Bucks County Department of Corrections
Volunteer Registration & Background Check

In a correctional setting, it is necessary to complete a background check of each person who enters the facility to determine if they are suitable for access. Each volunteer has a responsibility to handle their duties in an appropriate and professional manner. The information requested on this form is necessary to receive clearance for you to begin work as a volunteer. Please completely fill out this form legibly using **black ink only** and attach a clear copy of your **current Driver's License**.

Full Name (L, F, MI)_____SSN_____

Maiden Name / AKA's _____ US Citizen (Y/N) _____

Date of Birth _____ Place of Birth _____County of Residence _____

Height _____ Weight _____ Eye Color _____ Hair Color _____ Sex _____ Race_____

Distinguishing Physical Characteristics (please list - scars, tattoos, distinguishing marks):_____

_____

Address _____

Phone (home)_____ (work) _____ (mobile) _____

Present Occupation_____ Date of Hire _____

Education Level_____ Last School Attended _____Marital Status_____

Type of Volunteer Work Requested _____

Previous Volunteer Work _____

List any and all arrests or convictions for a criminal or summary offense; include the date, location of arrest and disposition (failure to do so will result in denial of your clearance)_____

_____

_____

Have you ever been incarcerated in Bucks County? _____

Do you have or have you had any friends/relatives incarcerated in Bucks County_____

_____

Volunteer Agreement

The information provided above is true and correct to the best of my knowledge. I agree to abide by all regulations governing my service as a volunteer with the Bucks County Department of Corrections.

I have read and understand the information in the Volunteers Handbook including those detailing confidentiality of information and contraband issues.

I agree with the policy of discontinuing the participation of any volunteer whose direct or perceived behavior is deemed harmful to the volunteer program.

_____   _____
Applicant's Signature   Date

Staff Use Only

NCIC Check   _____Negative   _____Positive (attach report)

Approved / Denied   _____   _____
                                                 Staff Signature   Date

Entered into OMS: _____   _____
                                                 Staff Signature   Expiration Date

10/29/13
J. Cunningham