

**DIVISION OF CORRECTION
Volunteer Application**

Name:			
Home/Cell Phone:		Work Phone:	
Street Address:	City:	State:	Zip:
Email Address:			
Organization/Agency:			

Current Employment (Most recent within the last three years)

Employer Name and Address:	Supervisor:	Phone Number:
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School Information (Student/Interns Only)

College:	
Degree Program:	Academic Advisor:
Advisor's Phone Number:	Advisor's Email:

Volunteer Preferences:**Volunteer Type (Check all that apply)**

Regular Volunteer
 Reentry Coach
 Intern
 Partnership Agency
 Guest

Availability: (Check all that apply)

Morning
 Afternoon
 Evening

Day of the week: _____

Professional or Personal References:

Name/Job Title:	Relationship:	Phone Number:
Name/Job Title:	Relationship:	Phone Number:

Please provide a few sentences about your motivation for volunteering with ADC:

Are you currently on or in the process of being placed on an Inmate's/Resident's visitation list?

Yes No

Are you related to an Inmate/Resident at the facility you are trying to volunteer?

Yes No

(PLEASE PRINT OR TYPE ALL INFORMATION)

Name:			
	(As it appears on your Driver's License)		
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Race:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____
Date of Birth:	_____	Social Security #:	_____
Year-month-date: (1903-09-27)			
(Must be at least 21 years old or enrolled in an accredited university if applying for Intern status)			
Driver's License #	_____	State that issued DL: _____	
Mailing Address	_____		
Phone:	_____		
Email:	_____		

A criminal charge/conviction does not automatically preclude a volunteer from participating in the volunteer program. Failure to disclose all charges/convictions (to include expungements and sealed records) may be considered as falsification of documents and reason for denial. Use additional forms, if necessary, to list all charges/convictions.

Have you ever been arrested? Yes No Charge: _____ Date: _____

If you were ever convicted of a crime, please complete the following:

Year Convicted	Charges	Misdemeanor or Felony?	Date off parole

By signing below, you agree to the above terms and authorize the release of information for the purposes of completion of this application to include a criminal background check.

Applicant's Signature: _____ Date: _____

For ADC Staff use:

Background Check Complete: ____/____/____
 Reference/Advisor Check Complete: ____/____/____

 Volunteer Coordinator Signature

 Date

 Warden/Designee

 Date

Recommend

Do Not Recommend