

**Vigo County Community Corrections
Volunteer/Minister/Special Visit
Application**

The law prohibits discrimination on the basis of age, sex, religion, race, color, national origin and disability. Please fill out the application completely. (Print)

Date: _____

Personal Info:

Name: _____

First

Middle

Last

Personal Address: _____

Street

City

State

Zip

Home or Cell Phone: () _____ Work Phone: () _____

SSN: _____ DOB: _____

Are you over the age of 21 years? _____ Yes _____ No

Emergency Notification: _____ Phone: () _____

Relationship: _____

Address: _____

Street

City

State

Zip

Volunteer Agency Info:

Name: _____

Address: _____

Street

City

State

Zip

Phone: () _____ Contact Person: _____

Name

Title

Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please explain what type of charge and what year with explanation:

Have you volunteered at any other agency?

Agency	Address	City	State	Zip
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Dates: _____ to _____ from _____

Were you discharged from this position: _____ Yes _____ No

If yes, please explain: _____

References:

1. _____ () _____

Name	Phone	City/State	Relationship/Agency
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2. _____ () _____

Name	Phone	City/State	Relationship/Agency
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3. _____ () _____

Name	Phone	City/State	Relationship/Agency
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One letter of endorsement must be submitted with application before processing.

PLEASE READ AND SIGN BELOW

I authorize the investigation of all statements contained in this application. I also understand that any misrepresentation or omission of information will be sufficient grounds for refusal or termination from this volunteer program, I authorize Vigo County Community Corrections to conduct a criminal history check.

Signature

Date