

# Religious Services

## **Please Print Legibly**

Volunteer Position Applied for: Worship Service Leader

Today's Date: \_\_\_\_\_

Volunteer's Phone Number with Area Code: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt. # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security # \_\_\_\_\_

GA Driver's License # \_\_\_\_\_

Place of Birth \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age in Years: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Employer \_\_\_\_\_

Employers Telephone # \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Full Mailing Address of Employer \_\_\_\_\_

\_\_\_\_\_ Years Employed \_\_\_\_\_

Are you currently under a physician's care for any health condition, which might impact your functioning within the jail? \_\_\_\_\_

Do you consume alcoholic beverages? \_\_\_\_\_

Have you or are you now using drugs/medication? (You need not list prescription medications for health conditions not relevant to work within the jail) \_\_\_\_\_ If you answered 'yes' to any of the above questions please explain on the reverse of this sheet. Please print!

Have you ever been arrested? \_\_\_\_\_ Have you ever been convicted of a crime? \_\_\_\_\_  
Have you ever served time? \_\_\_\_\_

If you answered YES to any of these questions, give detail on the reverse of this sheet. If you have ever been arrested you must complete and attach the "Personal Record Form" which has been provided. List all arrests.

**Name** of Church, Mosque, or Synagogue you most frequently attend

\_\_\_\_\_

Telephone # \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Church Address including Zip \_\_\_\_\_

\_\_\_\_\_

CITY OF ATLANTA DEPARTMENT OF CORRECTIONS  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all Criminal History records concerning myself to any duly authorized agent of the City of Atlanta Department of Corrections or to any authorized agent of criminal justice agency or any private agency upon request of the City of Atlanta Department of Corrections, whether the said records are of a public, private or confidential nature. The following information may be obtained at any given time by the City of Atlanta Department of Corrections and the intent of this authorization is to give my consent for full and complete disclosure of the records of the following:

**PLEASE INITIAL EACH LINE.**

- Verification of arrest/conviction records \_\_\_\_\_
- Employment, Character and social references \_\_\_\_\_

I understand that any information obtained by a criminal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for volunteering by the City of Atlanta Department of Corrections. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Date Executed

\_\_\_\_\_  
Signature (including maiden name)

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

D.O.B. \_\_\_\_\_

SSN \_\_\_\_\_

CITY OF ATLANTA DEPARTMENT OF CORRECTIONS  
Volunteer Agreement

I \_\_\_\_\_, hereby certify that all information contained in this application is correct. I give my permission for all references and employers to be contacted. I give my permission for any law enforcement agency files pertaining to me to be examined. I realize that any false or withheld information reflected herein is grounds for this application to be rejected and or my privilege to serve as a volunteer to be subsequently terminated. I affirm that I will attend the required training and will read and agree to the conditions for public access to the Atlanta City Detention Center which emphasizes the inherently dangerous nature of the jail environment, and note that by signing this agreement, the undersigned explicitly:

1. Assumes the risk for any injury, which may occur in connection with the Detention Center visit, including but not limited to the risk of being taken hostage while on the premises.

2. Holds harmless and forever discharges the Atlanta City Detention Center, its agents, employees, servants, successors and assignees, from any and all liability for injury or damage arising out of such visit.

3. Agrees to abide by Atlanta City Detention Center rules and all pertinent laws.

4. Will comply with verbal instructions of any and/or all Corrections Officers.

Failure to comply with the above rules is cause for immediate dismissal.

Volunteer Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Religious Services

Volunteer Application Form

## Personal Record Form (Please include all arrests)

Year of Arrest	City & State of Arrest	Nature of Charge	Court Disposition (Convicted, Dismissed, etc.)

This form is required of all applicants who have been arrested. Fill in full information on all charges regardless of the year of occurrence. If you have more than seven arrests, please use reverse of this form.



# CITY OF ATLANTA

254 PEACHTREE STREET, S.W. • ATLANTA, GEORGIA 30303  
(404) 865-8001 • FAX: (404) 658-6064

KASIM REED  
MAYOR

DEPARTMENT OF  
CORRECTIONS  
PRISCILLA DOGGETT  
INTERM CHIEF

## Religious Services Clergy Endorsement for Volunteers

To: Interim Chief Priscilla Doggett

This form is submitted to verify that the below listed persons are active members of our congregation, and I know to be well suited to serve as worship leaders at the Atlanta Pretrial Detention Center. They minister as such with our prayers and encouragement.

- |          |           |
|----------|-----------|
| 1. _____ | 7. _____  |
| 2. _____ | 8. _____  |
| 3. _____ | 9. _____  |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Today's Date: \_\_\_\_\_ Church Telephone number: \_\_\_\_\_

Church Name: (Printed): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_, Zip \_\_\_\_\_

Pastor's Name: (Printed): \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

\*Churches without a formal membership structure may use regular attendance at primary weekly service as basis for affiliation.

+Any ordained clergy person may sign this form if senior clergy person has delegated such authority and responsibility.

~Mail to Chaplain Barry Singer at P. O. Box 792 Woodstock, GA 30188.

Call the Chaplain at (404) 865-8007 should you have any questions.

# CHECK LIST

- Volunteer Application **each line filled out completely**
- Authorization for Release of Personal information form filled our completely Including Signature
- Volunteer Agreement Signed and dated
- Personal Arrest Record Form completed
- Photo Copy of your Georgia Drivers License is attached to this packet

**NOTE: FAILURE TO COMPLETE THE APPLICATION ACCURATELY WILL RESULT IN YOUR APPLICATION BEING DENIED. (This includes the Personal Arrest Record Form)**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ TEAM LEADER INITIALS: \_\_\_\_\_

Religious Services  
Volunteer Application Form  
**Instructions for Completing Application**

1. Answer all questions and fill in all blanks. Missing information will be cause for rejection of this application. Take your time and feel free to add additional personal letters of reference, endorsements, and other documentation, which you believe to be pertinent. This is especially important for those who have experienced arrests.
2. Make and attach a photocopy of the front of your Georgia Driver's License.
3. Those persons who have been arrested and convicted of a criminal offense within the past five years are strongly encouraged to delay application until a five-year period has elapsed.
4. Those who have been arrested must complete the attached Personal Record Form to list all arrests, approximate dates, location, nature of offense and disposition. For example:  
  
1984, Cleveland Ohio, 2nd Degree Robbery, Case Dismissed.  
1991, Atlanta GA, Failure to Pay Child Support, Plead Guilty.
5. Carefully print so that the information you provide is easily understood.
6. Mail completed form to:

Chaplain Barry Singer  
P. O. Box 792  
Woodstock, GA 30188

Do not leave this information at the front desk or with any other person. It must be mailed. Thank you for your cooperation!