

**MASON COUNTY DETENTION CENTER  
VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Valid Driver's License (State & License #): \_\_\_\_\_

Email address: \_\_\_\_\_

**Volunteer Information**

Area of Interest (please specify, ie: AA, NA): \_\_\_\_\_

What skills can you contribute to area of interest: \_\_\_\_\_

What days will you be at MCDC? Sun (Mon / Tues Wed Thur Fri Sat

What time(s) will you have a scheduled meeting? \_\_\_\_\_

**Education / Work Experience**

Highest Level of Education: \_\_\_\_\_ School Attended: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal References:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer at Mason County Detention Center.**

Have you ever been convicted of a felony or misdemeanor?    Yes    No

**\*If yes, describe the conviction. If more than one, please list with information on separate sheet of paper and attach.**

Conviction: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_

City: \_\_\_\_\_      County: \_\_\_\_\_      State: \_\_\_\_\_

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**By signing below, you agree that all information you have provided in this application is true to the best of your knowledge.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Do not write below this line**

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Reference Checked by: \_\_\_\_\_      Date: \_\_\_\_\_

Fingerprinted: \_\_\_\_\_      Sent: \_\_\_\_\_      Rec'd: \_\_\_\_\_

APPROVED FOR VOLUNTEER - DATE \_\_\_\_\_

ID issued (date): \_\_\_\_\_