## EAU CLAIRE COUNTY JAIL VOLUNTEER APPLICATION FORM

(Please type or use black ink and write legibly; Complete entire application)

Name:		
LAST	FIRST	MIDDLE
Address:	A TATE II. CIT	757 710
Address: STREET Social Security #:	AP1# CI	Race:
Date of Birth:		
Email Address:		
Driver's License No. and State:_		
N CASE OF AN EMERGENCY WHILE PE	RFORMING VOLUNTEER WO	RK, PLEASE-NOTIFY:
NAME	RELATIONSHIP	TELEPHONE
Have you ever been convicted or	f a crime? Y	N
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A. A whole side and the deal of the Committee of the Comm		
Do you have any special trainin	g or licenses? V	N
If yes, Explain:		
List any organizations with whi	ch you are affiliated:	
2 2 2 7		7 147
Do you have any physical hand		
If yes, please explain:		
Inte	rest Areas and Time	Availability
Why do you want to volunteer?		
What would you like to do as a		
How many hours a week would	l you be available?	
Which days of the week/time of	f day?	
If you are volunteering as a me	mber of a group, please	indicate:
NAME OF GROUP		GROUP COORDINATOR

## Criminal History/Treatment History

THE INFORMATION REQUESTED IS ESSENTIAL TO CONDUCT A RECORDS CHECK, YOU ARE NOT LEGALLY REQUIRED TO SUPPLY THIS INFORMATION. HOWEVER, IF YOU CHOOSE TO WITHHOLD THIS INFORMATION, A FINAL DECISION ON YOUR APPLICATION CANNOT BE MADE. RACE DATE OF BIRTH MO/DT/YR GENDER List any other names by which you are known or have ever been known: Have you ever been convicted of a law violation other than a minor traffic offense? Y N If yes, describe: Date of conviction: Current Probation? F N Have you been confined in the Eau Claire County Jail in the preceding 12 months? Y N Do you have any relatives or friends confined in the Eau Claire County Jail? Y If yes, list name(s) and relationship: Have you experienced drug/alcohol or mental health problems and/or received counseling or treatment? V N Acknowledgement and Permission to Conduct Records Check I declare that all of the information that I have provided is true and correct to the best of my knowledge. I understand that any false or misleading information given by me will disqualify me from consideration or result in my termination if discovered at a later date. I hereby give my permission for the Eau Claire County Jail to conduct a criminal records check on me and to obtain other reference information necessary for the purpose of assessing my volunteer application. Further. I understand and agree that my application is for a voluntary, non-paid position and is

for no definite period of time and may be terminated at any time without notice.

Date:

Signature of Applicant: