

Bexar County Detention Ministries

VOLUNTEER APPLICATION

PLEASE PRINT

Date: ___/___/___

Interviewed by_____

OFFICE USE: Volunteer Internship/Service Learning Community Service Other_____

DUE TO SECURITY REQUIREMENTS OF THE FACILITIES WE SERVE WE REQUIRE THE FOLLOWING INFORMATION.

Please tell us why you would like to volunteer

In which facility would you like to volunteer?

- Family Renewal Center Bexar County Adult Detention Center Juvenile Detention Cyndi Krier Correctional Facility
 Texas Adolescent Treatment Facility-Hector Garza Ctr GEO (Central Texas Federal Detention Facility) Laurel Ridge Treatment Center
 San Antonio State Hospital Bexar County Community Supervision and Corrections Dept. Drug & Alcohol Treatment Facility (SATF)

PERSONAL

Mr. Mrs. Ms. Miss

Name_____ MI _____ Last Name:_____

Address_____ (Physical no PO Box) City_____, Texas Zip_____

Social Security_____ Phone:_____ Cell_____

Marital Status: Single Married Separated Divorced Widow/er Common Law

Race: _____ Sex: Male Female Maiden Name: _____ (women only)

Date of Birth ___/___/___ Age _____ Driver's License_____ State Issued_____ Type_____

Color of Eyes_____ Height_____ Weight_____ Build: Small Med Large Complexion: Light Medium Dark

Place of Birth_____

Please list any skills, job experience, or ministry experience, which you bring with you as a volunteer to assist someone who has been incarcerated._____

Employer:_____ Occupation:_____ Employer Phone_____

May we contact you at work? Yes No

Marks/Scars_____

Tattoos (Description and Location)_____

Physical Impairments_____

Church Affiliation_____ Reference: Pastor_____

Days available to volunteer Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours available: _____ **One Time Volunteer? YES / NO**

E-Mail Address:_____

IN CASE OF EMERGENCY WHOM MAY WE CONTACT

NAME	ADDRESS	RELATIONSHIP	TELEPHONE
1.			
2.			

Have you ever been arrested? Yes No If yes, please state all of your offenses.

Date of Offense/Arrest_____ Offense_____

Date of Offense/Arrest_____ Offense_____

Date of Offense/Arrest_____ Offense_____

2. Have you ever been convicted? Yes No If yes, please explain._____