

BUNCOMBE COUNTY DETENTION FACILITY VOLUNTEER APPLICATION

NAME _____
last first middle

RACE _____ SEX _____ DATE OF BIRTH _____ SOCIAL SECURITY# _____

ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____ HEIGHT _____

EMAIL ADDRESS _____

WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

DRIVER'S LICENSE # _____ STATE _____ JOB POSITION _____

EMPLOYER _____ SUPERVISOR _____

PERSONAL REFERENCES (please list a law enforcement reference if possible):

name address phone #

name address phone #

In what areas are you interested in serving as a volunteer?

Have you ever been **CHARGED** with a crime or arrested? Yes No

If yes please explain. _____

We will run a criminal history and background check on all applicants. I understand that I will not receive any compensation for serving as a volunteer. I understand that there are certain risks inherent in working within the confines of the Detention Facility. Facility staff will take normal and prudent precautions for my protection but cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. I am aware that giving false information may result in the rejection of this application or termination of my volunteer status. I hereby give permission to all people listed as references to supply information to the Buncombe County Detention Facility. I have read (or have had it read to me) this application and understand the information contained in it. **If charged with a crime other than an infraction, while a volunteer, I will report this immediately to the Inmate Program Services Coordinator.** 2-26-10

DATE _____ SIGNATURE _____

Please return, via mail: V. Lamberti, Buncombe County Detention Facility, 20 Davidson Drive, Asheville, NC, 28801, via fax: 250-6036. Call 250-4585 with any questions concerning the application. **THANKS!**