

# Crawford County Correctional Facility

## Program Identification/Investigation Form

**\*\*ALL AREAS OF THE VOLUNTEER FORM MUST BE COMPLETED\*\***

Any.... False or Misleading information will result in the request being **DENIED**

### REQUESTING VOLUNTEER INFORMATION

Volunteer's Name: \_\_\_\_\_  
(Last, First, Middle and Maiden Name or Names)

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

How Long Have You Lived In: PA: \_\_\_\_\_ Other State(s): \_\_\_\_\_

What other state(s)? \_\_\_\_\_ What Cities? \_\_\_\_\_

Have you ever been charged or convicted of any crime (including traffic violations)? \_\_\_\_\_

If yes, list charge(s), year, and police agency: \_\_\_\_\_

\_\_\_\_\_

Do you currently have any relatives or friends incarcerated in the Crawford County Correctional Facility?  
Yes or No. If yes, who and relationship: \_\_\_\_\_

\_\_\_\_\_

Please "**CHECK**" the appropriate Volunteer Program box which you are applying for:

<input type="checkbox"/> Prison Ministry	<input type="checkbox"/> Drug and Alcohol	<input type="checkbox"/> GED Program
<input type="checkbox"/> Read Program	<input type="checkbox"/> Teacher	<input type="checkbox"/> Other _____

Requesting Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requesting Volunteer's Program/Organization Affiliation and Address:  
\_\_\_\_\_  
\_\_\_\_\_

Requesting Volunteer's Program/Organization Immediate Supervisor and Phone #:

Name: \_\_\_\_\_ ( ) \_\_\_\_\_

**\*\* Deputy Warden's Use Only \*\***

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ DW Initials: \_\_\_\_\_ DATE: \_\_\_\_\_