



CORRECTIONS VOLUNTEER/INTERN APPLICATION

325 East Main St.
Anoka, MN 55303

The information collected on this form will be used to determine your suitability as a volunteer with us. As an applicant, your name (when certified eligible), job history, education, training and work availability are public; all other information about you is private. As a volunteer, the following information about you is public: your name, job title and description, dates of employment with us, status of any complaints or charges while you work with us, your work location, work phone number and timesheets. All other data about you is private and will not be shared without your written permission.

Name: _____

last first middle

Address: _____

street

Home phone: _____

city state zip

Work phone: _____

Driver's license #: _____ Social Security #: _____

(for identification purposes)

or DOB: _____

In case of emergency, notify: _____

name

phone

Address: _____ Relationship to you: _____

What would you like to do as a volunteer/Intern? _____

Please circle the days and times you would be available to volunteer your time:

Monday

AM PM
evening

Tuesday

AM PM
evening

Wednesday

AM PM
evening

Thursday

AM PM
evening

Friday

AM PM
evening

Saturday

AM PM
evening

Sunday

AM PM
evening

Have you had previous volunteer experience?

Organization: _____ Supervisor: _____

Address: _____ Phone: _____ How long? _____
street city state zip

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Please give the job title and a brief description of your employment: _____

Are you presently attending school? ___ Yes ___ No Where? _____ Advisor: _____

Will you be getting academic credit for your volunteer service? ___ Yes ___ No

Have you ever been convicted of a crime? Yes No If so, please give details: _____

Are you currently on probation/parole? Yes No Agent's name/phone #: _____

Are you currently taking any prescription medication(s)? Yes No
If so, please list: _____

Do you have special training/knowledge of: vocational, business, chemical dependency, etc.? Yes No
Please specify: _____

What are your hobbies and general areas of interest? _____

Please state why you wish to become involved with the volunteer program: _____

Do you have a car available? Yes No Insurance company/policy #: _____
(If your volunteer assignment requires driving, you will be required periodically to show proof of insurance)

REFERENCES

Please list references, other than relatives, who are familiar with your qualifications:

Name: _____ Phone: _____

Full address: _____

Name: _____ Phone: _____

Full address: _____

Name: _____ Phone: _____

Full address: _____

I hereby declare that the above information is true and correct to the best of my knowledge. Further, I authorize the Corrections Department to conduct a routine criminal history check; the results of such a check will be held as private and used to determine my suitability for a volunteer position.

Date _____ Signature _____

FOR OFFICE USE ONLY

Date application received: _____
Date interviewed: _____
Date screened: _____
Date accepted: _____

Assignment: _____
Date terminated: _____
Reason: _____