reentry Center**

1261 County Welfare Road
Leesport, PA 19533
phone: 610-208-4800

2017 Volunteer Training Schedule

Training starts promptly at 5:30 p.m.

DATE

Monday March 6, 2017
Wednesday March 22, 2017
Wednesday April 12, 2017
Tuesday April 25, 2017
Wednesday May 24, 2017
Monday July 24, 2017
Monday September 18, 2017
Monday November 20, 2017

Location

Berks Agricultural Center
Berks Agricultural Center
Berks Agricultural Center
Berks Agricultural Center
Jail System CRC
Jail System CRC
Jail System CRC
Jail System CRC

PLEASE NOTE:

You must bring a valid form of identification with you.

You must schedule your training date with the volunteer coordinator in advance.

Training starts promptly at 5:30 p.m. Late arrivals and those not scheduled will not be permitted to attend.

Berks County Agricultural Center: 1238 County Welfare, Leesport, PA 19533

Please park in the parking lot next to the building and enter through the main doors at the front of the building. The auditorium is located down the steps to the right after entering the building.

Berks County Jail System CRC: 1261 County Welfare Rd, Leesport, PA 19533

Please park in the visitor parking lot near the front of the building.



Berks County Jail System

VOLUNTEER APPLICATION

Jail
1287 County Welfare Road
Leesport, PA 19533
Phone: 610-208-4800

Community Reentry Center
1261 County Welfare Road
Leesport, PA 19533
Phone: 610-208-4800

Please print clearly.

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

Maiden Name/Alias: _____ Race: _____ Social Security Number: _____ - _____ - _____

Date of Birth ____/____/____ Place of Birth (State, Country): _____ Drivers License/State ID#: _____

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

Telephone #: (Home) _____ (Cell #) _____

Email address: _____

Emergency Contact: _____ Phone # _____
(Name) (Relationship)

Are you or have you ever been a volunteer here at BCJS? **Yes / No** If yes, when? _____

Name of Volunteer Organization: _____

Organization Contact Name/Phone# _____

List all relatives and friends that have ever been incarcerated here: (if needed - use other side or attach list of names)

List all relatives or friends employed at this institution: (if needed - use other side or attach list of names)

Have you ever lodged a **PFA** against someone or had a **PFA** lodged against you? **Yes / No**

If yes, **please explain:** _____

Have you ever been arrested, cited, and/or charged with a crime (including as a juvenile)? **Yes / No**

If yes, you must provide your complete criminal history of any arrests or charges (including juvenile). List the year, the charge(s), and the disposition: (**Disposition means: Guilty, Not Guilty, Dismissed, Withdrawn, Expunged, Restitution fines, ARD, Probation, etc.**)

If needed – you may use the other side.

Year _____ Charge(s) _____ Disposition _____

Year _____ Charge(s) _____ Disposition _____

Year _____ Charge(s) _____ Disposition _____

Year _____ Charge(s) _____ Disposition _____

I hereby declare that, to the best of my knowledge, the above information is true and correct. **I understand that if I omit or forget and do not fully disclose all the information requested above, it 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 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 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 _____