



Charles County Detention Center

Volunteer Intentions Form

Name: _____

Wish to continue volunteering? _____

(if yes please complete the following):

Program: _____

Organization: _____

E-mail: _____

Phone: _____

Please list all possible days and timeframes that you could volunteer:

Other comments:

Please return via email or deliver in person to CCDC receptionist as soon as possible. Thank you!