



Atlantic County Jail AA Meetings

Atlantic County Dept. of Public Safety
Attn: John McLernon
5060 Atlantic Ave.
Mays Landing, NJ 08330



When:

CAIG takes weekly men's and women's meetings into the Atlantic County Jail:

Sun 9:30am (Mens)	Sun 7:00pm (Womens)	Mon 9:30am (Womens)
Mon 7:30pm (Mens Annex)	Tues 1:15pm (Mens)	Tues 2pm (Discharge)
Wed 7:30pm (Mens Annex)	Thurs 9:30am (Mens)	Thurs 1:30pm (Mens)
Thurs 7:30pm (Mens)	Fri 7:30pm (Mens Annex)	

All approved women and men volunteers are welcome to attend the Tuesday Discharge Planning meeting as well as the new Therapeutic Unit meetings on Monday, Wednesday and Friday evenings in the Annex. Two to four volunteers may attend and should coordinate with Neal S. at 289-9620.

Where:

The Atlantic County Jail is located at 5060 Atlantic Ave., Mayslanding (right next to the Lighthouse Rehab). The main number is 645-5855.

How to Get Involved in Atlantic County:

If interested, fill out the attached four Volunteer Security Clearance Forms. They can be downloaded from the web site at caigrp.org or they can be obtained by your IGR at a monthly Cape Atlantic InterGroup meeting. You can also contact the Hospitals and Institutions chairperson, HIChair@caigrp.org and an email with the forms will be sent.

After filling out the application, call John McLernon at 909-7546 for instructions on faxing it or mailing it in. Please be sure you answer all the questions and provide all the information they ask for, e.g.: copy of your driver's license and Social Security Card. If there are any previous arrest(s) please be specific. You must be completely honest on the form. If you don't remember everything, just state that on the form.

Within approximately two weeks of sending in your application packet, the Jail will contact you to let you know if you were approved or denied. You may call Anne Powell at 909-7545 or Neal S. at 289-9620 for the status of your clearance process. Once approved, you must attend a mandatory orientation session in the Jail Annex with Chaplain Miller before you can start.

Once this is completed, please contact either Steve H. at 214-1689, HIChair@caigrp.org or Shirl R. at 289-7361, newsletter@caigrp.org so they can work you into the meeting schedule.

Commitment: The number of meetings attended each month by each volunteer is flexible. Some volunteers attend one meeting a month, some are strictly on standby for "life happens", some go twice a month and some volunteers go every week.

Requirements: The Jail holds a mandatory orientation for anyone wishing to go into the facility. Having a record is not a restriction unless incarcerated at this facility within the last two years. There are no sobriety requirements, however six months is suggested.

ATLANTIC COUNTY DEPARTMENT OF PUBLIC SAFETY
EMPLOYEE/VOLUNTEER SECURITY CLEARANCE FORM

NOTE: All applicants for positions will be photographed and a background investigation will be completed by the Investigations Unit of the Atlantic County Department of Public Safety prior to being approved to enter the facility.

I hereby waive my right to privacy of records and allow a check to be made with law authorities and organizations affiliated with my background. I further understand that all information will be kept confidential.

DATE: _____ SIGNATURE: _____

PRINT: _____

REQUESTED BY: John McLagdon
PRINT
[Signature]
SIGNATURE

NOTES: Medical applicants please attach a copy of your current license along with a copy of your drivers license and social security card.

All Volunteer applicants shall provide a copy of a current Driver's License and Social Security Card.

ATLANTIC COUNTY DEPARTMENT OF PUBLIC SAFETY EMPLOYEE/VOLUNTEER SECURITY CLEARANCE FORM

NAME: _____ Maiden Name: _____

DATE of BIRTH: _____ Birth Place: _____

Address: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ SS# _____ (Include a copy)

Phone Numbers: Home _____ Work _____ Cell _____

Current Employer _____

Employer Address _____

Employer Phone number _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Phone #: _____ Relationship: _____

Address: _____

Have you ever been arrested for a crime or offense? Yes: _____ No: _____

If yes, Where, When, and Why? _____

Have you ever been convicted of a crime? Yes: _____ No: _____

If yes, Where, When, Why? _____

Do you have any relatives incarcerated in or employed at this facility? Yes: _____ NO: _____

If yes, Where, When, Why? _____

Driver License # _____ (attach a copy)

Date: _____ Signature: _____

FOR OFFICIAL USE ONLY

Approved: _____ Not Approved: _____ Date: _____

Investigator: _____ Signature: _____

Unit: _____ Title: _____

BOTH SIDES MUST BE COMPLETED AND THE RELEASE FORM ATTACHED

RELEASE OF INFORMATION

I, _____, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of Atlantic County Department of Public Safety whether said records are of public, private or confidential nature.

I also authorize and request every person, firm, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the said Atlantic County Dept. of Public Safety Agent any such information including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, including sealed or expunged records, or any other data, to permit the said Agent of the Dept. of Public Safety to inspect and make copies of such document, records and other information.

I hereby request and authorize the Dept. of the Navy, Army, Air Force or Coast Guard, to furnish the said Atlantic County Dept. of Public Safety Agent my records of service there in, and to furnish the character of service rendered for each period.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this authorization and release will be considered in determining my suitability for employment with the Dept. of Public Safety.

I hereby release, discharge, exonerate the Dept. of Public Safety and their Agents from any and all liability of every nature arising out of the furnishing, inspecting or collection of such documents, records and other information or the investigation made by the Atlantic County Dept. of Public Safety.

A photocopy or facsimile of this authorization and release form will be valid as an original thereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

I have read and fully understand the contents of this "Release of Information" form.

Signature: _____ Date: _____

Print: _____ Witness: _____
Signature