



VOLUNTEER APPLICATION AND REGISTRATION

Volunteer Program

Please be sure to fill out the volunteer application in full. Failure to complete the application may result in its return to you and will delay the application process.

Please Print or Type

Department Use				
Location				
Date Application Received				
Name	Last	First	Middle	Maiden Name or other Names Known by
Address		City	State	Zip Code
Home Phone	Cell Phone	Other Phone	E-mail Address (REQUIRED)	
Employer/School	Address	City	State	Zip Code
Occupation/Major				

ID CARD AND SECURITY CLEARANCE INFORMATION

Age	Date of Birth (Month, Day, Year)	Race	<input type="checkbox"/> Male	<input type="checkbox"/> Female
ID Type	ID Number	Last 4 SSN		

EMERGENCY NOTIFICATION INFORMATION

Last Name, First	Home Phone Number	Cell Phone Number	Relationship
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MEDICAL ALERT INFORMATION

Do you have any allergies or medical conditions that may cause a medical alert?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, and you wish to disclose the information, please list the allergy or medical condition.		

INTEREST

Your interest in volunteering with the Department of Corrections is for: (Check one or more)

Public Service **Future Employment** **Internship**

TO BE COMPLETED IF THE VOLUNTEER WOULD BE DRIVING AS PART OF THEIR ACTIVITY

Proof of Valid Driver's License	Date
Proof of Liability Coverage	Date

ASSIGNMENT PREFERENCE			
Individual Volunteer		Group Volunteer	
<input type="checkbox"/>	Employee Assistance	<input type="checkbox"/>	Religious Program/Group Name:
<input type="checkbox"/>	Support/Clerical	<input type="checkbox"/>	Family Program/Group Name:
<input type="checkbox"/>	Academic/Vocational	<input type="checkbox"/>	Other Program/Group Name:
<input type="checkbox"/>	Health Services	<input type="checkbox"/>	
<input type="checkbox"/>	Family Program	<input type="checkbox"/>	
<input type="checkbox"/>	**Professional Services		
<input type="checkbox"/>	Other: Description		

** If you are applying to provide a professional service (e.g., legal, medical, etc.), 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 Sa For _____ days a month

From _____ (time) to _____ (time)

Beginning _____ (date) until _____ (date)

APPLICATION QUESTIONS

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

If yes, please 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? Yes No

If yes, please 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. Please note: omissions may be cause for termination or denial.

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

If yes, name of agency _____ Supervisor _____

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

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

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

Please provide two references (adult, not related to you)

Name	Phone Number
Address	City State Zip Code
E-mail	
Name	Phone Number
Address	City State Zip Code
E-mail	

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 NOTE: In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

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

Please read carefully before you sign this application. False statements on this application will be sufficient cause for termination.

Please also fill out **DOC 03-031 Criminal Disclosure**, **DOC 05-370 Request for Criminal History Record Information WASIS/NCIC III Check NCIC/WACIC Check**, and **DOC 03-506 Institutional Employment/Service Disclosure**. Sign and submit as part of the Volunteer Application process.

Applicant Signature

Date

Group Sponsor or Volunteer Specialist Signature

Date

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 (For those with Access to Offender Files)		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 00-03, RCW 42.56, and RCW 40.14.