

**Riverside Regional Jail**  
Volunteer Application

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

SSN#: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (Day): \_\_\_\_\_

Position you are volunteering for: \_\_\_\_\_

List any experience and/or training you may have that relates to the position you are volunteering for:

\_\_\_\_\_  
\_\_\_\_\_

Indicate your interest skills and/or resources you are willing to contribute, what you are volunteering for:

\_\_\_\_\_  
\_\_\_\_\_

How did you become aware of the volunteer program? \_\_\_\_\_

\_\_\_\_\_

Do you have any health restrictions we should be aware of?

\_\_\_\_\_

When would you be available to start? \_\_\_\_\_

\_\_\_\_\_

List any volunteer programs you have or are currently involved. \_\_\_\_\_

\_\_\_\_\_

**Riverside Regional Jail**  
**Volunteer Application**

Please list three (3) references we may contact:

Name	Address	Phone	Relationship
1.	_____		
2.	_____		
3.	_____		

Include with this application copies of your Driver's License, Social Security Card, and proper documentation of a specific skill, or educational credentials for Tutorial, Pastoral, or Vocational. Also, attach an outline of your desired and/or anticipated work schedule. Complete and forward the enclosed Authority For Release of Information form. Your application will not be processed until all items specified above are completed and obtained by our office.

I hereby certify that all entries on this application including attachments are true and complete. I will notify jail staff of any relatives incarcerated at the jail during and after the application and prior to accepting volunteer status. I agree and fully understand that any falsification herein, regardless of time or discovery, may cause forfeiture on my part to any volunteer program with the Riverside Regional Jail. I understand that information on this application is subject to verification. I consent to references, and educational institutions listed to be contacted regarding this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

RIVERSIDE REGIONAL JAIL  
PO BOX 1041  
HOPEWELL, VIRGINIA 23860

**Pre-background Form**

REV.4/05

In order to efficiently process applications, the following information is required. Be honest and as accurate as possible. **PRINT OR TYPE ALL INFORMATION NEATLY. INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED. ALL INFORMATION MUST BE PROVIDED.**

**Personal History**

Position applied for \_\_\_\_\_ DOB \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Full legal name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Other names used, to include nicknames, maiden names, etc.: \_\_\_\_\_  
Address \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_  
Country of Citizenship \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_  
Place of birth \_\_\_\_\_  
Hospital \_\_\_\_\_ City/County \_\_\_\_\_ State \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

**Family History**

List names, ages, phone number, occupation, where employed, and residence of father, mother, brother(s), sister(s), spouse, children and spouse's mother and father. List the relationship of each.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

If more space is needed, please attach a blank sheet.

Has any member of your family been arrested for or convicted of a felony? If yes, please explain in detail.

\_\_\_\_\_

Are you or any member of your family now, or have you or any member of your family formerly been associated with any subversive organization?

\_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

### Military Status

If prior military, answer all questions below. If not, proceed to Financial Status section.

Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_

Place of Entry \_\_\_\_\_ Service Number \_\_\_\_\_

Dates of basic training, and where \_\_\_\_\_

\_\_\_\_\_

Permanent Duty Stations and how long:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Primary duties of rate or rank: (Explain) \_\_\_\_\_

\_\_\_\_\_

Highest rank or rate \_\_\_\_\_ Date Promoted \_\_\_\_\_

Service Schools attended \_\_\_\_\_

\_\_\_\_\_

Medals or awards received \_\_\_\_\_

\_\_\_\_\_

Have you had any disciplinary action (in house or formal) Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Date of discharge or release \_\_\_\_\_ Type \_\_\_\_\_

Are you now a member of any military reserve organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, termination date of reserve obligation \_\_\_\_\_

If yes, name the organization and your status including obligated time, drill status and compulsory active duty status. \_\_\_\_\_

Did you serve your complete term of service? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

\_\_\_\_\_

Were you ever rejected for military service? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Status**

What is your total income indebtedness at present?

\_\_\_\_\_

Have you ever claimed bankruptcy, had your wages garnished, or had a civil judgment against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever had an account referred to a collection agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever been delinquent on income or other tax payments? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Have you ever had any personal property repossessed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**Motor Vehicle Operation**

Operator's License Number \_\_\_\_\_ State \_\_\_\_\_

Have you ever held an operator's license in another state? \_\_\_\_\_ If yes, give dates and state(s) \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused an operator's license in another state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Do you currently have liability insurance on each of your vehicles? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain. \_\_\_\_\_

\_\_\_\_\_

Are each of your vehicles properly registered in the jurisdiction in which you reside? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain \_\_\_\_\_

\_\_\_\_\_

Has your operator's license ever been suspended or revoked in any state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

In the past 10 years, have you ever been involved in an automobile accident in which you were the driver? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

List situations in which you were stopped or detained by the police/law enforcement officer and did or did not receive a citation, i.e. speeding, warning, field sobriety test, etc. \_\_\_\_\_

\_\_\_\_\_

Date	Report Taken	Police Agency
	Yes _____ No _____	
	Yes _____ No _____	
	Yes _____ No _____	
	Yes _____ No _____	

**Police Record**

List any criminal charges either as a juvenile or adult:

Date	Charge	Place of Arrest	Court Findings

**\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.**

List situations in which you were stopped or detained by the police and not charged, i.e., witness to a crime, suspect in a situation, etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever committed an illegal act(s) (even as a juvenile)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: (include trespassing, vandalism, minor thefts, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there any court action pending (criminal, traffic, or civil) against you at this time? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Drug Use**

Are you now or have you in the past possessed, used or sold any illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain each situation in detail (what drug(s), when, what age, level use.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever made application to any other Law Enforcement Agency? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain:

<u>Date</u>	<u>Jurisdiction</u>	<u>Outcome</u>

Have you ever applied to our organization in the past? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you ever been incarcerated in the Riverside Regional Jail? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you know anyone that works for Riverside Regional Jail or has worked for us in the past? Yes \_\_\_ No \_\_\_  
 If yes, please list \_\_\_\_\_  
 \_\_\_\_\_

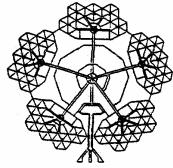
Have you ever been incarcerated in any jail? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

**AFFIDAVIT**

I HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NEITHER WITHHELD NOR MISREPRESENTED ANY FACTS CONTAINED HEREIN. I AUTHORIZE THE RIVERSIDE REGIONAL JAIL AND ITS AGENTS TO CONDUCT A COMPLETE AND COMPREHENSIVE INVESTIGATION INTO MY BACKGROUND FOR THE PURPOSES OF DETERMINING MY FITNESS AND QUALIFICATIONS FOR THE POSITION(S) I AM SEEKING. I ALSO UNDERSTAND THAT MY OMISSION OR MISSTATEMENT OF MATERIAL FACTS MAY BE GROUNDS FOR REJECTION OF MY APPLICATION OR DISMISSAL FROM EMPLOYMENT. ALL INFORMATION MAY REQUIRE THE APPLICANT TO SUBMIT TO A POLYGRAPH EXAMINATION.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



**RIVERSIDE REGIONAL JAIL  
P.O. BOX 1041  
HOPEWELL, VIRGINIA 23860**

**AUTHORITY FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any duly accredited representative of the Riverside Regional Jail bearing this release or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, credit references, or individuals relating to my activities. The information may include, but is not limited to, academic, disciplinary, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use of the Riverside Regional Jail and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which; may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

SIGNATURE (FULL NAME): \_\_\_\_\_

FULL NAME (PRINT): \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Furnishing the requested information is voluntary, but failure to provide all of part of the information may result in a lack of further consideration for employment, or in the termination of your employment.

Do Not Write Below This Line

COMMONWEALTH OF VIRGINIA CITY/COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ NOTARY PUBLIC MY COMMISSION EXPIRES \_\_\_\_\_

**RIVERSIDE REGIONAL JAIL  
1000 RIVER ROAD  
HOPEWELL, VIRGINIA 23860**

**CREDIT AUTHORIZATION**

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I hereby authorize the Riverside Regional Jail to obtain a copy of my Credit Report as part of the Background Investigation.

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

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