

Jail Ministry Volunteer Application

Please PRINT all information below:

Full Name: _____
Last First MI Maiden

Address: _____
Street City State Zip Code

Date of Birth: _____ Phone(s): _____

Gender (Circle): Male / Female Drivers License # _____

Occupation: _____ E-Mail Address _____

Have you ever been convicted of a felony or are you currently on probation or parole? If YES, please explain:

Describe your talents, areas of interest and/or areas in which you would like to become involved in jail programming:

What are the best days and times for you to volunteer at the jail and how many hours per week?

Volunteers must NEVER provide service alone. Please identify who you would like to volunteer with. If "none" we will do our best to match volunteers with similar interests and times of availability.

Please identify any previous or current volunteer experience:

Please list three references, not relatives, who are familiar with your qualifications:

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Volunteer Agreement

I certify that the above information is current and correct to the best of my knowledge. I authorize the La Crosse County Sheriff's Department to conduct a criminal history background check.

I acknowledge that I have received a copy of the volunteer rules for the La Crosse County jail. I certify that I understand the rules and will abide by them. I further understand that violation of any of the rules may result in the suspension and/or termination of the privilege of entering the jail and/or possible criminal charges if the violations are criminal in nature.

I am aware of the nature of the La Crosse County jail and will take due caution in performance of my duties. I will not hold the Sheriff's Department responsible for areas beyond their control. I agree to take on all of the duties associated with being a volunteer at the La Crosse County Jail.

Volunteer Signature: _____	Date: _____
Jail Chaplain Signature: _____	Date: _____
Jail Administrator Signature: _____	Date: _____

Any questions please contact:

John David
Jail Chaplain
(608) 785-9772

RETURN COMPLETED APPLICATIONS TO:

La Crosse County Sheriff's Office
Attn: John David
333 Vine Street
La Crosse, WI 54601-3296