



W.Q. "Bill" Overton, Jr.
Sheriff

Office of the Sheriff

County of Franklin
70 East Court Street
Rocky Mount, Virginia 24151
540-483-3000

Office of the Sheriff, County of Franklin "Bridging the Gap" Application
This program is a volunteer program

Name: _____
Date of Birth: _____
SSN: _____
DOC#: _____

Charges being held on:

Projected Release Date:

Education: List all that apply:

Can you read and write?: _____
Highest grade level completed: _____
High School graduate, or GED: Y or N, if yes, where from and what year?

College: list any college credits, classes, etc.:

Work History:

List current or previous work experience:

Church affiliation, if any:

Do you currently have a wife, girlfriend, significant other etc. who would be willing to participate in some form with this program? (Example: women's bible study/women's ministry, church attendance)

Discuss in detail why you are interested in participating in this volunteer program: *(you may use additional paper if needed)*

Drug Use: please describe any and all drug use in the applicants past in the space below. Include all types of drugs used, the length of time in addiction, and any treatment received.

Type of Drug: _____

Date of first drug use: _____

Date of last drug use: _____

Please rate your use of the drug from 1 to 10, 10 being extremely heavy use, 1 being light use.

1 2 3 4 5 6 7 8 9 10

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Please list any treatment you've received for your addiction:

What do you see as your biggest problem:

What do you think will help you overcome these issues?

Applicant signature: _____ Date: _____

Staff signature: _____ Date: _____

The above applicant has been approved / disapproved for this program