

KENNEBEC COUNTY VOLUNTEER/INTERN PROGRAM APPLICATION

Please answer the following questions fully and print legibly using additional pages if necessary. Any false statements made on this application may cause disqualify the applicant from eligibility from the Kennebec County Sheriff's Office Intern program.

PERSONAL INFORMATION			
NAME:		NICKNAMES/ALIASES/MAIDEN NAME:	
STREET ADDRESS:		CITY, ZIP CODE:	
HOME PHONE:	WORK PHONE:	CELL PHONE:	BEST TIME TO CALL:
DRIVER'S LICENSE:	DATE OF BIRTH:		AGE:
PLACE OF BIRTH:	ARE YOU A U.S. CITIZEN? YES NO - IF NO, INDICATE CITIZENSHIP		
MARITAL STATUS:	NAME OF SPOUSE:		
AGE OF SPOUSE:	SPOUSE'S DATE OF BIRTH:	SPOUSE'S PLACE OF BIRTH:	
HAVE YOU, YOUR SPOUSE, OR ANY DEPENDENT CHILDREN EVER BEEN ARRESTED? NO YES-IF YES, EXPLAIN			

EMPLOYMENT EXPERIENCE	
CURRENT/PAST EMPLOYER/SCHOOL:	POSITION:
STREET ADDRESS:	CITY, ZIP CODE:
SUPERVISOR/ADVISOR:	PHONE NUMBER
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN ANY EMPLOYMENT? NO YES - IF YES, EXPLAIN	
CURRENT/PAST EMPLOYER/SCHOOL:	POSITION:
STREET ADDRESS:	CITY, ZIP CODE:
SUPERVISOR/ADVISOR:	PHONE NUMBER
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN ANY EMPLOYMENT? NO YES - IF YES, EXPLAIN	

CURRENT/PAST EMPLOYER/SCHOOL:	POSITION:
STREET ADDRESS:	CITY, ZIP CODE:
SUPERVISOR/ADVISOR:	PHONE NUMBER
HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN ANY EMPLOYMENT? NO YES - IF YES, EXPLAIN	

SPECIAL SKILLS

DO YOU HAVE ANY SPECIAL SKILLS (I.E. COMPUTER, TYPING, FOREIGN LANGUAGES)? PLEASE EXPLAIN.

REASONS FOR VOLUNTEERING/INTERNSHIP

PLEASE LIST YOUR REASONS FOR WANTING TO VOLUNTEER AT THE KENNEBEC COUNTY SHERIFF'S OFFICE

AVAILABILITY

CAN YOU COMMIT TO FOUR HOURS OF SERVICE PER WEEK?

INDICATE THE HOURS YOU HAVE AVAILABLE DURING EACH WEEK:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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INDICATE ANY EXCEPTIONS (E.G. NO DAYS IN AUGUST, NOT AVAILABLE 3RD THURSDAY OF EACH MONTH)

INFORMATION VERIFICATION

By signing below, I affirm that the information contained on this application is complete and accurate to the best of my knowledge. I authorize the Kennebec County Sheriff's Office to confirm the information contained above. I further authorize the Kennebec County Sheriff's Office to conduct a criminal history background check.

SIGNATURE: _____ DATE: _____

Once completed, please mail to
Captain Richard Wurpel, Corrections Administrator, 115 State Street Augusta, ME 04330
 If you have any questions, please call (207) 623-2270 x1232