

WEBSTER PARISH CORRECTIONS

APPLICATION FOR VOLUNTEER SERVICES

DATE: _____

Soc. Sec. No. _____

1. Name _____ DOB: _____
Last Name First Name Middle
2. Maiden name of female applicant (to facilitate background check) _____
3. Other Name (and nicknames) used _____
4. Residence Address _____
and Street City State Phone
5. Mailing Address _____
and Street City State Phone
6. Brief Description of Education _____
7. Qualifications for performing service offered _____
8. Professional Organizations of which I am a member _____
9. Social, fraternal and civic organizations of which I am a member _____
10. Criminal history check made by _____

Signature of Applicant

Approved YES ___ NO ___

Signature of Approving Official

I pledge to abide by all Webster Parish Corrections Policies and Procedures particularly those relating to the security and good order of Webster Parish Corrections.

I understand that my services as a volunteer at Webster Parish Corrections may be terminated by the Warden's office at any time.

I understand that if approved as a volunteer at Webster Parish Corrections I will treat all information about present or past inmates as confidential.

I furthermore pledge that if there is any change in the information reflected in this registration form I will advise the Assistant Warden upon my next visit to the facility or within one week, whichever occurs first.

Signature

Date