

APPLICATION FOR CLOSING
DATA REQUESTED BY THE DEPARTMENT OF CORRECTIONS

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____

State DL No. _____ Expiration Date _____

Date of Birth _____ Soc. Sec. No. _____

Sex: circle M F Race: circle W B H OTHER _____

I ATTENDED CURSILLO / EMMAUS / VIA DE CRISTO / OTHER _____
AT _____ DATE _____

Are you a current or former employee of the SC Department of Corrections? Yes ____ No ____

Are you an Ex-offender of the SC Department of Corrections? Yes ____ No ____

signature

Are you already approved as a Kairos Volunteer? Yes ____ No ____

THIS APPLICATION IS FOR CLOSING AT:

Institution _____

Date _____