

MILLE LACS COUNTY JAIL
VOLUNTEER APPLICATION

Full Name: _____
Last First Middle

Date of Birth: _____ MN D/L #: _____
(Month/Date/Year)

Home Address: _____

Phone: _____ Email: _____
(Cell)

Occupation: _____

Which jail program are you volunteering for? _____

Please explain why you want to become a volunteer: _____

Who referred you to the Mille Lacs County Jail Program? _____

Have you ever been convicted of a crime? _____ If so, please explain: _____

Have you been confined in the Mille Lacs County Jail or any other jail? _____ If so, when: _____

Are you currently on probation or parole? _____

In case of emergency, notify:

Name: _____ Phone: _____

Address: _____

Relationship to you: _____

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 check will be held as private.

Signature _____ Date _____

Return to: John Henderson, Program Coordinator
Mille Lacs County Jail
640 3rd Street SE
Milaca, MN 56353