DC-345 Revised November 2013

N.C. Department of Public Safety – Division of Adult Correction and Juvenile Justice
Rehabilitative Programs and Services
COMMUNITY VOLUNTEER APPLICATION

1. Name: _____
First **Middle** **Last**

2. Home Address: _____
Street Address **City** **State** **Zip**

3. Mailing Address (if different from above): _____

4. Home Telephone #: _____ Cell #: _____

5. Date of Birth: _____/_____/_____ **6**. Gender: _____ **7**. SS # _____- _____ - _____

8. Driver's License #: _____ State: _____ **9**. Race: _____

10. Employer's Name: _____ Address: _____

11. Have you ever served as a Volunteer in the Division of Adult Correction and Juvenile Justice? **No** _____
If **yes**, Where? _____ When? _____

12. Have you ever been dismissed as a Volunteer by the Division of Adult Correction and Juvenile Justice? **No** _____
If **yes**, Where? _____ When? _____
Please list brief details: _____

13. Have you ever been dismissed as a Visitor by the Division of Adult Correction and Juvenile Justice? **No**_____
If **yes**, Where? _____When? _____
Please list brief details: _____

14. In what area(s) are you interested in serving as a Volunteer? _____

15. Why do you wish to serve as a Volunteer? _____

_____

_____

16. Are you related to an inmate currently housed at this facility? _____**Yes** _____ **No**
If **yes**, Who? _____ What is the relationship? _____

17. Are you currently visiting any inmates assigned to this facility? _____ Yes _____ No
If yes, Who? _____ What is the relationship? _____

18. Are you applying to be a Community Leave Sponsor? _____ **Yes** _____ **No**
If **yes**, Name of the inmate and how do you know them? _____

19. Would you serve as a Community Leave Sponsor for an inmate that you do not know? _____ Yes _____ No

20. Have you ever been convicted of a crime other than a minor traffic violation? _____ **Yes** _____ **No**
If **yes**, please explain: _____ **Date**: _____

21. Would you have objections to the Division of Adult Correction and Juvenile Justice making inquiries necessary for the approval of your application? _____ **Yes** _____ **No**

I understand that I will not receive any compensation for serving as a volunteer, by the Department of Public Safety, Division of Adult Correction and Juvenile Justice, Rehabilitative Programs and Services for an Inmate.

I understand that there are certain risks inherent in volunteering within the confines of a Correctional Facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. I am aware that my giving false information may result in the rejection of this application or termination of my volunteer status. The information will be used for a background check and/or investigation.

I have read (or have had it read to me) this application and understand the information contained in it.

Date: _____ **Signed**: _____

DO NOT FILL IN SECTION BELOW – STAFF USE ONLY

Interviewer's Comments and Recommendations: _____

Date: _____ Signature: _____

_____ Approved _____ Disapproved _____ On Site _____ Off Site

Comments: _____

Signature of Approving Authority: _____ Date: _____

Date Applicant Notified of Decision: _____

Staff Use Only **I certify that all information has been Verified**

DATE	STAFF NAME	FACILITY	A -Approved D-Disapproved	New Application Required Yes or No