

CLARKE COUNTY JAIL

Application for Approved Volunteer for (check one) AA _____ NA _____

Name _____

Have you ever used any other name? (if so, what) _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ / _____

S.S. # _____ Date of birth _____ Race _____

Have you ever been arrested for a criminal offense? _____ (If yes, explain briefly.)

As a part of this application I hereby authorize Clarke County Sheriff's Office to receive any criminal history information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia.

Signature _____ date _____

this section to be completed by the liaison person recognized by Clarke County Jail

The person listed above has been an continuously active member of a local AA or NA group for at least _____ and is recommended to Clarke County Jail.

Signature _____ Date _____

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Attach a clear photocopy of your driver's license, State ID, or other valid picture ID