



Suffolk County Sheriff's Office VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Office Telephone: _____ E-Mail Address: _____

In case of an emergency, notify:

Name: _____ Phone(s): _____

Have you been referred by an individual or through a group such as a church, agency or organization?

- Individual Volunteer
- Group (Complete the information below)

Group/Organization Name: _____

Contact Person: _____

Contact Phone Number: _____

Contact Email Address: _____

Tell us about your interest in volunteering at the Suffolk County Correctional Facility. (Please attach a program proposal if applicable).



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Do you have any special knowledge about the criminal justice system that you gained through education or experience? Please provide a brief explanation of your knowledge and experience.

Do you currently work in association with any of the specialty courts in Suffolk County, such as the Felony Youth Part, the Mental Health Court, the Veterans Treatment Court, Drug Treatment Court, the Domestic Violence Court, Family Treatment Court, Judicial Diversion Program, or the Human Trafficking Part? If so, please explain your association.

Please tell us which facility you would like to volunteer in, and if your program or target audience is designed for a particular segment of the inmate population, such as incarcerated youth, veterans, men, or women.



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When are you available to volunteer?

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Personal Reference

Please list someone who is not a relative, and who knows about your abilities and knowledge.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Office Telephone: _____ E-Mail Address: _____

FOR DEPARTMENT USE:

Initially Screened by: _____

Date: _____

Applicant Approved by: _____

Date _____

Security Clearance Received on: _____

Orientation Conducted on: _____