

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 equally to paid staff and volunteer staff. We trust you will understand this is 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.

Return to:

Barbara Allen  
Administrative Officer II  
18800 Roxbury Road  
Hagerstown, MD 21746  
240-420-1517

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution

Distribution: Original – Volunteer File

Application for Volunteer Service

Name: \_\_\_\_\_

First	Middle	Last
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Street Address: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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Telephone: \_\_\_\_\_

Home	Other	Email
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First and last names at birth, nicknames, or any other names you have been known by:

\_\_\_\_\_

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Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

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Driver's license number (Soundex Number): \_\_\_\_\_

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State of issue: \_\_\_\_\_

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(Note: If you are a Maryland resident and have no Soundex number, one will be generated upon inquiry of driving record.)

I. Education:  
 Check last year of school completed:

6	7	8	9	10	11	12	College	1	2	3	4	Graduate	1	2
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Name of last school/college attended: \_\_\_\_\_

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Major Course of study: \_\_\_\_\_

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II. Occupation:  
 Occupation: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

III. Volunteer Experience:

1. Organization: _____	3. Do you volunteer in a jail or prison now, or have you volunteered in a jail or prison before? If yes, explain where, when, your job, and the name of your supervisor.
Job: _____	
Supervisor: _____	
Phone: _____	
Length of service: _____	
2. Organization: _____	
Job: _____	
Supervisor: _____	
Phone: _____	
Length of service: _____	

IV. Medical History:

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

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

Do you take any medications? Please specify.

What medications 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, please provide charges, sentence and 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, please 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 card or 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, Zip:	Phone:
Name:	Relationship:
Street Address:	
City, State, Zip:	Phone:

VIII. Volunteer Interests and Time:

What kind of volunteer service would you like to provide?

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

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Would you like to meet with a Volunteer Activities Coordinator who can help you determine what services are currently needed?

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What schedule would you prefer to work?

Check: Mon      Tues      Wed      Thurs      Fri      Sat      Sun      Negotiable

Check: Morning      Afternoon      Evening      Negotiable

How long of a time commitment would you like to make?

Check:    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):
<hr/>	<hr/>
<hr/>	<hr/>

IX. Emergency Information:

In the event of an emergency, notify:

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phones: 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 check, 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. **This is voluntary on your part.**

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: White (not of Hispanic origin) \_\_\_\_\_  
 Black (not of Hispanic origin) \_\_\_\_\_  
 Asian or Pacific Islander \_\_\_\_\_  
 American Indian or Alaskan native \_\_\_\_\_  
 Hispanic \_\_\_\_\_