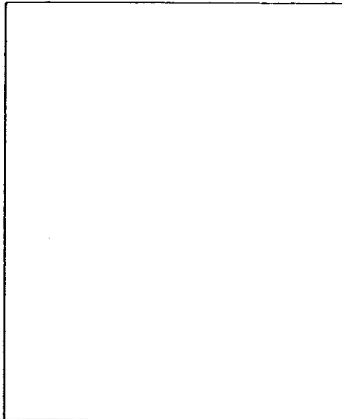


Please fill out the questionnaire completely and attach a recent CLEAR photograph of yourself. A copy of your driver's license will be accepted. Please make sure and complete the section on insurance waiver and have it notarized before submission. This application must also be taken to the local sheriff's office at 10750 ULMERTON RD. Seminole & Ulmerton 2nd Floor Records, so that a criminal background check can be done and recorded on this form. Once the sheriff's office has completed and recorded the findings on this form, it should be returned to the Goodwill Corrections Office. If you are volunteering bringing meetings into the facility, please have the completed application put to the attention of the assistant program manager (Chris Neilson). If you are turning in the application to sponsor a client please put it to the attention of either the client's counselor or the assistant program manager.

Goodwill Suncoast Community Corrections

Community Partnership Program

Volunteer/Sponsor Approval Application



****FOR OFFICIAL USE ONLY****

Program Manager: _____ Approved Disapproved
 Date: _____

Probation officer: _____ Approved Disapproved
 Date: _____

Counselor: _____ Approved Disapproved
 Date: _____

Photograph

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Maiden or Alias Name(s): _____

Date of Birth: _____ City and State of Birth _____

Sex: _____ Race: _____

SSN: _____ Drivers License No.: _____ State: _____

Personal Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Personal Fax: () _____

Personal Cell Phone: () _____ Personal E-mail Address: _____

Are you employed? _____ If so, where? _____

Have you ever been arrested? _____ If yes, explain _____

Have you ever been convicted of a felony? _____ If yes, explain: _____

Are you currently on parole? _____ Probation? _____ If yes, explain _____

I have read and agreed to abide by the Treatment Centers Guidelines for visitors and sponsors.

Signature: _____ Date: _____

LAW ENFORCEMENT USE ONLY

Agency Name: _____ Representative: _____ Phone: _____

Background checked through: NCIC () FCIC() LOCAL() OTHER()

Results: _____ ***Please attach any record found*****

Disclaimer and Signature

I hereby release Goodwill Suncoast correctional programs from any and all liability for any injuries and damages that may be incurred.

I _____, being duly sworn, depose and say I am the above named person. I affirm that all questions have been fully answered and attest that each and ever answer is true and correct in every respect.

(Applicant sign here in presence of Notary Public)

Sworn to before me this _____ day of _____ A.D. _____
by _____, who is personally known to me or has produced
Identification.

Notary Signature

Notary Type, Print or Stamp Name

Commission Number, and Expiration