



Charles County Sheriff's Office
CORRECTIONS DIVISION



**SUPPORT STAFF AND
PROGRAM VOLUNTEER/FACILITATOR APPLICATION**

Full Name: _____
(Last) (First) (Middle)

What class/service will you be providing? _____

What organization, agency or church do you represent? _____

Referred By: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Occupation: _____

Place of Employment: _____

Employer's Address: _____

Have you ever visited an incarcerated person? _____ If yes, what was the purpose of the visit? _____

Was the incarcerated person a relative? No Yes

Are you related to anyone who is currently incarcerated at CCDC? _____

Have you ever been arrested or convicted? No Yes

Have you ever been taken into custody? No Yes

Have you ever been served a criminal summons? No Yes

Have you ever been held for investigation? No Yes

Have you ever been charged by a Law Enforcement Agency? No Yes

Have you had any other involvement with the legal system (i.e.: child support, foreclosure, etc.)? No Yes
(If yes to any of the above, please explain in detail and include State/County): _____

Do you have any upcoming court dates (including traffic offenses)? No Yes (If yes, please explain):

Emergency Contact (name and phone number): _____

Applicant Signature

Date