



VOLUNTEER INFORMATION FORM

NAME: _____ DOB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

AGENCY: _____

PROGRAM NAME: _____

DAY(S) OF THE WEEK and TIME OF PROGRAM SCHEDULED: _____

PICTURE ID:

I HAVE READ AND REVIEWED THE MONTGOMERY COUNTY JAIL'S VOLUNTEER HANDBOOK. BY SIGNING BELOW I AM ACKNOWLEDGING THAT I UNDERSTAND AND AGREE TO COMPLY WITH THE CODE OF ETHICS, RULES FOR VOLUNTEERS, AND THE PREA SEXUAL ABUSE PREVENTION AND INTERVENTION PROGRAM DESCRIBED WITHIN THIS HANDBOOK. I ACKNOWLEDGE THAT I WILL REPORT ANY FINDINGS OF SEXUAL ABUSE OR HARASSMENT IMMEDIATELY.

SIGNATURE: _____ DATE: _____

Montgomery County Jail Facility
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