

**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](mailto: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](mailto: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

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☐ **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

## 2018 Volunteer Training Schedule

**Note: All training will be held at the CRC Gymnasium.**

**Training starts promptly at 5:30 p.m.**

**DATE**

Wednesday February 7, 2018  
Wednesday March 7, 2018  
Tuesday March 13, 2018  
Wednesday April 11, 2018  
Tuesday April 17, 2018  
Wednesday May 2, 2018  
Wednesday July 18, 2018  
Tuesday September 18, 2018  
Wednesday November 7, 2018

**Location**

Jail System CRC Gymnasium  
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**PLEASE NOTE:**

You must bring a valid form of identification with you.

If you have previously been a volunteer at BCJ, you must bring your old photo ID card with you to training.

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

You must get your photo ID taken the day you attend training. You will receive your ID that day.

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

**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