Programs Volunteer Application Packet Checklist

(All parts must be completed for application to be considered)

Before turning in, please make sure to have the following completed:

Volunteer Application Packet (Completely filled out)



Copy of Driver's License (Attached to packet)

Signed Authorization to Complete Background Check

The following box is for Lewis and Clark County staff to complete:
Background Check / CJIN
Approved by Admin NOT Approved by Admin
Orientation
Signed Acknowledgment and Programs Volunteer Agreement
Name:
Date: Program:



LEWIS AND CLARK COUNTY DETENTION CENTER IN PARTNERSHIP WITH CRIMINAL JUSTICE SERVICES DEPARTMENT EDUCATION AND TRANSITION PROGRAM

PROGRAMS VOLUNTEER APPLICATION

- Please fill out this application packet. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
- Please attach a copy of your driver's license or state issued ID, and any other applicable licensing and/or certification information (i.e. clergy certification, counselor's license, etc.).
- After you have completed this packet, please return it to the Education and Transition Coordinator at the Criminal Justice Services Department Office.
 221 Breckenridge Avenue, Helena MT 59601
- We review each individual application. However, disqualifications may include:
 - Incarceration in the Lewis and Clark County Detention Center (LCDC) within the past year.
 - Supervision by Probation and Parole.
 - Assaultive felonies.
 - A family member is currently incarcerated at LCDC.
 - Your application is incomplete or not accurate (If unsure of something, please attach an explanation letter).
- A background check will be conducted to verify all information supplied in this packet. This process can take several days.
- If your application is approved, the Education and Transition Coordinator will contact you to invite you to the Volunteer Orientation.
- If you have questions, please contact Alexia Clark, Education and Transition Coordinator at 406-594-5713 or aclark@lccountymt.gov.

Thank you for applying to volunteer at the Lewis and Clark County Detention Center.

Revised January 2023

Programs Volunteer Application Lewis and Clark County Detention Center

Program I would like to volunteer v	with:				
Name:					
Last,	Maiden,		First,	1	Viddle
Address:					
Street		City	Sta	ate Z	Zip
Phone Number:	Opt	tional Phone Nun	nber:		
Email:					
Race: Sex: M F D	Date of Birth:	F	Place of Birth:		
Social Security Number: kept confidential.)		(Required for	criminal histor	y check. This w	vill be
Have you ever used a different soc	ial security num	ber? NY List	the number:		
1) Employer:		Phone Nu	umber:		
2) Have you ever been arrested?	NY If so, wh	ich state(s)?			
Date:					
Charge:					
Date:					
Charge:					
Date:					
Charge:					
3) Have you ever been convicted o	of a felony? N	Y			
If yes, please list the charge(s):					

4) If volunteering for a dependency program how long have you been sober/clean? ______

List current Driver's License	e number and state:
6) Do you know anyone who worl	ks at the Lewis and Clark County Detention Center (LCDC)? N
Who:	
Do you know anyone currently	incarcerated in LCDC? N Y
Who:	
Do you know anyone who has b	been incarcerated in LCDC? N Y
Who:	
Do you know anyone scheduled	d for incarceration in LCDC? N Y
Who:	
7) Personal References:	
Name:	
Address:	
Relation:	Phone:
Name:	
Address:	
Relation:	Phone:
County Sheriff's Office to investigate	provided is accurate and complete. I authorize the Lewis and Cla e all the information on this application and my criminal history. abide by the Lewis and Clark County Sheriff's Office rules governi ention Center.
Applicant Signature:	Date:
Administrator Signature:	Date: