MICHIGAN DEPARTMENT OF CORRECTIONS

VOLUNTEER SERVICE APPLICATION [Confidential]

[complete and return to Volunteer Coordinator of this Facility]

Completion: Voluntary Penalty: None

Authority: MCL 791.206

Corrections Agency:_____

Name:				_ Pl	May we call you at work?				
last					_ Yes No				
Street Address:									
City & State/Province:			[circle]	Driver's License No W / NW M / F		Social Security No.		Birth Date	
eny & State/110vince.			[check]	Race	Sex	Height	Weight	Eye Color	
Occupation:	Education	:	Degrees	::		Special Training	:		
Professional Licenses:				Fo	oreign Langu	ages:			
Health Disabilities that need If yes, please explain:	l special consideration?	Yes No			mergency Co Addre	ontact Name:	speak		
Name: Name: Please list previous voluntee	er experience:			Numb	er:	Please indica Daily _ Days of	_ Weekly M	r volunteer assignments: onthly Other e] S M T W Th F Sat	
What volunteer service are you requesting to participate in?				Mornings Afternoons Evenings Spring Summer Winter Fall All					
	neck all that apply] bilitation Cultural bilitation Educatio	Program Assistance	Office As Religious	sistance Assistance	Vocat Couns	ional Assistance seling Oth	e her [specify]	_ Sports/Recreation	
Persons whom we have perr Name:							PI	none:	
Name: Address: Name: Address:									
Applicant's Signature:				Date:					
Staff Use Only: Appro				Yes _		Ori	entation: Ye		

Michigan Department of Corrections **AGREEMENT TO COMPLY WITH POLICIES AND PROCEDURES AGREEMENT TO RESPECT CONFIDENTIALITY**

4835-0248 4/93 CAJ-248

AUTHORITY: MCL 791.206 COMPLETION: Voluntary PENALTY: None

As a volunteer in the Department of Corrections, having received orientation concerning its rules and regulations, I am aware of and agree to comply with those rules and regulations.

I agree to respect the confidentiality of information in a record of an offender which may come to my attention. I further agree to respect the confidentiality of information shared by offenders in relation to my volunteer activities; this is not meant to interfere with my duty to report to the proper authorities information concerning possible violation of laws or departmental regulations or unusual situations which may threaten the life or safety of offenders, staff or the public.

Date

Signature