

For office use only:
Type of volunteer: _____
Assignment: _____
Outside _____
Affiliation: _____
Date of Orientation: _____

APPLICATION FOR VOLUNTEER SERVICE

To the Volunteer Applicant:

It is the responsibility of the Division of Correction to ensure proper care and protection of its institutions and residents. Thus, the Division reserves the right to make appropriate inquiries on the suitability of any new worker who will be dealing with corrections clients or who will be working within an institution. This applies to paid staff and volunteer staff. We trust you will understand this in the spirit in which it is intended. Any inquiries will be made in a professional manner designed to cause you no embarrassment. All information in this application and that received through verification will be treated confidentially and will be utilized in a professional manner only. Only appropriate institutional and Public Safety and Correctional Services staff will have access to the information.

Complete each section of the application. Incomplete applications will be rejected. Please feel free to discuss this policy with the Volunteer Activities Coordinator before proceeding.

Signature of Volunteer

Date

Institution

IV. Medical History

Do you have a serious illness, injury, or physical impairment? Please explain.

Do you take medication? Please specify. _____

_____. What medication will you need to take into the institution?

V. Criminal History:

Have you ever been convicted of a criminal act other than a minor traffic violation? _____
If yes, provide charges, sentence, and the when the sentence was served. _____

Are you currently on parole or probation, or have you been under the supervision of any criminal justice agency within the last 12 months? _____ If yes, explain. _____

VI. Family:

Do you have any family members or friends who are or have been in jail or prison? _____
If yes, provide their names, your relationship, and where they are at this time. _____

Are you on any inmate's visiting list? ____ If yes, what is the name and where is the inmate located? _____

VII. References: If you have received substance abuse treatment, please use a counselor as a reference; no more than one reference may be a Division of Correction volunteer.

1. May your employer be contacted as a reference? _____

2. Other references:

Name: _____ Relationship: _____

Street Address: _____

City, State, and Zip: _____ Phone : _____

Name: _____ Relationship: _____

Street Address: _____

City, State, and Zip: _____ Phone : _____

IX. Volunteer Interests and Time:

What kind of volunteer service would you like to provide?

KAIROS PRISON MINISTRY

Are you affiliated with an organization which would like to provide services of some kind?

KAIROS PRISON MINISTRY

Would you like to meet with a Volunteer Activities Coordinator who can help you determine what services are currently needed? NO

What schedule would you prefer to work?

Circle: Mon Tues Wed Thurs Fri Sat Sun Negotiable

Circle: Morning Afternoon Evening Negotiable

How long a time commitment would you like to make?

Circle: 3 Months 6 Months One Year Negotiable

How did you learn of volunteer opportunities within the Maryland Division of Correction?

From an inmate _____

From a Volunteer _____

From television _____

From the newspaper _____

From a flier _____

Other (explain) Kairos in Maryland

X. Emergency Information:

In the event of emergency, notify:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone (s): Day _____ Evening _____

Relationship: _____

Please read and sign below:

I understand that the Division of Correction may conduct a background investigation, including criminal and motor vehicle records checks, as it deems appropriate, on staff and volunteers, and I grant permission for such checks as pertains to me. Fingerprints may be taken to facilitate the inquiry process.

I agree to hold harmless the Department of Public safety and Correctional Services, the Division of Correction, and officials and employees for any claims arising from the course of my provision of volunteer services to the Division of Correction.

Date: _____ Signature: _____

Witness: _____

Warden's Approval to Accept Applicant as a Volunteer:

Warden/Unit Manager _____ Date _____

The Governor's Office on Volunteerism collects aggregate data from state agencies on volunteer sex, age, and race. We ask that you check the appropriate categories. This is voluntary on your part.

Sex: Male _____ Female _____

Race: White (not of Hispanic origin) _____
Asian or Pacific origin) _____Black (not of Hispanic origin) _____
Hispanic _____

American Indian or Alaskan Native _____