Guilford County Sheriff’s Office – Detention Bureau

**Application for Volunteer Service**

 **(Please Print) Revised 06/10/21**

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| Full Legal Name: |       |       |       |
|  | (First) | (Full Middle Name – No Initials) | (Last) |
| Maiden or Other Name(s): |       |
| Current Address: |       | City: |       | Zip: |       |
| Previous Counties/States of Residence: |       |
| Birth Date: |       | Race: |       |  Sex: |       |  Height: |       |  Weight: |       |
| \*Social Security#: |       | Drivers License/ID Number: |       |
| Place of Birth: |       | Are you a US citizen?  | [ ]  Yes [ ]  No |
| If you are not a citizen, please provide your alien registration number or I-94 number: |       |
| Phone - Home: |       |  Cell: |      | Work:  |       |
| E-mail Address:  |       |  |
| Occupation / Employer: |       |  | Church/Organization: |       |
| Prior Volunteer Experience: |       |
| Please indicate the facility where you wish to volunteer: | [ ]  Greensboro Detention [ ]  High Point Detention [ ]  Both |
| Which program(s) would you be interested in volunteering with? |       |
| \*Disclosure of your Social Security number is optional. However, choosing to omit this number may result in the return of multiple criminal records for individuals who share similar identifying information with you. The information may or may not be a part of your criminal record, resulting in a delay in processing your application and require you to submit fingerprints in order for a determination to be made. Social Security numbers are only used for identification purposes and are not shared with anyone outside the Sheriff’s Office. |
| **BACKGROUND CHECK CONSENT**Recognizing the importance of maintaining the security of the facility and the safety of both the inmate and the public, I hereby give my consent to a personal criminal history check. I am aware that this may involve my being fingerprinted and a check being done with the National Crime Information Center. The results of this will then be placed with my confidential volunteer file. |
| **Applicant Signature:** |  |  | **Date:** |  |  |
|  |
| **Please return the completed application in person or by mail to the Chaplain of the primary facility where you wish to volunteer.**  |
| **Greensboro Detention** | **High Point Detention** |
| Greensboro Jail CentralChaplain’s Office201 S. Edgeworth St. Greensboro, NC 27401 | Phone:   | (336)641-3099 (336)641-2748 | High Point Jail Ministry 507 E. Green Dr.High Point, NC 27260 | Phone: | (336)641-6970 |
| **DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY** |
| Security Clearance: | [ ]  Approved | [ ]  Denied | By: |  |
| Date: |  | Comments: |  |
| **Orientation Date:** |