

**AITKIN COUNTY JAIL
VOLUNTEER APPLICATION**

Full Name _____
Date of Birth _____ MN DL# _____
Home Address _____
Home Phone _____ Work Phone _____
Occupation _____

Which jail program are you volunteering for? _____

Please explain why you want to become a volunteer? _____

Who referred you to the Aitkin County Jail Programs Office? _____

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

Have you been confined in the Aitkin County Jail or any other Jail? _____
If so, when and where _____

Are you currently on probation or parole? _____ If so, please explain _____

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: Program Coordinator Phone# 218-927-2139
Aitkin County Jail
217 2nd St NW
Aitkin MN 56431