Harford County Detention	Name: (Last,	First, Middle		
Volunteer Personnel Appl			SCRUB:	
			Initials:	
	 Part I: Pe	rsonal History		
Address:		Home phone:		
		nome prone.		
City:	State:	Zip Code:		
Date of birth:	Emergency Contact:	Emergency contact #:		
Drivers License #:	Expiration:			
	Part II: Educa	ational Experience		
Highest level of education completed:		High School Diploma: [] Yes	High School Diploma: [] Yes [] No	
[]9[]10[]11[]12[]13[] 14 [] 15 [] 16+			
College:	Years completed:	Degree:	Major:	
	Part III: Occ	upational History		
Present occupation:			Length of service:	
Company/Agency name:		Employer Name:		
Address:		i	Work phone:	
City:		State:	Zip Code:	
	Part IV: C	riminal History		
Have you ever been convicted of a	ny law violation other than a minor traffic ci	tation? []Yes []No		
Date:	Violation:	Incarcerated: [] Yes [] No	Where incarcerated:	
Date:	Violation:	Incarcerated: []Yes []No	Where incarcerated:	
If you have been convicted of a law	v violation, this will not necessarily eliminate	you from consideration as a volunteer.		
	Part V: Pers	sonal References		
Name (other than family):			Known how long:	
Address:			Home Phone:	
City:		State:	Zip Code:	
	Part VI: Ger	neral Information		
Religious Affiliation and Organization:		Phone # of Organization:	Phone # of Organization:	
Special skills and abilities:				
Previous volunteer experience in a correctional institution:		Type of volunteer work perform	Type of volunteer work performed:	
How much time per week/month [Avg.] will you be able to provide:		Days you will not be available t	Days you will not be available to work:	
Days you prefer to work:		Times you prefer to work:	Times you prefer to work:	
I hereby freely offer to become a v	olunteer for the Harford County Detention C	Center. I understand and agree to a compret	nensive background investigation	
conducted by the Harford County S	Sheriff's Office. I will be required to complet	e an orientation pre-program prior to assign	ment and submit brief program report	

conducted by the Harford County Sheriff's Office. I will be required to complete an orientation pre-program prior to assignment and submit brief program reports It is further understood and i agree that my services will not be monetarily compensated and i shall abide by the professional ethics governing confidentiality of case records.

Applicant's Name:	п п	" Date:	u	
	Signature			