

Somerset County Jail  
**Correctional Volunteer Application**

Please check which type of Correctional Volunteer position you are requesting:

Religious                       Other (Specify): \_\_\_\_\_

Date:		Program Name and Organization Represented:	
Last Name:		First Name:	Middle Name:
Home Street Address:			
City:		State:	Zip Code:
Home Phone:		Social Security No:	
Work Phone:		Date of Birth:	
Cell Phone:		Email Address:	
Are you currently employed?                      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer:		Address:	
Supervisor:		Phone Number:	
Job Duties:			
<b>Please answer the following questions:</b>			
<b>Note: A 'yes' answer does not automatically disqualify you from being a volunteer.</b>			
Have you ever been convicted of any crime?			YES    NO
			<input type="checkbox"/> <input type="checkbox"/>
Have you ever been sentenced to jail or prison?			<input type="checkbox"/> <input type="checkbox"/>
Are you on probation or parole?			<input type="checkbox"/> <input type="checkbox"/>
Are you related to or friends with any inmate at the Somerset County Jail?			<input type="checkbox"/> <input type="checkbox"/>
Do you use drugs or alcohol?			<input type="checkbox"/> <input type="checkbox"/>
Do you have any chronic medical condition which you require treatment?			<input type="checkbox"/> <input type="checkbox"/>
Do you have a medical condition that <b>requires</b> you to carry medication for immediate consumption in the event of an emergency?			<input type="checkbox"/> <input type="checkbox"/>
Explain any Yes answers:			

Emergency Contact Information:	
Name:	Relationship:
Home Phone:	Alternate Phone:

Do you speak a foreign language? Yes  No  Language \_\_\_\_\_

List completed education, certificates and licenses held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal References:		
Name:	Relationship:	
Home Street Address:		
City:	State:	Zip Code:
Home Phone:	Alternate Number:	

Name:	Relationship:	
Home Street Address:		
City:	State:	Zip Code:
Home Phone:	Alternate Number:	

**APPLICANT'S STATEMENT:**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I agree to have any of the statements verified by the Somerset County Jail or its representatives. I understand that providing any false, misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination, even if discovered at a later date.

I authorize representatives of Somerset County Jail to conduct a thorough investigation of my activities and background. I also authorize all references provided in this application, as well as all other individuals, whom the Somerset County Jail may contact to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Jail, all persons and entities acting on its behalf and all persons and entities requesting or supplying such information.

Information you have provided is confidential. This information will only be released with a signed consent from you. Religious information regarding religious programs will be shared with the facility Chaplain.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of applicant**