

COOK COUNTY DEPARTMENT OF CORRECTIONS

2700 S. California Avenue
Chicago, Illinois 60608

Thomas J. Dart
Sheriff

Salvador Godinez
Executive Director

VOLUNTEER RENEWAL APPLICATION

(Please type or print clearly and respond to all questions)

Personal Information

Name _____

Gender: Male / Female (circle one)

(Please attach photocopy of D.L. or State ID)

Date of Birth _____

D.L. or State ID# _____

(Mandatory)

(Mandatory)

SS# _____

(Mandatory)

Home Address _____

City _____

State _____

Zip Code _____

Home Phone () _____

Pager/Cell Phone () _____

Emergency Contact Information

Name _____

Relationship _____

Address _____

City _____

State _____

Zip Code _____

Home Phone () _____

Work Phone () _____

Applicant Questionnaire

Have there been changes to any aspect of your original application? ___ Yes ___ No

If yes, please give details _____

Has your role or responsibility relative to the volunteer program in which you are affiliated changed?

Yes No

If yes, please explain _____

Have you ever been a resident of the Cook County Department of Corrections? Yes No

If yes, when? _____

Have you ever been convicted of a crime(s)? Yes No

If yes, give date and a brief explanation _____

Do you have an alias? (more than one name) Yes No

If yes, please provide all alias' here _____

Gang Affiliation? Yes No

If yes, identify gang and explain _____

Are you related to or do you have a personal relationship with any detainee currently in the custody of the Cook County Department of Corrections? Yes No

If yes, please provide detainee name and describe relationship _____

- *I acknowledge that the information contained in this application is true and accurate to the best of my knowledge. I understand that my application will be denied and/or my volunteer privileges withdrawn if any of the information I have provided is false.*
- *I acknowledge receipt of the code of conduct for volunteers and I understand that violation of any provisions of the code of conduct by volunteers may result in revocation of volunteer privileges and may include criminal prosecution.*
- *I acknowledge that I am required to immediately update information contained in this application in writing to the Program Services Department.*
- *I hereby authorize all parties to whom this document may be presented, to make full inquiries of any records, reports and related documents pertaining to the existence or nonexistence of a criminal history.*

Signature of Applicant _____

Date ____ / ____ / ____