



STATE OF MAINE
DEPARTMENT OF CORRECTIONS

Volunteer Application

Select Facility:

- Bolduc Correctional Facility Downeast Correctional Facility Maine Correctional Center
 Maine State Prison Mountain View Correctional Facility
 Southern Maine Women's Reentry Center Long Creek Youth Development Center

1. Last Name:	2. First Name:	3. Middle Name:
4. Driver's License Number & State Issued:	5. Last 4 digits of Social Security Number ONLY:	6. Date of Birth:
7. Mailing Address: Physical Address (if different):	8. City:	9. State: Zip:
10. Email Address:	11. Home Phone:	12. Work Phone: Cell Phone:
13. Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	14. Height: Eye Color:	15. Weight: Hair Color:
16. Emergency Contact Information Full Name: Phone: Address:		
17. Which Maine Department of Corrections staff member has invited you or how did you learn about volunteering at an MDOC facility?		
18. What kind of volunteer work do you intend on doing at a Maine Department of Corrections facility?		
19. Are you willing to attend a Volunteer Training Session? No <input type="checkbox"/> Yes <input type="checkbox"/>		
20. Are there any medical, physical or other limitations on the types of volunteer work you can perform? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:		
21. Current Employment: Address: Job Title:	22. Highest degree earned:	
23. Professional Licenses and/or Certificates: Expiration Date:		
24. Previous Volunteer Experience Organization: Work done: Responsibilities:		

25. Do you agree to allow the Maine Department of Corrections to conduct a (SBI) State Bureau of Investigation check as well as a National Criminal Information Center (NCIC) check on a bi-annual basis? No Yes

26. Do you agree to allow the Maine Department of Corrections to request a child abuse registry check on a bi-annual basis through the Maine Department of Health and Human Services, if you may have direct contact with juvenile residents? No Yes

A yes to the following questions (27-33) does not automatically make you ineligible to become a volunteer.

27. Have you ever had visiting privileges or volunteer status suspended or terminated at any correctional or detention facility (MDOC facility, jail, other state or federal facility)?
No Yes Please explain:

28. Are you currently an approved visitor for any resident or awaiting approval as a visitor at any correctional facility?
No Yes Please list name(s):

29. Do you have a connection to a person in the custody or under the supervision of the Maine Department of Corrections and, if so, indicate the nature of the relationship, e.g., friend, relative, etc.
No Yes Please list names(s) and relationship:

30. Are you a staff member or are you a student intern at any Maine Department of Corrections facility?
31. No Yes Please provide details:

32. Have you ever been charged with and/or convicted of a crime or adjudicated of a juvenile crime? (Do not include minor traffic violations)
No Yes If yes, please explain:

33. Have you ever been a former resident of any correctional or detention facility (MDOC facility, jail, other state or federal facility)?
No Yes If yes, please explain:

34. Are you a victim of a crime or juvenile crime by any resident of any Maine Department of Corrections facility?
No Yes Please list name(s):

35. Are you prohibited from having contact with any resident of any Maine Department of Corrections facility?
No Yes Please list names:

If volunteering for religious purposes

36. Name of religious organization:

37. Name of clergy or head of organization:

38. Address of organization: Phone Number:

I have completed this application and answered all information honestly and accurately. I give permission to the Maine Department of Corrections to verify any information given on this volunteer application.

Volunteer Applicant's Signature:

Date:

(Below for Office use only)

Prohibited contact: No <input type="checkbox"/> Yes <input type="checkbox"/>	Date:
Received SBI and NCIC: No <input type="checkbox"/> Yes <input type="checkbox"/>	Date:
If applicable, received child abuse registry check from DHHS: N.A. <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	Date:
Volunteer Training Completed: No <input type="checkbox"/> Yes <input type="checkbox"/>	Date:
ID Picture Completed/Issued (Photocopy Attached): No <input type="checkbox"/> Yes <input type="checkbox"/>	Date:

Eligible Not eligible

Signature of Volunteer Officer:	Date:
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Recommends Does not recommend

If applicable, signature of assigned staff supervisor:	Date:
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Approved Disapproved

Signature of Chief Administrative Officer, or designee:	Date:
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