

# Volunteer Application

**Return to:**

Mary Davidson, Program Coordinator  
Mower County Jail & Justice Center  
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Austin, MN 55912  
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**Official Use Only**

Full Name:	Sex:	Date of Birth:
Approved By:	Denied By:	Date:
Remarks:		
Criminal History Done By:	Date:	

**Data Practices Advisory / Criminal History Consent Form**

The information you are being asked to provide will be used for the purpose of conducting a criminal history investigation to determine your suitability and qualifications for a volunteer position with the Mower County Jail.

You are not legally required to provide any of the information on this form at this time. However, failure to provide complete, accurate information may result in the County being unable or unwilling to offer a volunteer position to you. The information on this application which is classified as private data under the Minnesota Government Data Practices act will not be released outside the County without your consent except as necessary for tax purposes or as otherwise required by state or federal law.

Any false statement of any information or the intentional omission of information will result in your elimination from consideration and may be considered grounds for termination of the volunteer position.

<p>Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide date(s) and nature of offense(s).</p>
<p>Is there any criminal legal action pending against you now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide nature of offense(s).</p>
<p>Are you currently on Probation or Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who is your agent?</p> <p>If you have previously been on probation or parole, how long have you been off paper?</p>
<p>If facilitating AA or NA, what is the length of your sobriety?</p>

**CONSENT**

As an applicant for a volunteer position with the Mower County Jail, I consent to the conduct of a criminal history investigation upon me. I understand that the information I am providing is classified as Private under the Minnesota Data Practices Act. I consent to the release of the information I am providing in the application and any other information obtained as a result of this investigation.

Print Full Name

Date of Birth

Signature \_\_\_\_\_

Date

**PERSONAL INFORMATION**

1	Last Name	First Name	Middle Name
	Street Address		Home Phone (       )
	City	State	Zip
	List all other names you have used or been known by. Include all legal changes.		Work Phone (       )
	Are you either a U.S. Citizen or legally eligible to hold employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cell Phone (       )
		Email Address	

**VOLUNTEER INFORMATION**

2	Which jail program are you volunteering for?
	Do you have any volunteer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
	List all current or prior volunteer work and the dates of assignment.
	If you have no volunteer experience, explain why you want to become a volunteer.
	Do you have friends or relatives currently incarcerated in Mower County?

**PROFESSIONAL STATUS**

3	Do you possess a current license or certificate relevant to the position you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuing Agency

**EMPLOYMENT**

4	Present Employer	Company Name	Your Position
	Street Address	City	State
			Zip
			Phone (       )
Were you ever subjected to disciplinary action in connection with employment or a volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, employer name: Reason:	
Were you ever discharged or asked to resign from employment or a volunteer position? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I certify that all of the statements by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false information or omission of information from this application may be cause for rejection or dismissal.

\_\_\_\_\_

Signature Date

# General Authorization and Release

## Minnesota Data Practices Act

Please provide reference information.

### Reference

Last Name	First Name	Middle
Street Address	City	State      Zip code
Home Phone (      )	Cell Phone (      )	Work Phone (      )
Occupation	Relationship to Applicant	

### Reference

Last Name	First Name	Middle
Street Address	City	State      Zip code
Home Phone (      )	Cell Phone (      )	Work Phone (      )
Occupation	Relationship to Applicant	

In connection with this application I hereby authorize any and all current or former employers, organizations where I have volunteered and references named in this application, to release to the County and its agents any and all information regarding my job performance and suitability and qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand that the County will use this information to determine my suitability and qualifications for a volunteer position that I am seeking. I understand that I may have to provide additional references upon request and that each reference will require a signed General Authorization and Release form. This authorization expires one year from the date of my signature, below.

Applicant's Printed Full Name

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

\_\_\_\_\_  
Date