

MEHERRIN RIVER REGIONAL JAIL  
VOLUNTEER APPLICATION

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
(PRINT)      Last                                      First                                      Middle

Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Residence at this address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_/\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Company Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_      Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

City/State/Zip: \_\_\_\_\_      Immediate Supervisor: \_\_\_\_\_

Your name when Employed: \_\_\_\_\_

Work Telephone: \_\_\_\_\_/\_\_\_\_\_  
(If different from present)

**PERSONAL IDENTIFICATION INFORMATION:**

Social Security Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Sex: \_\_\_\_\_

Race (**Optional**) \_\_\_\_\_      Place of Birth: \_\_\_\_\_

Hair Color: \_\_\_\_\_      Eye Color: \_\_\_\_\_      Weight: \_\_\_\_\_

Height: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Degree: \_\_\_\_\_      Major: \_\_\_\_\_

Minor: \_\_\_\_\_

Professional Certification: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Person to Contact in case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_/\_\_\_\_\_

Business Telephone: \_\_\_\_\_/\_\_\_\_\_

**TYPE OF ADMITTANCE DESIRED:**

Please Check One:

( ) Volunteer (Specific Program) \_\_\_\_\_

( ) Agency Program (Specify Program) \_\_\_\_\_

( ) Other – (Specify) \_\_\_\_\_

**PREVIOUS INSTITUTIONAL/VOLUNTEER EXPERIENCE:**

Organization with which your are currently affiliated: \_\_\_\_\_

Have you ever worked with Adult or Juvenile offenders: ( ) NO ( ) YES

If your answer is yes, please indicate the following: Where \_\_\_\_\_ When \_\_\_\_\_

Briefly describe experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason(s) for terminating this work \_\_\_\_\_

Are you currently working in any other correctional institution: ( ) NO ( ) YES

If so, where, and in what program: \_\_\_\_\_

Do you know anyone currently incarcerated at the Meherrin River Regional Jail: ( ) NO ( ) YES

If yes, state name and relationship to you: \_\_\_\_\_

Please list your reasons for desiring to work with offenders in the Meherrin River Regional Jail

\_\_\_\_\_

\_\_\_\_\_

What strength do you feel you have to offer in a program of this kind: \_\_\_\_\_

\_\_\_\_\_

How much time per week (on the average) do you plan to devote to the Jail:

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What days/hours would you be available?

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Please list any other pertinent information you wish to include on this application:

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE