



VOLUNTEER APPLICATION AND REGISTRATION

Community Partnership Program

				LOCATION	
PLEASE PRINT OR TYPE				DATE APPLICATION RECEIVED	
NAME LAST FIRST MIDDLE			MAIDEN NAME OR OTHER NAMES KNOWN BY		
ADDRESS		CITY		STATE	ZIP CODE
HOME PHONE	BUSINESS / SCHOOL PHONE		OTHER PHONE	E-MAIL ADDRESS (Optional)	
EMPLOYER / SCHOOL ADDRESS		CITY		STATE	ZIP CODE
OCCUPATION / MAJOR					
ID CARD AND SECURITY CLEARANCE INFORMATION					
SOCIAL SECURITY NUMBER		AGE	DATE OF BIRTH (MONTH, DAY, YEAR)		PLACE OF BIRTH
RACE	HEIGHT	WEIGHT		HAIR COLOR	EYE COLOR
					<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DO YOU HAVE A VALID DRIVER'S LICENSE?		DRIVER'S LICENSE NUMBER OR OTHER APPROPRIATE I.D. NUMBER, IF APPLICANT DOES NOT DRIVE			
<input type="checkbox"/> YES <input type="checkbox"/> NO STATE:					

Assignment and type of service you wish to provide:

Program/Group name: _____

Individual Volunteer

- Staff Assistance
- Support / Clerical
- Academic / Vocational
- Health Service
- Recreation
- Professional Services
- Other: _____

Group Volunteer

- Religious
- Drug / Alcohol
- Cultural / Ethnic
- Advisory / Screening
- Community Reintegration
- Other: _____

If you are applying to provide a professional service (legal, medical, etc.), please cite your credentials, i.e., certification, license.

When would you be able to provide volunteer services?

On call Regularly SUN M T W TH F S For _____ days a month

From _____ (time) to _____ (time)

Beginning _____ (date) until _____ (date)

Do you have any special knowledge about the criminal justice system or this assignment that you gained through education or experience? If yes, please list by date giving the name of your supervisor or instructor, his / her phone number, and a brief description of your prior work experience.

Please give references (adult – not related to you)

NAME			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
NAME			TELEPHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

Do you have a relationship (i.e., father, wife, friend, etc.) with, or are you on the visiting list of any person currently under the custody and/or supervision of DOC? Yes No

If yes, please explain the nature of the relationship and give the name of the person and assigned location.

Are you currently volunteering at any other correctional agency? Yes No

If yes, name of agency _____ Supervisor _____

Which locations are you currently applying?

Qualified applicants receive consideration without discrimination based upon, marital status, race, color, creed, national origin, age, or the presence of a non-service related handicap.

PLEASE NOTE: In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

- A. To be 18 years of age or older and submit proof of age, if required.
- B. To submit proof of credentials when providing professional services.
- C. To be fingerprinted, if required.
- D. To be in possession of a valid driver's license, if required.
- E. To meet attendance and performance commitments.
- F. To receive no monetary compensation for his / her services, except as provided to volunteers/interns.
- G. To complete mandatory volunteer orientation and site specific orientation and other training as required.
- H. To conform to other policies, regulations and instructions of DOC.

Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

Please also fill out form **03-031 Criminal Disclosure** and sign as part of the Volunteer Application process.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF SPONSOR	DATE

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

FOR DEPARTMENT USE		
APPLICATION SCREENED BY	TITLE	DATE
APPLICANT INTERVIEWED BY	TITLE	DATE
ORIENTATION CONDUCTED BY	TITLE	DATE
PROOF OF IDENTITY SHOWN DATE	METHOD OF PROOF	
REFERENCE CHECK RESULTS		
SECURITY CHECK RESULTS	DATE	SYSTEM USED
FINGERPRINTED (FOR THOSE WITH ACCESS TO OFFENDER FILES)		DATE
PROOF OF PROFESSIONAL CREDENTIALS SUBMITTED		DATE
APPLICANT APPROVED BY	TITLE	DATE

TO BE COMPLETED IF THE VOLUNTEER WOULD BE DRIVING AS PART OF THEIR ACTIVITY	
PROOF OF VALID DRIVER'S LICENSE	DATE
PROOF OF LIABILITY COVERAGE	DATE

ASSIGNMENT	LOCATION	STAFF SUPERVISOR
VOLUNTEER I.D. NUMBER	DATE ISSUED	DATE RETURNED
DATE INACTIVATED	REASON FOR INACTIVATION	
INACTIVATION REQUESTED BY (NAME)		TITLE
INACTIVATION AUTHORIZED BY (NAME)		TITLE