

Foreign Languages: Speak Write

Have you ever been convicted of a felony? Yes No

If Yes, what for? _____

Where? _____

Have you ever done volunteer work before? Yes No

If yes, where and how long? _____

Have you ever worked with incarcerated individuals before? Yes No

If yes, where and how long? _____

When are you available to volunteer?

Availability:	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Morning	___	___	___	___	___	___	___
Afternoon	___	___	___	___	___	___	___
Evening	___	___	___	___	___	___	___

Do you have access to a car? Yes No

If Owner of a car, Registration Number:

Driver License Number (SSN optional): _____

Does this volunteer job require any type of license or certification?

Yes No

How did you hear about this volunteer opportunity?

Briefly describe why you are interested in becoming a volunteer with the Department of Correction:

Are you visiting, have you visited, or are you corresponding with an incarcerated individual confined in any institution of MA Department of Corrections?

Yes No

If yes, please explain/identify the incarcerated individual (s):

Please list any known family, friends, or associates who are currently confined to any institution of the MA Department of Correction:

Have you ever been employed by the MA Department of Correction?

Yes No

If yes, please explain: _____

Do you have any life-saving medications (nitro pills, inhalers etc) that you will need to keep on your person during your volunteer group? Yes No

If yes, please provide a description of the Medication:

References:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

4. Name: _____ Phone: _____

Address: _____

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on the application is subject to verification, and I consent to such verification as may be necessary in reference to my volunteer work.

Signed: _____

For office use only (do not write below this line):

Application Received: _____

Volunteer Coordinator: _____

Approved Denied

Date _____

Director of Treatment: _____

Approved Denied

Date _____ -- and / or --

Deputy Superintendent: _____

Approved Denied

Date _____

Appeal Only:

Superintendent: _____

Approved Denied

Date: _____

Orientation Date: _____

Volunteer Assignment (Schedule):
