



# Berks County Jail System

## VOLUNTEER APPLICATION

**Jail**  
1287 County Welfare Road  
Leesport, PA 19533  
Phone: 610-208-4800

**Community Reentry Center**  
1261 County Welfare Road  
Leesport, PA 19533  
Phone: 610-208-4800

**Please print clearly.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Male or Female (circle one)

Maiden Name/Alias: \_\_\_\_\_ Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (State, Country): \_\_\_\_\_ Drivers License/State ID#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone #: (Home) \_\_\_\_\_ (Cell #) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Name) (Relationship)

Are you or have you ever been a volunteer here at BCJS? **Yes / No** If yes, when? \_\_\_\_\_

Name of Volunteer Organization: **Alcoholics Anonymous-Reading Berks Intergroup Prison Committee**

Organization Contact Name/Phone# **Terry C. 484-332-0926**

List all relatives and friends that have ever been incarcerated here: (if needed - use other side or attach list of names)

List all relatives or friends employed at this institution: (if needed - use other side or attach list of names)

Have you ever lodged a **PFA** against someone or had a **PFA** lodged against you? **Yes / No**

If yes, **please explain:** \_\_\_\_\_

**Have you ever been arrested, cited, and/or charged with a crime (including as a juvenile)?** **Yes / No**

**If yes, you must provide your complete criminal history of any arrests or charges** (including juvenile). List the year, the charge(s), and the disposition: (**Disposition means: Guilty, Not Guilty, Dismissed, Withdrawn, Expunged, Restitution fines, ARD, Probation, etc.**)

If needed – you may use the other side.

Year \_\_\_\_\_ Charge(s) \_\_\_\_\_ Disposition \_\_\_\_\_

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Year \_\_\_\_\_ Charge(s) \_\_\_\_\_ Disposition \_\_\_\_\_

I hereby declare that, to the best of my knowledge, the above information is true and correct. **I understand that if I omit or forget and do not fully disclose all the information requested above, it may disqualify me from the volunteer program.** I further agree to abide by all regulations governing my service as a volunteer with the Berks County Jail System. I understand that volunteers are not permitted to perform professional services unless certified or licensed to do so. I agree that I will not engage in any activity that violates the rules of this institution and/or could lead to a security breach. I understand that such behaviors or activity may restrict my access to the institution and/or subject me to criminal prosecution.

Finally, I authorize Berks County Jail System staff to conduct a criminal background check of my past as well as any other historical check that may be required to process the application.

Signature \_\_\_\_\_

Date \_\_\_\_\_