

MICHIGAN DEPARTMENT OF CORRECTIONS
VOLUNTEER SERVICE APPLICATION (Confidential)

Completion: Voluntary
 Penalty: None
 Authority: MCL 791.206

Date:

Name of Corrections Agency:

NOTE: THIS FIRST SECTION MUST BE COMPLETED IN ITS ENTIRITY OR APPLICATION CANNOT BE PROCESSED
 Please return the completed application to the Volunteer Coordinator at the facility where you are seeking to volunteer.

<input type="checkbox"/> Mr. Last Name	First Name	Middle Name	DRIVERS LICENSE NUMBER:	Social Security #	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Birth Date
<input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.							
Address	City	State	Zip	Phone (Home) (Work) (Cell)	Email Address:	Height:	Eye Color:
Occupation:	Education:	Special Training/Licenses:	Foreign Languages: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write				
Do you have any health disabilities that need special accommodation? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please explain:				Whom do we contact in case of emergency? RELATIONSHIP: NAME: Ph:			
Are you: <input type="checkbox"/> on probation? <input type="checkbox"/> on parole? <input type="checkbox"/> an ex-offender? If an ex-offender what was your corrections ID #? _____ If you checked any of the above, what is the date of your last offence? _____ Do you have any relatives in prison, or on parole or probation in Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked yes, please state their name(s) below.							
Name/ID Number	Name/ID Number	Name/ID Number					

SECTION TWO

Please briefly list previous volunteer experience.	Please indicate availability for volunteer service: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
What volunteer service are you requesting to participate in?	Days of week (circle) S M T W Th F Sa
Are you a member of a group that currently volunteers in the MDOC? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of group:	Hours available: <input type="checkbox"/> A.M. <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings
Focus of Special Interest: <input type="checkbox"/> Alcohol addiction support group <input type="checkbox"/> Educational Assistance <input type="checkbox"/> Sports/Recreation <input type="checkbox"/> Counseling <input type="checkbox"/> Drug addiction support group <input type="checkbox"/> Vocational Assistance <input type="checkbox"/> Cultural Program <input type="checkbox"/> Religious Assistance <input type="checkbox"/> Other:	Seasonal: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter

SECTION THREE

Persons whom we have your permission to contact as character references:	Additional Comments by Applicant:
Name: Address Phone	
1	
2	

SIGNATURE OF APPLICANT DATE: Note: you must also read and sign reverse side or 2nd page.

FOR STAFF USE

Note: If volunteer applicant is an ex-offender, then this application must be approved by the appropriate Deputy Director of Correctional Facilities Administration or Field Services Administration in accordance with PD 03.02.105, "Volunteer Program"
 LEIN Clear? Yes No By: Approved? Yes No By:

Date of Volunteer's orientation: Signature of facility staff person who provided the orientation:

**MICHIGAN DEPARTMENT OF CORRECTIONS
AGREEMENT TO COMPLY WITH POLICIES AND PROCEDURES
AGREEMENT TO RESPECT CONFIDENTIALITY**

4835-0248 4/93
CAJ-248

AUTHORITY: MCL 791.206 COMPLETION: Voluntary PENALTY: None
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As a volunteer in the Department of Corrections, having received orientation concerning its rules and regulations, I am aware of and agree to comply with those rules and regulations.

I agree to respect the confidentiality of information in a record of an offender which may come to my attention. I further agree to respect the confidentiality of information shared by offenders in relation to my volunteer activities; this is not meant to interfere with my duty to report to the proper authorities information concerning possible violation of laws or departmental regulations or unusual situations which may threaten the life or safety of offenders, staff or the public.

Date	Signature
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