

APPLICATION FOR VOLUNTEER SERVICES

Date _____ Date of Birth _____

Name _____ Social Security No. _____

Address _____
Street Address City State Zip

Phone _____ DL No. _____

Reason for applying – List why you desire to provide volunteer services and what you hope to accomplish during your association with Newton Correctional Facility as a volunteer.

Have you ever been a victim of a crime? _____ YES _____ NO

If yes, name the offender in this crime: _____

Are you on any offender's visit list? _____ YES _____ NO

If yes, name of the offender: _____

A law enforcement check is a mandatory requirement for anyone desiring to participate in the volunteer program at Newton Correctional Facility. I understand that my signature permits this check to take place.

I understand that if accepted as a volunteer, Newton Correctional Facility may terminate my services for cause. I will be given an orientation of the purpose, structure, function, procedures and rules of Newton Correctional Facility.

I agree to follow all rules and regulations of Newton Correctional Facility.

Signature Date

Approved __ Denied __ Assigned Staff Supervisor _____

ID Card/Photo Completed: Yes___ No___ Orientation Completed: Yes ___ No___

Criminal Background Check Completed and Accepted : Yes___ No ___

Treatment Administrator / Designee Date