



Juvenile Detention Facility Application for Volunteer Services

Please complete the following information and mail it to Program Coordinator Mark Caligaris at the address below or email it to: mcalgaris@greenvillecounty.org
For questions call Mark at 864 467-3447

Name of Group (If applicable): _____

Applicant's Last Name: _____ First Name: _____ MI: _____

Home Street Address: _____ APT# _____

City: _____ State: _____ Zip: _____

Sex: M or F Race: B W H

Drivers License #: _____ State of License: _____ SS# _____

Date of Birth: _____ Contact Email: _____ Contact Phone: _____

1. Do you have any relatives in our Adult or Juvenile Facilities? Y____N____
If YES, List name and relationship:

2. Are you currently listed as a visitor on any inmate or juvenile's visitation list? Y____ N____
If YES, give us the inmate's name: _____

3. Have you ever been convicted of a crime or do you have any criminal charges pending?
Y____N____ If YES, list charge, date and disposition:

4. Have you ever engaged in sexual abuse in a prison, jail, lockup, and community confinement facility, juvenile or other institution? Yes _____ No _____ If yes, list facility, date and disposition:

5. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when a victim did not consent or was unable to consent or refuse? Yes _____ No _____ If yes, list charges, date and disposition

6. Have you ever been civilly or administratively adjudicated to have engaged in any of the activities listed in questions 4-5? Yes _____ No _____ If yes, list allegation, date and disposition:

7. Please describe briefly, the type of activities or services you wish to provide to our juveniles?

8. What days and times would you be available for activities or services?

9. Why do you want to work with our juveniles?

10. Have you ever worked with youth? If YES, Explain:

11. Have you ever been a volunteer at our adult facility? If YES, Explain:

The information contained in this application is correct to the best of my knowledge. I authorize the release of information contained in this application to the Greenville County Juvenile Detention Facility in which I seek to volunteer with its youth. I understand providing false information is an automatic rejection of my application. By submitting this application, I authorize the Management of the Greenville County Juvenile Detention Facility to conduct a criminal background investigation to include submission of my fingerprints.

Should my application be accepted, I agree to attend a training session prior to being allowed entrance into the facility. I will abide by all rules and regulations of the facility. This is a legal and binding agreement I have read and understand.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Application Approved: Yes/No Date: _____ Init: _____