



Department of Corrections

Volunteer Services Program – Registration Form

Name _____ Social Security # ____-____-____
 First Middle Last

Address _____
 Street City State Zip

Phones: Home _____ Work _____ Cell _____ Gender: M ___ F ___

Email Address: _____ DOB: _____ POB _____

Have you lived outside of Vermont within the past 10 years? _____ Which state(s)? _____

Please list any previous names you have been known by: _____ (Maiden name?)

Emergency contact: _____ Home phone _____ Work Phone _____

Position Applying for (AA, Church, Contractor, Staff, etc.) _____

How did you hear about volunteering in Corrections? _____

RELEVANT EXPERIENCE

Please list your work, volunteer, or educational experiences and training, which may help us best place you in a correctional volunteer role, including current employer and address.

Education/Training:

Work/volunteer experience:

What specific skills and interests could you share? _____

Please describe your interest in, and reasons for offering your time and services to the Vermont Department of Corrections.

REFERENCES

Please list three (3) personal/professional references (other than immediate family):

1) Name: _____ Relationship: _____ Phone: _____

Address/Email: _____

2) Name: _____ Relationship: _____ Phone: _____

Address/Email: _____

3) Name: _____ Relationship: _____ Phone: _____

Address/Email: _____

The Vermont Department of Corrections is committed to assuring that your experience with us is highly valued and occurs in a safe and secure environment. With this in mind, we ask that you respond to the following questions:

- Are you related to or do you know an offender currently incarcerated or under the supervision of the Department of Corrections in Vermont? _____ If yes, please state who and describe the relationship:

- Have you ever been the victim of a crime? _____ Is the case active? _____

- Have you ever been imprisoned, on probation or parole, or fined for any violation of any law or ordinance *(except parking violations)? _____ If yes, explain:

- Have you ever engaged in sexual abuse in a prison, lock-up, community confinement facility, juvenile facility or other institution? YES NO
- Have you been convicted of engaging in or attempting to engage in 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? YES NO
- Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim was unable to consent or refuse? YES NO
- Have you ever been the perpetrator in an incident of sexual harassment? YES NO

Being an ex-offender does not necessarily mean you cannot volunteer for the Department. If you have ever been found guilty of a crime, you will need to provide letters of reference along with this application

I UNDERSTAND THAT MY ACCEPTANCE AS A VOLUNTEER IS BASED ON THE INFORMATION CONTAINED ON THIS FORM AND OTHER INFORMATION GATHERED DURING A PERSONAL INTERVIEW AND THROUGH A REFERENCE CHECK. I GIVE MY PERMISSION FOR A ROUTINE POLICE RECORD CHECK AND AN ELDER AND CHILD ABUSE REGISTRY CHECK TO BE PERFORMED IN ACCORDANCE WITH DEPARTMENT SECURITY REGULATIONS. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS ACCURATE.

SIGNATURE _____ DATE ____/____/____