



## 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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VOLUNTEER APPLICATION

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.

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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.

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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: \_\_\_\_\_