

### 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 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 session 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 confidentially, 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.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**Result of Criminal History Check:**

Volunteer Approved: \_\_\_\_\_

Volunteer Not Approved: \_\_\_\_\_

Checked By: \_\_\_\_\_

**INSTITUTIONS WHERE VOLUNTEER DESIRES TO SERVE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_