

**Mifflin County Correctional Facility
Volunteer Application**

ORGANIZATION INFORMATION:

NAME OF ORGANIZATION:		
ADDRESS:		
CITY, STATE, ZIP:		
NAME OF PROGRAM:		

VOLUNTEER INFORMATION:

VOLUNTEER NAME:		
ADDRESS:		
CITY, STATE, ZIP:		
DATE OF BIRTH:	SSN:	PHONE:

1. Have you ever been convicted of a crime? *Do not include traffic violations* () YES () NO
If yes, explain:

2. Are you currently on parole/probation? () YES () NO
3. Describe in detail the type of program you wish to present, including the objectives which you feel could be reached?

4. Do you have a medical condition that requires medication or equipment that would have to be brought into the facility? () YES () NO

AUTHORIZATION

I, the above named prospective volunteer of the Mifflin County Correctional Facility, hereby authorize the Warden, or his designee, to conduct a background check of myself, and the organization that I am representing. I understand, that if I provide false information, I may be denied participation in the volunteer program without recourse.

Signature of Volunteer: _____ Date: _____

Witness Signature: _____ Date: _____

Add two (2) Non-Related, Character References:

Name:		
Address:		
City, State, Zip		
Relationship:	# of Years Known:	Phone:

Name:		
Address:		
City, State, Zip		
Relationship:	# of Years Known:	Phone:

For Official Use:

Warden's Decision: () Approved Denied () Signature: _____

Remarks:

Deputy Warden's Decision: () Approved Denied () Signature: _____

Remarks:
