

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
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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain			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 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				
What volunteer service are you requesting to participate in?							
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"/> Counseling		<input type="checkbox"/> Cultural Program Assistance		<input type="checkbox"/> Narcotic Rehabilitation		<input type="checkbox"/> Religious Assistance	
						<input type="checkbox"/> Sports/Recreation	
						<input type="checkbox"/> Other	
Fraternal, Professional, Service, Social Affiliations				Leisure Activities, Talents, Skills			
Persons whom we have permission to contact for character references			Phone		Additional Comments by Applicant		
Name Address		Phone					
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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