

Volunteer Background Statement/Application

Date _____

Full Name _____ DL# _____

Date of Birth _____ Social Security # _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Valuable Experiences/Abilities _____

Volunteer Program you will be coming in with _____

Have you ever been a visitor into the facility with an existing volunteer group? _____

Who is your group contact person? _____

Have you ever been arrested? _____ When? _____ For what? _____

Do you have a relative/ex-relative/friend that is or has been incarcerated in LCJ? _____

FOR RELIGIOUS VOLUNTEERS ONLY, Please indicate church/religious affiliation: _____

Are there any health issues that we need to be aware of: _____

Are you in medical need of special equipment or medication (i.e. oxygen tanks, nitrogen pills)? _____

If so, what do you need with you _____

Do you have a pacemaker? _____ Do you use medical marijuana? _____

IN CASE OF EMERGENCY, notify _____ Phone _____

I understand that the Larimer County Jail requires a criminal history check, and I have no objections to this check being completed on me as a prerequisite for providing services in the Larimer County Jail. I further have no objections to this check being completed on me on an annual basis. I also understand that the criminal history check is not equivalent to the background investigation that would be required should I apply for employment with the Larimer County Sheriff's Office

Date _____

Signature