

Program Review Form

Reason for Applying (Select one)

- Education Services
- Health Services
- Chaplaincy Services
- Programs
- Substance Use Disorder Evaluation/Treatment Services
- Family Services
- Reintegration/Transition Services

Provide a brief description of service: _____

Is this program currently offered within the IDOC facility? Yes No

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

The mission of the Iowa Department of Corrections is:
Creating Opportunities for Safer Communities

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<https://doc.iowa.gov/>

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. 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

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2. 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

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

If yes, name the offender in this crime: _____

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

Charge	Sentence	Current Status	City & State	Place of Incarceration

5. 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)

6. 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 before? Yes No

3. Have you volunteered in any other Iowa institutions? _____

If so, where? _____

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