KENT COUNTY JUVENILE DETENTION CENTER FACILITY CLEARANCE APPLICATION FOR RELIGIOUS AND VOLUNTEER PROGRAMS

GROUP ASSO	OCIATION:	
DATE:		
NAME:	MIDDLE	
LAST	MIDDLE	FIRST
MAIDEN NAME:		
ALIAS:		
ADDRESS:		
ADDRESS:		
CITY	STATE	ZIP
EMAIL ADDRESS:		
DRIVERS LICENSE #:		STATE:
	WORK PHONE#:	
D.O.B.:	PLACE OF BIRTH:	
RACE:	SEX:	

MILITARY SERVICE: YES NO B	RANCH:	
DATE AND TYPE OF DISCHARGE:	*****	*****
NAME OF EMPLOYER:		
ADDRESS:		
SUPERVISOR:		
LENGTH OF EMPLOYMENT: FROM:	TO:	
POSITION IS/WAS: PERMANENT	TEMP. PARTTIME	FULLTIME
DESCRIBE YOUR DUTIES: CHARACTER REFERENCES:		
PROVIDE NAME, ADDRESS, AND PHO REFERENCES(EXCLUDES RELATIVE INDICATE THEIR RELATIONSHIP TO AND ACCURATE. 1	S AND FORMER EMPLOYEF YOU. ADDRESSES MUST B	RS) PLEASE E COMPLETE
2		
3		
EDUCATION:		
INDICATE THE HIGHEST YEAR IN SC	HOOL COMPLETED:	
COLLEGE: MAJOR:	MINOR:	
IF PRESENTLY ENROLLED, INDICAT	E YEAR IN SCHOOL:	
NAME OF SCHOOL:		
LIST ANY ILLNESSES OR PHYSICAL WITH YOUR PARTICIPATION:		

HAVE YOU EVER BEEN ARRESTED? YES NO IF YES, PLEASE PROVIDE DETAILS BELOW.

DATE CHARGE DISPOSITION ARRESTING AGENCY

WHAT AREA ARE YOU INTERESTED IN AND WHAT TASKS WOULD YOU BE DOING AS A VOLUNTEER?

WHAT EXPERIENCE HAVE YOU HAD IN COUNSELING, CORRECTIONS, LAW ENFORCEMENT, OR RELATED COMMUNITY SERVICE?

WHAT COURSES, SPECIAL TRAINING, OR SKILLS DO YOU HAVE THAT MAY ASSIST YOU AS A VOLUNTEER?

WRITE A BRIEF STATEMENT ABOUT YOUR INTEREST IN VOLUNTEERING AND YOUR PURPOSE OR REASON FOR OFFERING YOUR SERVICES.

WHAT DO YOU EXPECT TO GAIN FROM BEING A VOLUNTEER?

CLERGY VOLUNTEERS ONLY: DENOMINATION:

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CHURCH/ PASTOR AFFILIATION: