Wyandotte County Detention Center Volunteer/ Chaplain Application

This information is required for the purpose of a criminal background investigation.

Incomplete applications will be automatically declined.

I am applying to be a	☐ Volunteer		☐Chaplain:	
Department:			Name of inmate you are	
	□ In	tern	requesting to see:	
Chaplains - ple	ase enclose a cop	y of your ordinati	on paper	work.
Last Name: First Name:				Middle Initial:
Maiden Name:		Other name under which you have worked:		
		,		
Complete Home Address:				
Race:		Gender: Male Female		
Home Telephone:		Alternate Telephone:		
Contain to the second		Driver's License Number and State:		
Social Security Number:		Driver's License Number and State:		
Email Address:			Date of Birth:	
Emarganey Contacts				
Emergency Contact: Name:	Relationship:		Talanha	nno:
Relationship.			Telephone:	
I here	by consent to a cr	iminal background	d investig	ation to be conducted by
the Wyandotte County Sheriff's Of	fice for the purpo	se of potential Vol	unteer/ I	ntern/ Chaplain status.
I also acknowledge that my privileg	ge to visit within t	ne detention cente	er can be	revoked at any time.
V		X		
^				
Signature and date		Approved by and date		

Volunteer's Name:
M/A
Why would you like to volunteer?
What experience do you have as a volunteer (in any setting)?
That experience do you have do a volunteer (in any secting).
<u> </u>
What would you like to do as a volunteer? List any/all programs, curriculums, materials, or books you
would use.
List any interests, knowledge, hobbies, or special skills you could share as a volunteer.
If we have the second s
If volunteering as a member of a group, please list: The name of the group:
The telephone number:
The primary contact person:
Are you related to or know any of the inmates currently housed in the WYCO Jail? \Box Yes \Box No
If yes, please explain who.
Please list the days and times you are available to volunteer (subject to availability):
Thease list the days and times you are available to votanteer (subject to availability).
Please list any concerns or questions you may have about volunteering in the WYCO Jail:
For your safety & wellbeing, please list any additional information, medical or otherwise, or special accommodations you need.