

# CAROLINE DETENTION FACILITY

BOWLING GREEN, VA

## VOLUNTEER APPLICATION

Please print or type. The application must be fully completed to be considered.

### PERSONAL INFORMATION

Name (Last, First, MI)

Address

City

State

Zip

Primary Contact Number

Secondary Contact Number

Email Address

One must be at least 21 years old to volunteer at the CDF. Do you meet this requirement?

Yes  No

Other than English, what language(s) do you read, speak, and/or write? \_\_\_\_\_

Read  Speak  Write

Have you ever worked in a correctional facility? Yes  No  If yes, list when & where:

Date

Facility Name

Facility Address

Have you ever been arrested, taken into custody, or convicted of any offense(s)?

Yes  No

If yes, list all arrests:

Date

Charge

City/State

Police Agency

Court Disposition

### VOLUNTEER INFORMATION

Type of Volunteer Service\*

How often do you plan to be at the facility? Specify days/times available.

\*Religious Volunteers please provide affiliation:

Who referred you to the CDF?

### VOLUNTEER EXPERIENCE (LIST ANY CORRECTIONAL FACILITY EXPERIENCE FIRST, PLEASE)

Facility

Type of Service/Experience

Dates

Address

Facility

Type of Service/Experience

Dates

Address

Facility

Type of Service/Experience

Dates

Address

**REFERENCES (LIST THREE (3) REFERENCES OTHER THAN FAMILY MEMBERS OR FORMER EMPLOYERS.)**

Name	Address	Phone	Relationship

**EMERGENCY CONTACT INFORMATION**

<b>Name</b>				
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Primary Contact Number</b>	<b>Secondary Contact Number</b>		<b>Relationship</b>	

**QUESTIONS MANDATED BY PREA**

The following questions are required to be asked in accordance with the Prison Rape Elimination Act of 2003:

Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?  
 Yes  No  If yes, explain:

Have you been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes  No   
 If yes, explain:

Have you been civilly or administratively adjudicated to have engaged in the activity described previously? Yes  No   
 If yes, explain:

Have you been accused of any form of sexual harassment? Yes  No  If yes, explain:

**SIGNATURE DISCLAIMER**

I certify that my answers are true and correct to the best of my knowledge. I hereby release the Caroline Detention Facility (CDF), its governing officers, agents and employers from all liability for any injuries and damages that may be incurred.

<b>Name (Please Type or Print)</b>	<b>Signature</b>	<b>Date</b>

**FOR CDF USE ONLY**

Application Received	<input type="checkbox"/>	Date:		Applicant Interviewed	<input type="checkbox"/>	Date:	
Approved	<input type="checkbox"/>	Disapproved	<input type="checkbox"/>	Admin Mgr		Supt	
<b>Upon Approval Only</b>				<b>Comments</b>			
Orientation	<input type="checkbox"/>	Date:					
ID Issued	<input type="checkbox"/>	Date:					
Driver's License Copied	<input type="checkbox"/>						