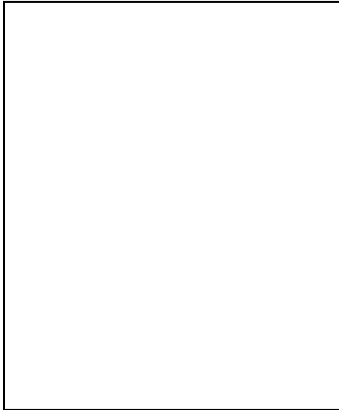


Goodwill Suncoast Community Corrections

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 every 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*