



## LOCAL FAMILY COUNCIL APPLICATION

Facility Name: \_\_\_\_\_

The Department of Corrections recognizes and values the vital role families play in the reentry process.

All approved visitors may attend a family council meeting if you wish to become a part of the ongoing work you may apply to become a Local Family Council (LFC) member.

The Family Council is strictly voluntary and is committed to working together with the Department to support connections between offenders and their families through improved communication, shared information, identifying issues and problem resolution.

The Family Council meets at the facility every other month and is comprised of a cross-section of family members and friends of those incarcerated, the Superintendent/designee, Visit Sergeant, and other concerned Department employee.

Family members who want to become a council member and take an active leadership role must be an approved visitor and agree to the following:

- One year commitment
- Attend scheduled meetings
- Wear designated identification when performing local council functions
- Support the efforts of the local council
- Able to demonstrate the ability to work with respect, common courtesy, and good judgment.

Application Process:

- Submit your completed application to the Family Council Chair or Family Secretary.
- Completed applications will be reviewed by the Family Council Chair, Family Secretary, Superintendent, and Visit Sergeant. After the initial screening, applications will be voted upon by the local council members.
- Applicants will be notified of the result by e-mail.

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.**

APPLICATION

This information is used for the council selection process only.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Offender Name: \_\_\_\_\_

DOC #: \_\_\_\_\_

Relationship to offender: \_\_\_\_\_

1. How long have you been visiting your loved one at this facility?  
\_\_\_\_\_

2. Have you had visits at other facilities? Yes No If yes, which ones?  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe why you would like to become a member of the family council.  
\_\_\_\_\_

4. What are you hoping to get out of being a council member?  
\_\_\_\_\_

5. What programming, unit, educational or operations are you most interested in?  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

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