

MARYLAND STATE BAR ASSOCIATION

LEADERSHIP ACADEMY FELLOWS

2009-2010

VOLUNTEER APPLICATION

On behalf of the Leadership Academy Fellows, thank you for agreeing to serve as a volunteer for the Stories from my Father Project. The Jessup Correctional Institution must conduct a background check for each volunteer. Please complete the application, read the release of information statement and provide your signature. We look forward to working with you!

NAME: _____

ADDRESS: _____

DATE OF BIRTH (MONTH/DAY/YEAR): _____

SOCIAL SECURITY NUMBER: FOR SECURITY REASONS, PLEASE PROVIDE YOUR SOCIAL SECURITY NUMBER BY TELEPHONE TO THE CONTACT PERSON LISTED BELOW.

TELEPHONE NUMBER: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATION: _____

TELEPHONE NUMBER: _____

SELECT VOLUNTEER DATE:

MAR. 6 ___ MAR. 20 ___ APR. 3 ___ APR. 17 ___ MAY 1 ___ MAY 15 ___

RELEASE OF INFORMATION STATEMENT

I HEREBY RELEASE MY PERSONAL INFORMATION TO THE MARYLAND STATE BAR ASSOCIATION LEADERSHIP ACADEMY FELLOWS. MY PERSONAL INFORMATION WILL BE USED BY THE JESSUP CORRECTIONAL INSTITUTION SOLELY FOR THE PURPOSES OF CONDUCTING A BACKGROUND CHECK. I UNDERSTAND THAT MY PERSONAL INFORMATION WILL BE DESTROYED ONCE THE BACKGROUND CHECK IS COMPLETED.

DATE: _____ SIGNATURE: _____

RETURN TO: JAMAR HERRY AT JAMARHERRY@YAHOO.COM OR (240) 460-6149 OR DANA MIDDLETON AT DANA.MIDDLETON@GMAIL.COM OR (443) 956-3290. YOU CAN MAIL THE APPLICATION TO: MARYLAND STATE BAR ASSOCIATION, 520 W. FAYETTE STREET, BALTIMORE, MD 21201.