Volunteer Program/Service Review Form

Reason for Applying (Select one)

☐ Education Services

☐ Health Services

☐ Religious Services

☐ Programs

☐ Substance Use Disorder Evaluation/Treatment Services

☐ Family Services

☐ Reintegration/Transition Services

Provide a brief description of the proposed service and the service location(s): _____

_____

_____

Is this program/service currently offered within an IDOC facility? Yes ☐ No ☐

If No, please attach a program/service manual to the application.

Volunteer Application Form

Please answer the following questions clearly and completely. Failure to do so may result in the rejection of this application. (If additional space is needed, please attach additional sheets.) **PLEASE PRINT**.

Date: Click or tap to enter a date.

SECTION I

1. Name (first, middle, last): _____

Previous Names (including maiden name): _____

Social Security Number: _____ Date of Birth: _____ Male ☐ Female ☐

2. Home Address: _____

_____ _____ _____
City State Zip

3. Home Phone #: _____ Work Phone #: _____

4. Cell #: _____ Email: _____

5. Education (Please note last year completed): _____

_____

6. Employer's name and phone number: _____

7. Who should we contact in case of emergency: _____

SECTION II

1. Identify all current or previous employment with a Federal, State or local prison, jail, community confinement facility, juvenile Facility, or other correctional based institutions/facilities. This includes employment with other organizations where work duties were performed within one of these such institutions/facilities.

Date	Facility	Location	Reason for Leaving	Contact Person & Number

2. Have you ever been convicted of a felony or indictable misdemeanor? ☐ Yes ☐ No
(If your answer to this question is yes, please provide the particulars below)

Charge	Sentence	Current Status	City & State	Place of Incarceration

Charge	Sentence	Current Status	City & State	Place of Incarceration

3. Are you currently charged with a felony or indictable misdemeanor? ☐ Yes ☐ No
(If your answer to this question is yes, please provide the particulars below)

Charge	Sentence	Current Status	City & State	Place of Incarceration

4. Have you ever been a victim of a crime? ☐ Yes ☐ No

   If yes, name the incarcerated individual in this crime: _____

5. Do you know anyone who is incarcerated or under supervision within the IDOC? ☐ Yes ☐ No
   (If your answer to this question is yes, please provide the particulars below)

Name	Relationship	Charge	Sentence	Current Status	City & State	Place of Incarceration

6. Have you ever been convicted, civilly adjudicated or administratively adjudicated of engaging in or attempting to engage in sexual harassment, or sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? **(PREA 115.17(a)(2)(3)(b)(f))**
   ☐ Yes ☐ No

   _____
   Location Date(s)

7. Have you ever resigned during a pending investigation or an allegation of sexual violence or sexual harassment while employed at a prison, jail, lockup, community confinement facility, juvenile facility or other institution? **(PREA 115.17(c)(2))** ☐ Yes ☐ No

   _____
   Location Date(s)

SECTION III

1. Why do you wish to become a volunteer? _____

_____

2. Have you ever been a volunteer for the IDOC before? ☐ Yes ☐ No

   If yes, where, when, and what volunteer program/service did you provide? _____

SECTION IV

A background check is a mandatory requirement for anyone desiring to participate in the volunteer program. I understand that my signature permits this check to take place.

I understand that if accepted as a volunteer, my services may be terminated for cause. I will be given an orientation for the purpose, structure, function, procedures and rules.

I agree to follow ALL rules and regulations.

Signature: _____ Date: _____

SECTION V - Status of Application

Approved: ☐ Denied: ☐ Security Director: _____

ID Card/Photo ID Completed: ☐ Yes ☐ No Orientation Completed: ☐ Yes ☐ No

Criminal Background Check Completed and Accepted: ☐ Yes ☐ No

_____

Associate Warden of Treatment Date

_____

Volunteer Coordinator Date