

Pitt County Detention Center – Volunteer/Contract Worker Back Ground Application

I am applying to be a: <input type="checkbox"/> Volunteer <input type="checkbox"/> Contract Worker		
Last Name	First Name	Middle Name
Home Address		
Home # ()		Alternate # ()
Email Address:		Date of Birth / /
Driver's License #:		State: Social Security #: - -
The services in which I seek to provide as a volunteer/contractor:		
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Barber Services	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Food Services	<input type="checkbox"/> Commissary	<input type="checkbox"/> Reentry
<input type="checkbox"/> Religious Services	<input type="checkbox"/> Family Services	<input type="checkbox"/> SHARP
		<input type="checkbox"/> Professional Program Visit
		<input type="checkbox"/> Other: _____

CRIMINAL HISTORY:	No	Yes
Have you ever been convicted of any felony or misdemeanor?		
Have you ever been charged, arrested or detained by Law Enforcement?		
Are you now under charges for any violation of the law?		
Have you ever been confined in any jail, prison, or penal institution?		

FAMILIARITY with INMATES:	No	Yes
Have you ever been denied permission to visit or correspond with a specific inmate(s) and/or do you have a Domestic Order from any inmate(s) within this facility? If yes, attach complete details.		
Do you currently have any family members, relatives, friends, or acquaintances confined in this facility? If so, please list their names below.		
Inmate's Name	DOB:	Gender
Your relationship to the inmate		
(1)		
(2)		
Other than family members, relatives, friends, or acquaintances listed in #18, are you on any inmate's phone list, visitors list or have you placed money on an inmate's account, or corresponded with any inmate within the past five years? If yes, complete below:	No	Yes
Inmate's Name	DOB:	On Phone List
On Visiting List	I Sent \$\$\$	I corresp. with
(1)		
(2)		

I voluntarily declare my desire to serve as a volunteer/contract worker in the Pitt County Detention Center. I give permission for PCDC to investigate and validate all information on this application. I understand that falsification of this application or omission of pertinent information may result in my being denied permission to volunteer/work.

SIGNATURE of Applicant _____ **DATE** ____/____/____

DISPOSITION PAGE - For Department Use Only

Volunteer/Worker LAST NAME

On-Site Contract Managers Approval

Approved Disapproved

Comments: _____

On-Site Managers Signature _____ Date ____/____/____

Classification Unit Background Check:

PASSED Initial Clearance Check FAILED Initial Clearance Check

Classification Officer Signature _____ Date ____/____/____

Volunteer Program Manager Recommendation

Recommend Approval Do Not Recommend

Comments: _____

VPM Signature _____ Date ____/____/____

Captain Recommendation

Recommend Approval Do Not Recommend

Comments: _____

Captain Signature _____ Date ____/____/____
