Butler County Sheriff's Office Corrections Division Application for Authorized Entry to Butler County Correctional Facilities

Date of Application					
Last Name: First Nam		Name:	: Middle Name:		
Current Address:					
City:	State:	Zip:	Phone Number:		
Reason for Volunteer S	ervice: Church	Recovery Based	Other:		
Organization/Affiliation	n Name:		Phone Number:		
Organization Address:		City:	State	e: Zip:	
Organization Superviso	or:				
Requested Dates and T	imes of Visits:				
Have you ever been cha	arged with a crimina	l offense? Yes _	No		
If yes; when, where, an	d what were the cha	rges?			
		Were you con	nvicted of the charge	s? Yes No	
Name:(Las		sonal Information (Please Print C (First)		(Middle)	
Other Name(s):					
Date of Birth: Social Security Number:				Sex:	
office, as well as any crimina This Authorization is void if agency. I hereby agree to ind improper use of the informati	I history and warrant che not exercised by the pers emnify the County of Bu ion provided. I understand	cks through criminal his on or organization name tler and the Butler Coun d this criminal check on	tory data bases that the Bu d on this form within one ty Sheriff and his represen ly pertains to information	ninal convictions I have on file with ttler County Sheriff's office has acc (1) year from the date signed by the tative for any liability arising out of lawfully available to the Butler Cou as may or may not be on file with o	cess to. is of the unty
Signature:			Date:		
This backgrou		SHERIFF'S OFFI arges and may not		record on the individual.	
(Signature of clerk cond	nducting background check) (Date) Photo ID verified				
No record f	ound	_Record attached	pages attache	d	