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| **Type of Application**  New Application  Renewal/Update  Limited Service | IDAHO DEPARTMENT OF CORRECTION  Volunteer Application | IDOCLogo9 |
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| **Personal Information**  *The following information is required for a criminal history check. Applicants must be at least 18 years of age. Provide* ***all*** *information with no blank spaces (use N/A if not applicable).*  *Form can be completed on computer then printed or printed and completed by hand.* | | | | | | | | | | | | | | | |
| List facilities you intend to volunteer at: | | | | | | | | | | | | | | | |
| Last Name: | | | First Name: | | | | | | | | | | | | MI: |
| Maiden Name or Alias: | | | | Social Security No: | | | | | | | | | DOB: | | |
| Street Address: | | | | | | City: | | | | | State: | | | ZIP: | |
| Mailing Address (if different): | | | | | | City: | | | | | State: | | | ZIP: | |
| Other States Lived in: | Driver’s License No: | | | | | | | | State Issued: | | | | | | |
| Male  Female | | | | | | | | | | | | | | | |
| Email: | | Home: | | | | | Cell: | | | | | Work: | | | |
| Emergency Contact: | | Relationship: | | | | | | | | Contact No: | | | | | |
| Organization Affiliation (religious volunteers must disclose faith and organization): | | | | | | | | | | | | | | | |
| Organization Address: | | | | | | | | | | | | | | | |
| Contact Person: | | | | | Phone No: | | | | | | | | | | |
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| **Volunteer and Correctional History** | | | | | | | | | | | | | | | |
| Are you on an offender’s visiting list:  No  Yes If yes, what facility:  Offender’s Name (list all):       IDOC No:       Relationship: | | | | | | | | | | | | | | | |
| Do you have any relatives or friends incarcerated in Idaho (including county jails)?  Yes  No If yes, list each name and facility: | | | | | | | | | | | | | | | |
| Have you ever been a victim of an offender incarcerated at an IDOC facility?  Yes  No | | | | | | | | | | | | | | | |
| Have you ever worked for the IDOC or volunteered at a correctional facility?  Yes  No   If yes, when?       Where?       Organization or Affiliation? | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Criminal History**  *Include convictions in all states. Do not include convictions expunged under federal or state law or minor traffic violations.* | | | | | | | | | | | | | | | |
| Have you ever been convicted of a misdemeanor (within 3 years)?  Yes  No  When, Where, Charge, Disposition (list all): | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony?  Yes  No  When, Where, Charge, Disposition (list all): | | | | | | | | | | | | | | | |
| Do you have any criminal charges currently pending?  Yes  No  If yes, please explain: | | | | | | | | | | | | | | | |
| Are you now or have you ever been placed on probation or parole?  Yes  No  If yes, provide beginning and ending dates:       to       PO Name: | | | | | | | | | | | | | | | |
| Have you ever been a member of a gang?  Yes  No  If yes, name of gang: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Signature:** | | | | | | | | **Date:** | | | | | | | |

**Submit this application to the facility Volunteer Coordinator – Information can be found at** <http://www.idoc.idaho.gov/content/prisons/volunteer_services/volunteer_coordinators>

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| **For Use By Idaho Department Of Correction Only** | | | | | |
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| ***ILETS Operator***  **Criminal Background Check:**  No criminal record  No misdemeanor drug conviction within the last 3 years  No felony conviction  Has a misdemeanor drug conviction within the last 3 years (complete and attach HRS [H Form](http://www.idoc.idaho.gov/content/form/1046))  Has a felony conviction (complete and attach HRS [H Form](http://www.idoc.idaho.gov/content/form/1046)) | | | | | |
| ILETS Operator Name and Associate # (print): | | | | | Date: |
| **Volunteer and Religion Coordinator** | | | | | |
| **Type of Volunteer:** | | | | | |
| New | Regular | Restricted Access | TC Alumni | Limited Service | |
|  | | | | | |
| Recommend:  Yes  No | | | | | |
| If no, please explain: | | | | | |
| Signature: | | | | | Date: |
| **Deputy Warden (Second-in-Command)** | | | | | |
| Recommend:  Yes  No | | | | | |
| If no, please explain: | | | | | |
| Signature: | | | | | Date: |
| **Facility Head** | | | | | |
| Approved:  Yes  No | | | | | |
| If no, please explain: | | | | | |
| Signature: | | | | | Date: |
| ***If needed, Prisons Division deputy chief, / CWC operations manager (attach H form) or another facility head*** | | | | | |
| Approved:  Yes  No | | | | | |
| If no, please explain: | | | | | |
| Signature: | | | | | Date: |