

## DALLAS COUNTY SHERIFF'S DEPARTMENT INMATE PROGRAMS APPLICATION FOR JAIL PROGRAMS ADMITTANCE

## APPLICANT MUST HAVE A TEXAS DL OR ID AT TIME OF APPLICATION

Name:	(First)	(A A: -1 -11 - \		
(Last)	(First)	(Middle)		
DATE OF BIRTH:		CE: SEX: _		
HEIGHT: WEIGHT:				
DRIVERS LICENSE NUMBER:			<u> </u>	
SOCIAL SECURITY NUMBER:				
HOME ADDRESS:			· · · · · · · · · · · · · · · · · · ·	
PHONE NUMBER:				
NAME OF AGENCY REPRESENTED: ALC	OHOLICS ANONYMOU	S		
AGENCY ADDRESS: Box 459, Grand Cent	ral Station, New York, N	Y10163		
SUPERVISOR: Colin James				
AGENCY PHONE NUMBER AND E-MAIL A	ADDRESS: (469) 855-07	10 colin@singlesource.	<u>tv</u>	
Have you ever been arrested, or jailed be	efore? Yes	No		
If yes, name of jail and/or prison and date	es of incarceration:			
Are you now on probation or parole?	Ye	s No		
If yes, briefly describe the terms and condition	ons of your parole or pro	bation:		
Name and phone number of your probation	or parole officer:			
TYPE OF PROGRAM APPLIED FOR: NE	W ISSUE:	RENEWAL:	_	
GED AA NA	College	Student Intern	Re-entry	Other
Religious (For Religious) Name of	Worship Place:			
Phone:Add	ress:			
Are you ordained/licensed:Yes	No Your position (	please specify):		
Your relationship to the inmate:				
I CERTIFY THAT THE ABOVE INI	FORMATION IS TRUE A	AND CORRECT TO THE	BEST OF MY KNOW	VLEDGE.
DATE: SIGNATURE:	DO NOT WRITE BE	LOW THIS LINE		
APPROVED / DISAPPROVED				
AFFROVED / DISAFPROVED		EXPIRATIO	N DATE:	



## M E M O R A N D U M DALLAS COUNTY SHERIFF'S DEPARTMENT INMATE PROGRAMS DIVISION

## **ACKNOWLEDGEMENT OF OUTSIDE AGENCY JAIL VISITATION RULES**

I have received a copy of the agency jail visitation rules and have read and understand the rules. I understand that I am to comply with the rules at all times while present in a Dallas County Jail Facility.

I understand that failure to comply with the rules will result in my denial of access to any detention facility in the Dallas County Sheriff's Department Jail System.

Printed Name:	
Signature:	
<del></del>	
Date:	

Print Agency Name: ALCOHOLIC ANONYMOUS

Agency Phone Number and E-Mail Address: (469) 855-0710 colin@singlesource.tv