

APPLICATION Form

CHAPLAINCY (Professional Visitor or Community Volunteer)



Please include a **CLEAR** photo copy of your current valid driver's license or a copy of any current valid photo identification document with this application.
PLEASE WRITE CLEARLY AND COMPLETE ALL INFORMATION.

FOR OFFICIAL USE ONLY	ID	Update
Communication		
Weekly Schedule		
Individual Visits		
Availability		

A. GENERAL INFORMATION

Last Name		
First Name	Middle Name(s)	
Social Security number		
Drivers License number		
Address		
City	State	Zip
Cell Phone	Home Phone	
Email		
Date of Birth (mmm dd yyyy)		Gender
Marital Status		Race
Spouse's Full Name		
Children Names and Dates of Birth		

B. EDUCATION

High School		
Grade Completed	Year	GED (yes/no)
Last College/University attended		
Highest Qualification		

C. EMPLOYMENT

Occupation		
Employer	Phone	

D. AFFILIATION

Organization / Church		
Address		
City	State	Zip
Contact Person / Group Leader	Phone	

E. REFERENCE (Please provide us with a non-family member reference)

Full Name		
Address		
City	State	Zip
Cell Phone	Home Phone	
Work Phone	Email	

F. BACKGROUND

1. If you answer **yes** on any of the following questions, please provide the **question number, when, where, reason,** and **duration** in the space provided below this question.

- a. Have you ever been incarcerated? No ___ Yes ___
- b. Have you ever worked with inmates at other Correctional Facilities? No ___ Yes ___
- c. Did you ever have any friends or relatives incarcerated? No ___ Yes ___

2. Are you on probation or parole? No ___ Yes ___
 If yes, please provide: what agency:

3. Did you ever have any friends or relatives who are/were victims of an inmate incarcerated at Chester County Prison?
 No ___ Yes ___
 If yes, please provide: when

full name of individual

full name of inmate

4. What do you hope to achieve by volunteering your time and services to the inmate population at Chester County Prison?

I understand that failure to complete any portion of this application and/ or the supplying of any false inaccurate information may result in denial of this application. I hereby agree to abide by all rules and regulations governing my service as a volunteer at the Chester County Prison. I have read and fully understand all sections of the **GUIDELINES FOR ALL VISITORS IN CORRECTIONS**. I also understand that visitors are not permitted to perform professional services unless certified or licensed to do so. The responsibility of visitors to conduct themselves as a positive role model has been explained. I agree with the Chester County Prison Policy of discontinuing and immediate termination of participation by any visitor whose direct or perceived behavior is determined to be harmful to the Visitors Program and or the Institution. **Applications will EXPIRE 2 years from the approval date.**

print full name

signature

date(mmm dd yyyy)

FOR OFFICIAL USE ONLY				
NCIC	CLEAN	JNET	WAMS	JMS
Treatment				approved / disapproved
Security				approved / disapproved