



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: **AA** _____

Organization Contact Name/Phone# **FEMALES MAIL TO:** Susan W., 2545 River Road, Reading PA 19605 610-775-1019

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 List the year, the charge(s), and the disposition: (**Disposition means: Guilty, Not Guilty, Dismissed, Withdrawn, Expunged, Restitution fines, ARD, Probation, etc.**)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 _____

Year _____ Charge(s) _____ Disposition _____

Year _____ Charge(s) _____ Disposition _____

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 _____