

MICHIGAN DEPARTMENT OF CORRECTIONS  
**VOLUNTEER SERVICE APPLICATION (Confidential)**

Completion: Voluntary  
 Penalty: None  
 Authority: MCL 791.206

Mr. Last Name		FirstName		Middle Name (Full)		Driver's License Number	Social Security Number	Race	Sex	Birth Date	
Ms.											
Mrs.											
Address				City		Zip		Home Phone	Business Phone		
								May We Call You At Work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation			Education			Degrees		Special Training			
Professional Licenses						Foreign Languages		<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	
Do you have any health disabilities that need special consideration? If yes, please explain						<input type="checkbox"/> No <input type="checkbox"/> Yes		Whom do we notify in case of emergency?			
						Name		Phone			
						Address		Relationship			
Are you: <input type="checkbox"/> on probation? <input type="checkbox"/> on parole? <input type="checkbox"/> an ex-offender? Number _____								Name/Number			
If you checked one of the above, how long since your last offense? _____								Name/Number			
Do you have any relatives in prison or on parole or probation in Michigan? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, please state their names and numbers.		Name/Number			
Please list previous volunteer experience.						Please indicate availability for volunteer assignments.					
						<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> BiWeekly					
What volunteer service are you requesting to participate in?						Day(s) of the week (circle): S M T W T F Sat					
						Hours Available: Mornings Afternoons Evenings					
						Seasonal: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter					
Are you a member of a group that volunteers in this Department? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, please name the group.					
Focus of Special Interest (check all that apply)											
<input type="checkbox"/> Alcoholic Rehabilitation		<input type="checkbox"/> Vocational Assistance		<input type="checkbox"/> Educational Assistance		<input type="checkbox"/> Office Assistance		<input type="checkbox"/> Sports/Recreation			
<input type="checkbox"/> Counseling		<input type="checkbox"/> Cultural Program Assistance		<input type="checkbox"/> Narcotic Rehabilitation		<input type="checkbox"/> Religious Assistance		<input type="checkbox"/> Other			
Fraternal, Professional, Service, Social Affiliations						Leisure Activities, Talents, Skills					
Persons whom we have permission to contact for character references									Additional Comments by Applicant		
Name		Address		Phone							
Applicant's Signature						Date		Comments by Interview			

**FOR STAFF USE**

Note: If potential volunteer 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-DWA-43.03, "Volunteer Program."

Approved  Disapproved Lien Clear:  Yes  No Orientation Date:

Please return to the Volunteer Coordinator of this agency

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

4835-0248 4/93  
CAJ-248

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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 therein the life or safety of offenders, staff, or the public

Date	Signature
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