



VOLUNTEER APPLICATION AND REGISTRATION

Volunteer Program				Department Use			
Please be sure to fill out the volunteer application in full. Failure to complete the application may result in its return to you and will delay the application process.				Location			
Please Print or Type				Date Application Received			
Name Last		First		Middle		Maiden Name or other Names Known by	
Address		City		State		Zip Code	
Primary Telephone		Secondary Telephone		Other Phone		E-mail Address (Preferable)	
Employer/School		Address		City		State Zip Code	
Occupation/Major							
ID CARD AND SECURITY CLEARANCE INFORMATION							
Age		Date of Birth (Month, Day, Year)			Place of Birth		Citizenship
Race	Height	Weight		Hair Color	Eye Color		<input type="checkbox"/> Male <input type="checkbox"/> Female
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No State:		Driver's License Number or other Appropriate I.D. Number, If Applicant does not Drive			Last 4 SSN		
EMERGENCY NOTIFICATION INFORMATION							
Last Name, First M.			Primary Phone Number		Secondary Phone Number		Relationship
MEDICAL ALERT INFORMATION							
Do you have any allergies or medical conditions that may cause a medical alert?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, and you wish to disclose the information, please list the allergy or medical condition.							
INTEREST							
Your interest in volunteering with the Department of Corrections is for (Check one or more).							
<input type="checkbox"/> Public Service			<input type="checkbox"/> Future Employment			<input type="checkbox"/> Internship	

ASSIGNMENT PREFERENCE

<input type="checkbox"/>	<u>Individual Volunteer</u>	<input type="checkbox"/>	<u>Group Volunteer</u>
			Group Program Name (if known):
	CATEGORY		CATEGORY
<input type="checkbox"/>	Staff Assistance	<input type="checkbox"/>	Religious
<input type="checkbox"/>	Support/Clerical	<input type="checkbox"/>	Drug/Alcohol
<input type="checkbox"/>	Academic/Vocational	<input type="checkbox"/>	Cultural/Ethnic
<input type="checkbox"/>	Health Service	<input type="checkbox"/>	Advisory/Screening
<input type="checkbox"/>	Recreation	<input type="checkbox"/>	Community Reintegration
<input type="checkbox"/>	**Professional Services	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:		

**If you are applying to provide a professional service (e.g., legal, medical, etc.), please cite your credentials, such as certification, license, etc.

When would you be able to provide volunteer services?

On call Regularly SUN M T W TH F S For _____ days a month

From _____ (time) to _____ (time)

Beginning _____ (date) until _____ (date)

APPLICATION QUESTIONS

Do you have any special knowledge about the criminal justice system or this assignment that you gained through education or experience? If yes, please list by date, giving the name of your supervisor or instructor, his/her phone number, and a brief description of your prior work experience.

Do you have a relationship (e.g., father, wife, friend, etc.) with or are you on the visiting list of any person currently in DOC custody and/or on DOC supervision? Yes No

If yes, please explain the nature of the relationship, give the name of the person, and assigned location.

Have you ever been incarcerated or on community supervision? Yes No

If yes, please explain the nature of the incarceration and/or supervision and provide the dates and locations. Attach a criminal history report in lieu of the detailed description. Please note: omissions may be cause for termination or denial.

Are you currently volunteering at any other correctional agency? Yes No

If yes, name of agency _____ Supervisor _____

How do you feel the Department of Corrections can help offenders change their pattern of criminal and/or violent behavior?

Provide a brief summary of your interests and desired outcome as a volunteer with the Department of Corrections.

(What do you see as your role?)
