

13. Are you currently under any type of a court imposed program? _____ NO _____ YES
If YES, please explain on another sheet and attach to this form.

14. Do you have any type of metal implant or prosthesis? _____ NO _____ YES
If YES, please attach a verifying statement from your doctor.

15. If you are under 18 years of age, you must have the written notarized consent of a parent or legal guardian and be accompanied by a responsible adult who is also approved as a volunteer. The notarized written consent must be presented each time a minor volunteers unless prior approval has been obtained from the Warden/Superintendent. Emancipated minors must provide a copy of the court order.

I have read and understand the above information.

SIGNATURE

DATE

TO BE COMPLETED BY INSTITUTION STAFF

NOTE: Return all applications with rap sheets to the Community Resource Manager for applicant notification.

Security clearance conducted by: _____
PRINT NAME INITIALS DATE

NAME TITLE INSTITUTION DATE

APPROVED

DISAPPROVED

NAME TITLE

SIGNATURE DATE