

RAPPAHANNOCK REGIONAL JAIL
P.O. Box 3300
Stafford, Virginia 22555
(540) 288-5269
ajoyce@rrj.state.va.us

****YOU MUST
INCLUDE A
LEGIBLE COPY OF
YOUR DRIVERS'
LICENSE WITH
APPLICATION OR
IT WILL NOT BE
PROCESSED!!!**

Volunteer / Internship Application

Date of Application: _____

VOLUNTEERS

Name of Program or Activity you are applying for: (circle applicable programs)

Church Service	Bible Study	Gideons
Islamic Study	AA Group	NA Group

OTHER: _____

Name of Church or Group Affiliation: _____

INTERNS ONLY

Name of Program or Activity you are applying for: (circle applicable programs)

PreTrial	CBP	Drug Court	EIP	Work Release
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DEMOGRAPHIC INFORMATION: (Please print information)

Last First Middle

Social Security Number: _____

Current Street Address: _____

City/State/Zip Code: _____

How long at above address: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

CURRENT EMPLOYMENT:

Profession: _____

Employer: _____

Address: _____

City/State/Zip Code: _____

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Work Phone: _____

Title/Position: _____

EDUCATION:

Highest Grade Completed: _____ Graduate: Yes No

Last School Attended: _____ Final Year: _____

Degree(s) Held: _____

Certificate(s) or License(s): _____

COLLEGE INFORMATION AND JOB EXPERIENCE (Interns Only)

Name of College / University: _____

Address: _____

City/State/Zip Code: _____

Degree Program: _____

Faculty Sponsor: _____ Phone Number: _____

Are you a current student? () Yes () No How many credit have you earned? _____

What is your GPA? _____

Job Title: _____

Employer: _____

Address: _____

City/State/Zip Code: _____

Work Phone: _____

Duties: _____

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Job Title: _____
Employer: _____
Address: _____
City/State/Zip Code: _____
Work Phone: _____
Duties: _____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills.

CRIMINAL HISTORY *Please see below info.

Have you ever been convicted of a crime or traffic offense? Yes No
If yes, please give details: _____

Did you plead guilty or were you convicted on any of the above charges? Yes No
Have your ever been incarcerated in this facility? Yes No
If yes, please give details: _____

*FAILURE TO PROVIDE/WITHOLDING CRIMINAL HISTORY INFORMATION WILL RESULT IN AN AUTOMATIC DENIAL. IF INCARCERATED AT RRJ, MUST BE 2 YEARS SINCE LAST INCARCERATION. ALL CRIMINAL HISTORY INFORMATION OBTAINED VIA BACKGROUND CHECK WILL BE REVIEWED & APPROVAL WILL BE AT THE DESCRETION OF THE INMATE SERVICES MANAGER AND/OR DESIGNEE.

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ALCOHOL AND/OR DRUG USE

Have you used any illegal or controlled substances in an illegal manner within the last five years?

Yes No

If yes, please give details: (Substance, Approximate Dates) _____

MILITARY

Have you ever been, or are you now, a member of the Armed Services? Yes No

Branch: _____ Discharge Date: _____

Type of Discharge: _____ Rank: _____

Job Assignment: _____

MISCELLANEOUS

Do you have or have had any friends or family members currently or previously incarcerated in this facility?

Yes No

If yes, please give details: (names, approximate dates) _____

Are any members of your immediate family (including in-laws) presently employed by this facility?

Yes No

If yes, please give details: (names, approximate dates) _____

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EMERGENCY MEDICAL INFORMATION

Do you have any medical condition that we should know about in the event you may require emergency medical attention? Yes No

If you answered yes to the above question, please give full details below including the doctor's name, and any medications he/she prescribed (also, please state any medicine that you are allergic to):

IN CASE OF AN EMERGENCY, NOTIFY:

Name: _____

Relationship: _____

Telephone Number: _____

REFERENCES:

1. Name: _____

Address: _____

Phone: _____

Occupation: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Occupation: _____

Relationship: _____

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3. Name: _____
Address: _____
Phone: _____
Occupation: _____
Relationship: _____

(All Bible Study and/or Church Service Volunteers must attach a copy of an Ordination Certificate or Letter of Recommendation from their minister to be considered)

I understand that any statement on this application, which has not been truthfully answered, is grounds for denial of my application, and may result in the removal from the Volunteer or Intern Program.

I voluntarily agree to give the Rappahannock Regional Jail Authorities permission to conduct a background check, including obtaining my criminal history. All information received from this background check will be used to determine my volunteer eligibility and will not be released for any reason without my prior approval.

I consent to references and former employers and educational institutions listed on this application being contacted regarding this application.

I understand that I will not be compensated in any way for my services. I knowingly agree to release Rappahannock Regional Jail and its staff from any personal liability resulting from my injury or death.

I agree to abide by all facility policies, particularly those relating to security and confidential information.

Volunteer/Intern Signature

Date

Witness Signature

Date

NOTICE:

All volunteers and interns will be given a volunteer handbook with which the volunteer should become familiar. If you have any questions regarding this form, the handbook, or anything related to your assignment, please contact the Inmate Services Manager, the Inmate Services Coordinator, or the Director of Programs.

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***** For Purposes of Conducting a Criminal Background Investigation *****

Last First Middle

Race: _____ Sex: _____ Date of Birth: _____

Maiden Name: _____

Other Names Used: _____

***** DO NOT WRITE IN SPACE BELOW *****

NCIC: _____

Approved: _____ Rejected: _____

Orientation/ Training Completed: _____

Volunteer Handbook Issued: _____

Comments: _____
