

VOLUNTEER INFORMATION SHEET
(PHOTO ID REQUIRED)

NAME: _____
(LAST) (FRIST) (MIDDLE)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

D.O.B _____ HOME PHONE # _____

ORGANIZATION / ASSOCIATION ALCOHOLICS ANONYMOUS

CONTACT IN CASE OF EMERGENCY _____

NAME _____ PHONE # _____

LIST MEDICAL PROBLEMS _____

ALLERGIES _____

RELEASE INFORMATION

I, AUTHORIZE THE WASHINGTON COUNTY CORRECTIONAL FACILITY OR
ITS AGENTS TO INVESTIGATE MY BACKGROUND PRIRO OR DURING THE
TIME I PERFORM VOLUNTEER WORK AT THE WASHINGTON COUNTY
CORRECTIONAL FACILITY.

(SIGNATURE)

SPONSOR/VOUCHER NEEDED _____

SPONSOR'S SIGNATURE _____ DATE _____

