# 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!**