



Agency Representative/ Volunteer Application

Renewal

Staff Contact: Activity:

NAME OF GROUP OR ORGANIZATION:

Full Name: (Last Name/ Maiden Name) (First Name) (Middle Name)

Date of Birth: Male: Female:

Race/Ethnicity (optional)

Telephone: Home: Work: Cell: E-Mail: (Optional)

Address: (Permanent address AND Mailing address (if different))

City: State/Country: Zip Code:

Emergency Contact Person: Phone Number

PROPER IDENTIFICATION WILL BE REQUIRED. ENTER ID NUMBER & CHECK TYPE OF PICTURE ID

- Valid driver's license from state of residence.
Valid photo ID card from state of residence.
Valid military photo ID (active duty only).
Valid tribal ID card (as detailed in M.S. §172.072 (b)(c)).
Valid passport (if resident of foreign country).

Driver's License or ID Card number: State:

Circle yes or no:

- Have you EVER been convicted of a felony? Yes No
Do you have ANY charges pending against you? Yes No
Are you, or have you been, on probation, parole, or supervised release in the last year? Yes No
(If yes, you must have your Agent's approval & signature)

Agent/print Name Agent Signature Agent Phone (area code) & Number

- Are you communicating with and offender an ANY facility? Yes No
Are you related to or acquainted with an offender at ANY facility? Yes No
Are you applying for admittance to more than one facility? (If yes, list all facilities below) Yes No
Are you, or have you ever been on an offender's visiting list at ANY facility? Yes No
(If yes, please provide offender name, OID number and date of last visit)

Name: OID: Date of last visit:

If yes to any of the above questions, please explain:

Please place an X next to all facilities you are requesting to volunteer at:

- MCF-St. Cloud 2305 Minnesota Blvd SE St. Cloud, MN 56304-2424
MCF-Moose Lake 1000 Lake Shore Dr. Moose Lake, MN 55767-9449
Oak Park Heights 5329 Osgood Ave. N. Stillwater, MN 55082-1117
MCF-Stillwater 970 Pickett St. N. Bayport, MN 55003-1490
MCF-Lino Lakes 7525 4th Avenue Lino Lakes, MN 55014-1099
MCF-Faribault 1101 Linden Lane Faribault, MN 55021-6400
MCF-Shakopee 1010 W. 6th Ave. Shakopee, MN 55379
MCF-Rush City 7600-525th St. Rush City, MN 55069
MCF-Red Wing 1079 Highway 292 Red Wing, MN 55066
MCF-Togo 62741 County Rd. 551 Togo, MN 55723

Guidelines / Restrictions

1. No volunteer can be on an offenders visiting list in the Minnesota Department of Corrections unless approved by the warden designee.
2. All volunteers must register both when entering and leaving the correctional facility according to facility procedures.
3. All volunteers must present valid photo identification for each admission to the correctional facility.
4. Each activity is set up in advance through the staff contact person.
5. If you cannot attend a scheduled activity, please contact the correctional facility as soon as possible. **Group leaders should arrive 15 minutes prior to the scheduled activity.** If the group leader is late, the group may be cancelled.
6. Volunteers will cooperate with correctional facility staff.
7. Do not use or bring onto the grounds or into the building, any alcoholic beverages, tobacco, cell phone or relative devices, drugs, or other intoxicants, firearms or other weapons, or any item deemed to be contraband by the facility.
8. Do not bring any beverage or food into the scheduled activity unless pre-arranged.
9. Keep your vehicle locked while it is on facility grounds.
10. No volunteer may engage in sexual activity with an offender. (Minnesota Statute §609.345.)
11. Volunteers will **NOT** accept any item from an offender, offender's family or offender's friends, nor will the volunteer **GIVE** any item to an offender, offender's family or offender's friends, including sending/receiving correspondence or money.
12. The Warden or designee must approve a volunteer who is related to an offender.
13. Do not provide personal data about yourself or any staff to an offender, such as addresses or telephone numbers.
14. All volunteers will abide by all rules, regulations, and requirements of the correctional facility, particularly those relating to security and confidentiality of information.
15. All volunteers will be re-certified annually.
16. All person(s) must submit a completed application, pass a background check, and receive orientation before they begin their duties.
17. You must be at least 18 years of age to volunteer.
18. Volunteers performing professional services must produce a relevant license and/or certificate.
19. Volunteers may not receive any communication (including telephone, letters, e-mails) from offenders or offender's families.
20. All persons and their belongings entering this institution or upon the grounds may be subject to search for contraband article any time. Admittance will be denied to anyone refusing to subject their person or belongings to a search.

BY SIGNING THIS FORM, I AGREE TO THE FOLLOWING STATEMENTS:

- ◆ A criminal history check will be conducted on me. (Including DHS background check if applying to work at a juvenile facility)
- ◆ I have been told or read the rules, regulations, and requirements of the Minnesota Department of Corrections and I will abide by them.
- ◆ I further understand that a violation of any of the above rules could result in termination of my authorization to enter a correctional facility.
- ◆ Facilitators for sobriety support groups are expected to have a minimum of 1 yr. freedom from substance abuse problems.
- ◆ I understand it is a felony to introduce contraband to any correctional facility.
- ◆ All person(s) are subject to metal detection to enter the facility. If you have an existing medical reason (with documentation) such as a metal implant you will be hand-held detected, if you have a Pace Maker or Defibrillator (with documentation) you will be pat searched. If you don't have medical documentation you may not enter the facility.
- ◆ A successful volunteer application does not guarantee acceptance of a volunteer into a facility volunteer program.

I declare that the information I have given is true and complete.

Signature: _____ Date: _____

Return completed application to facility address on the front of the form. (300.040A 10/2008)

Official Use Only

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Name of staff contact: _____

Mantoux test Required

Criminal Check: _____ Visiting Check: _____
(staff initial) (staff initial)

Yes No

Reviewing Authority Signature:

Approved: _____ Denied: _____ Signature: _____ Date: _____

Type of ID to be issued: _____ Date of issue: _____ New: _____ Renew: _____

Orientation completion date: _____ Staff signature: _____

Minnesota Department of Corrections
OFFENDER ASSOCIATION DISCLOSURE FORM

Date: ___ / ___ / ___ Name: _____
(Please Print Full Name)

Please list in the space provided any personal and/or professional association you have or had with any of the following:

- **Current offender(s)** - individual(s) who are incarcerated, or on supervised release, parole, or probation under the jurisdiction of the Minnesota Department of Corrections or any other state, federal or local jurisdiction in the United States;
- **Former offender(s)** - individual(s) who have previously been incarcerated, or on supervised release, parole or probation under the jurisdiction of the Minnesota Department of Corrections or any other state federal or local jurisdiction in the United States. (You need only include those individuals who have been discharged from supervised release, parole, or probation or from a correctional facility within the last two years);
- **Family of current or former offender(s).**

Please check one:

- ___ To the best of my knowledge I have no known personal and/or professional associations with current or former offender(s) or with the family of current or former offender(s).
- ___ The personal and/or professional associations I have are identified below.

The appointing authority will determine whether the association would be a detriment to department security or to the safety of fellow employees and, therefore, prohibit the selection of the candidate.

I certify the information I provide is to be true and accurate to the best of my knowledge:

Signature

Date

Identify the name of the offender and/or family member of the offender, nature of the relationship (i.e., relative, ex-spouse, etc.), whether you have/had contact (i.e., phone contact, visiting, and/or mail contact.), and add any comments you feel are necessary to explain the circumstances. If you are unsure of the need to identify an individual either list the individual or ask for clarification.

(full name of offender and/or family member of offender) (relationship to offender)

(location of offender) (Do you have contact with the offender?)

(comments)

HR USE Only: OID _____	Facility _____	Release Date _____
Appointing Authority Approval (name) _____		Date _____

OFFENDER ASSOCIATION DISCLOSURE FORM (CONT.)

Minnesota Department of Corrections

(full name of offender and/or family member of offender) (relationship to offender)

(location of offender) (Do you have contact with the offender?)

(comments)

HR USE Only: OID _____	Facility _____	Release Date _____
Appointing Authority Approval (name) _____		Date _____

(full name of offender and/or family member of offender) (relationship to offender)

(location of offender) (Do you have contact with the offender?)

(comments)

HR USE Only: OID _____	Facility _____	Release Date _____
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(full name of offender and/or family member of offender) (relationship to offender)

(location of offender) (Do you have contact with the offender?)

(comments)

HR USE Only: OID _____	Facility _____	Release Date _____
Appointing Authority Approval (name) _____		Date _____

(full name of offender and/or family member of offender) (relationship to offender)

(location of offender) (Do you have contact with the offender?)

(comments)

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