**VOLUNTEER APPLICATION**

**AND REGISTRATION**

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| **Be sure to fill out the volunteer application in full. Failure to do so may result in its return to you and will delay the application process.***Print or type* | **Department Use** |
| Date received:       |
| Location:       |
| Last name      | First      | Middle      | Maiden name or other name(s)      |
| Address      | City      | State      | Zip code      |
| Home phone      | Cell phone      | Other phone      |
| Employer/school address      | City      | State      | Zip code      |
| Email address **(Required)**      | Occupation/Major      |
| **ID CARD AND SECURITY CLEARANCE INFORMATION** |
| Birthdate (m/d/y) | Age      | Race      | [ ]  M [ ]  F [ ]  X |
| ID Type      | ID Number       | Last 4 SSN      |
| **EMERGENCY NOTIFICATION INFORMATION** |
| Last name      | First      | Relationship      |
| Home phone      | Cell phone      | Other way to contact      |
| **MEDICAL ALERT INFORMATION** |
| Do you have any allergies or medical conditions that may cause a medical alert? | **[ ]**  Yes **[ ]**  No |
| List the allergy or medical condition if you wish to disclose the information:      |
| **INTEREST** |
| What is your interest in volunteering with the Department of Corrections for: (Check one or more) **[ ]**  Public service **[ ]**  Future employment **[ ]**  Internship |
| **COMPLETE IF DRIVING WILL BE PART OF THE VOLUNTEER’S ACTIVITY** |
| Valid driver’s license number      | State      | Expiration date      |
| Vehicle liability coverage insurer      | Expiration date      |
| **ASSIGNMENT PREFERENCE** |
|  | **Individual Volunteer** | **Group Volunteer** |
| [ ]  | Employee assistance | [ ]  | Religious program/group name: |
| [ ]  | Support/clerical |       |
| [ ]  | Academic/vocational | [ ]  | Family program/group name: |
| [ ]  | Health services |       |
| [ ]  | Family program | [ ]  | Other program/group name: |
| [ ]  | \*Professional services  |       |
| \* If you are applying to provide a professional service (e.g., legal, medical), please cite your credentials, such as certification, license, etc. Attach copies of license or certification.       |
| When would you be able to provide volunteer services? |
| **[ ]**  On call | **[ ]**  Regularly | **[ ]**  Su | **[ ]**  M | **[ ]**  T | **[ ]**  W | **[ ]**  Th | **[ ]**  F | for |    | days/month |
| From |       | (time) to |       |  |
| Beginning |       | (date) until |       |  |
|  |  |  |  |  |

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| **APPLICATION QUESTIONS** |

Do you have a relationship (e.g., parent, spouse, friend) with or are you on the visiting list of any individual currently in Department custody and/or supervision? **[ ]**  No **[ ]**  Yes

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

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

If yes, 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. *Note: Omissions may be cause for termination or denial.*

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

If yes, agency name:       Supervisor:

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

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| **Date** | **Supervisor/instructor** | **Phone number** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Prior work experience:

How do you feel the Department of Corrections can help individuals 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?)

What location(s) would you prefer to volunteer? Be sure to indicate what facility/prison or field office if known, or county/city.

Provide two adult references not related to you.

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| --- | --- |
| Name      | Phone number      |
| Address      | City      | State      | Zip code      |
| Email       |
| Name      | Phone number      |
| Address      | City      | State      | Zip code      |
| Email       |

*Qualified applicants receive consideration without discrimination based on marital status, race, color, creed, national origin, age, or the presence of a non-service related handicap.*

Please read carefully before you sign this application. In signing, you agree to the following conditions and requirements as a volunteer. False statements on this application will be sufficient cause for termination.

* Be 18 years of age or older and submit proof of age, if required.
* Submit proof of credentials when providing professional services.
* Be fingerprinted, if required.
* Be in possession of a valid driver’s license, if required.
* Meet attendance and performance commitments.
* Receive no monetary compensation for your services, except as provided for selected programs and services.
* Complete mandatory volunteer orientation and site-specific orientation, and other training as required.
* Conform to other Department policies, regulations, and instructions.
* Not be on supervision with any correctional agency and supply additional information, if requested, for FBI and National Criminal History Records Checks.

These forms must be completed and submitted with the application:

* DOC 03-031 Criminal Disclosure
* DOC 05-370 Request for Criminal History Record Information WASIS/NCIC III Check NCIC/ WACIC Check
* DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure

Applicant signature Date

Volunteer Specialist Signature Date

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| FOR DEPARTMENT USE |
| Application screened by      | Title      | Date      |
| Orientation conducted by      | Title      | Date      |
| Proof of identity shown date      | Method of proof      |
| Reference check results, if applicable      |
| Security check results      | Date      | System used      |
| Fingerprinted (if accessing files of those under Department jurisdiction)      | Date      |
| Proof of professional credentials submitted      | Date      |
| Applicant approved by      | Title      | Date      |

**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 16-01, RCW 42.56, and RCW 40.14.**

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