

## GDC VOLUNTEER APPLICATION Personal Data Sheet

### Identification:

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name and Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Your Preferred method of notification when access to your preferred facility is limited or suspended? (Text to Cell Phone, Email, or Telephone Call) \_\_\_\_\_

### Group Affiliation:

Group/Organization you are Volunteering with \_\_\_\_\_

Group Facilitator/Group Leader Name \_\_\_\_\_

Group Facilitator/Group Leader Email Address \_\_\_\_\_

Group Facilitator Phone Number \_\_\_\_\_

Group Emergency Contact Name \_\_\_\_\_

Group Emergency Contact Number \_\_\_\_\_

### Personal Motivation:

Why are you interested in volunteer in corrections? \_\_\_\_\_

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## Volunteer Preferences:

**Areas of Interest:** Academic Education ☐ Administrative Clerical Areas ☐ Behavioral Programs ☐  
Bill Glass Prison Ministries ☐ Chaplaincy ☐ Gideons ☐ Grief Counseling ☐  
Holiday/Special Events Only ☐ Mentoring ☐ Substance Abuse Groups ☐ Vocational Education ☐  
Other ☐ \_\_\_\_\_

**Special Skills:** Career Training ☐ Counseling Services ☐ Family and Parenting ☐  
Job Search and Interviewing ☐ Juvenile and Young Adult Outreach ☐ Library Services ☐ Mentoring ☐  
Minister ☐ Recreational Services ☐ Teacher ☐ Not Applicable ☐ Other ☐ \_\_\_\_\_

**Professional Credentials/Certificates/Licenses:** Bachelor's Degree ☐ Master's Degree ☐  
Doctorate Degree ☐ Teaching Certificate ☐ Counseling Certification ☐ Not Applicable ☐  
Other ☐ \_\_\_\_\_

In What Facility are you interested in Volunteering? \_\_\_\_\_

Have you ever Volunteered in a Correctional Facility? Example: County Jail, Prison Camp, Juvenile Detention Center Career  
YES ☐ NO ☐

Have you ever volunteered in a state other than Georgia?  
YES ☐ NO ☐

Are you authorized to work in the U.S. ?  
YES ☐ NO ☐ Naturalized ☐

Did you see us on a social networking service?  
Facebook ☐ Twitter ☐ Pinterest ☐ Snapchat ☐ You Tube ☐

I understand that I cannot volunteer at a facility where I have a relative incarcerated. YES ☐ NO ☐

I understand a Volunteer must be 18 years or older. (Select One)

Yes, I am 18 years or older ☐  
No, I am not 18 years old yet ☐

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.