

Anoka County Jail Volunteer Registration

Full Name _____
Last First Middle

Date of Birth _____ DL# _____
month/day/year

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ E-mail address _____

Emergency Contact Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Which jail program are you volunteering for? _____

Length of sobriety (if volunteering for AA/NA/CMA). _____

Please explain why you want to be a jail volunteer. If a returning volunteer, how long have you volunteered?

Who referred you to the Anoka Jail Programs Office? _____

Have you ever been convicted of a crime? _____ If yes, please give details. _____

Have you been confined in Anoka County Jail or any other jail/prison? _____

Are you currently on probation or parole? _____

I hereby declare that the above information is true and correct to the best of my knowledge. Further, I authorize the facility to conduct a routine criminal history check, the result of such a check will be held as private. (See back.)

Signature _____ Date _____

Return to: Anoka County Jail – Program Office
325 E. Jackson Street
Anoka, MN 55303

Any questions: Janeen Allram 763-323-5083
~~Melanie Hehr 763-323-5077~~
Jill Hlavinka 763-323-5112

Read and sign reverse side

DATA PRACTICES NOTICE

You are being asked to supply private or confidential information about yourself. Before supplying this information, you should be aware of the following:

1. The purpose of asking for this information is to assist this agency in determining your fitness for the position for which you have applied.
2. You have a right to refuse to supply this information. However, as a consequence of refusal, your application for the position will be summarily rejected.
3. The following entities may be authorized by law to receive this data:
 - a. Anoka County Sheriff's Office
 - b. Anoka County Human Resources Department
 - c. State and Federal courts
 - d. Human rights agencies
 - e. Minnesota Department of Labor and Industry
 - f. Veteran's Preference Board
 - g. Attorneys representing any of the above entities

I have read and understand the above information. I have decided to:

_____ Agree to supply the requested information

_____ Refuse to supply the requested information.

Signature _____

Date _____