

Berks County Jail System 2019 Volunteer Training Schedule

Training starts promptly at 5:30 p.m.

DATE	LOCATION
Wednesday February 20, 2019	Jail System CRC
Wednesday March 6, 2019	Jail System CRC
Tuesday March 12, 2019	Jail System CRC
Wednesday April 10, 2019	Jail System CRC
Wednesday April 17, 2019	Jail System CRC
Tuesday May 14, 2019	Jail System CRC
Wednesday July 17, 2019	Jail System CRC
Wednesday September 18, 2019	Jail System CRC
Thursday November 7, 2019	Jail System CRC

Trainings will start promptly at 5:30 p.m.

Late arrivals and those not scheduled will be denied.

You must bring a valid form of identification with you. If you have previously been a volunteer at BCJS, you must bring your old photo ID card with you

ID Badges will be issued same evening you complete training. In the event you need to schedule for a photo ID, Contact the Director of Training at Ext: 4725 (Mon-Friday, 8am-2pm).

The “**CRC**” **Community Reentry Center** is located at 1261 County Welfare Rd, Leesport, PA 19533. Please park in the visitor parking lot near the front of the building.

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

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 _____