

Volunteer Registration and Agreement

Printed Name: _____

Date of Birth: _____ Height: _____ Weight: _____ Race/Sex: _____

Social Security #: _____ Drivers License #: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail Address: _____

Have you ever been arrested? Yes No Have you ever been convicted of a felony? Yes No

Are you now or have you ever been on probation or parole? Yes No

If yes to any of the questions above, please explain (include charge, when, where, DOC number, parole or probation officer's name): _____

Aliases: _____

Are you related by blood or marriage to any offender housed in a DPS&C facility? Yes No

If so, whom? (Name, DOC # and location of offender): _____

Are you on the approved visiting/phone list of any offender housed in a DPS&C facility? Yes No

If so, (Name, DOC# and location of offender): _____

Have you or any member of your family been the victim of a crime? Yes No

If yes, what was the crime? _____ Where is/was the offender incarcerated? _____

Have you ever been removed from service at this or any other state or local facility? Yes No

If so, where? _____

Are you currently a volunteer at any other state or local facility? Yes No

If so, where? _____

Sponsoring Organization: _____

Contact Person: _____ Phone Number: _____

NOTE: This form must be submitted to EACH institution where the volunteer desires to serve. The volunteer must be approved by EACH institution prior to service.

As a volunteer with the Department of Public Safety and Corrections (DPS&C), I hereby agree to abide by all policies, procedures, rules and regulations in the conduct of my activity. I will cooperatively serve at the discretion of the Unit Head. I understand that I am required to attend an orientation program and other training that may be necessary in order to be made aware of the policies, procedures, rules and regulations of the DPS&C, especially policies regarding confidentiality, hostage situations and information on sexual assault and sexual misconduct. I also understand that any falsification of the above information, failure to comply with the policies, procedures, rules and regulations could result in my termination as a volunteer and may result in my arrest.

Signature of Volunteer

Date

Result of Criminal History Check:

Volunteer Approved: _____

Volunteer Not Approved: _____

Checked By: _____

INSTITUTIONS WHERE VOLUNTEER DESIRES TO SERVE
