

KERSHAW COUNTY DETENTION CENTER  
VOLUNTEER APPLICATION FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
                    LAST  FIRST  MIDDLE

ADDRESS: \_\_\_\_\_  
                    STREET  CITY  STATE                    ZIP

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME OF ORGANIZATION/CHURCH \_\_\_\_\_

ADDRESS (ORGANIZATION/CHURCH) \_\_\_\_\_  
  STREET

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CITY  STATE  ZIP

ORGANIZATION/CHURCH CONTACT PERSON \_\_\_\_\_  
  NAME  PHONE #

TYPE OF VOLUNTEER SERVICE TO BE PROVIDED:

- |                             |                           |
|-----------------------------|---------------------------|
| _____ WORSHIP SERVICE       | _____ ADULT EDUCATION     |
| _____ BIBLE STUDY           | _____ COUNSELING          |
| _____ ALCOHOLICS ANONYMOUS  | _____ NARCOTICS ANONYMOUS |
| _____ LIFE SKILLS WORKSHOP  | _____ LIBRARY SERVICES    |
| _____ FATHERHOOD ENGAGEMENT | _____ JOB SKILLS          |

\_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

AS A VOLUNTEER APPLICANT I AUTHORIZE THE KERSHAW COUNTY DETENTION CENTER TO INVESTIGATE MY PAST CRIMINAL HISTORY THROUGH A NCIC/SLED CHECK.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED/DISAPPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
  KCDC ADMINISTRATOR