



**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**

(Office) 515-725-5701 - 510 East 12th Street, Des Moines, Iowa 50319 - (FAX) 515-725-5799

<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