



Department of Public Safety and Correctional Services Volunteer Program Application

Personal and Contact Information

Name: _____
Last First Middle

Address: _____
Number, Street and Apt.

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____
Home Work Mobile

Email Address: _____

How do you prefer to be contacted? _____ Are messages OK? _____

First and last name at birth, nicknames or any other names you have been known by: _____

How did you hear about the Volunteer Program? _____

What made you want to apply to be a volunteer? _____

Are you receiving class credit for volunteer activity ___ Yes ___ No

If so, name of the College/University: _____

Course Name _____ Major _____

Advisor/Counselor: _____ Phone: _____

Volunteer Status

Have you ever volunteered for the Department of Public Safety and Correctional Services or the State of Maryland No ___ Yes ___ Dates _____

Will volunteer service be in addition to current employment? ___ Yes ___ No

Hours of Volunteer Service

What days and hours are you available to Volunteer? _____

Volunteer Program Application

How long are you willing to commit to the Volunteer Program? Years ___ Months ___

What type of volunteer service are you interested in providing? _____

Do you have a valid Driver's license? ___ Yes ___ No

Do you have a means of travel for the purpose of volunteer service? ___ Yes ___ No

Are you willing to travel in relation to volunteer service assignments? ___ Yes ___ No

Volunteer Locations

In which jurisdictions (counties) are you willing to provide volunteer services? _____

Are you willing and able to work from home (if appropriate for position)? ___ Yes ___ No

Veteran's Information

Have you ever been in the armed services? ___ Yes ___ No

Education and Training

Do you have a high school diploma or GED? ___ Yes ___ No If no, highest grade completed: _____

Do you have a college degree? ___ Yes ___ No If No, college credits completed: _____

If you attended a College/University: School: _____

Dates Attended: From: _____ To: _____ Major Course of Study: _____

Did you perform post college/graduate work? ___ Yes ___ No

If "Yes", do you have a graduate degree? ___ Yes ___ No If "Yes", Dates Attended: From: _____

To: _____ Major Course of Study: _____

Have you participated in specialized training relevant to the position? ___ Yes ___ No If "Yes" please explain: _____

Please submit a copy of any relevant professional or trade licenses, or certificates.

What language(s), other than English, do you:

Speak: _____ Write: _____ Read: _____

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Work Experience

Occupation: _____ Current or Last Place of Employment: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Supervisor: _____ Phone: _____

Organization Affiliation

If you are affiliated with an organization, please provide the following information:

Name of the organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____

If your volunteer service is faith-based, provide an ecclesiastical endorsement letter from your faith based organization or, if applicable, ordination certificate.

Volunteer Experience

Location: Correctional Facility ___ Jail ___ Other
(explain) _____

Name of Site: _____

Supervisor: _____ Phone: _____

Length of Service _____ Position/Capacity _____

Location: Correctional Facility ___ Jail ___ Other
(explain) _____

Name of Site: _____

Supervisor: _____ Phone: _____

Length of Service _____ Position/Capacity _____

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References: If you have received substance abuse treatment, please use a counselor as a reference; no more than one reference may be a DPSCS volunteer.

May your employer be contacted as a reference? _____

Other references:

1. Name: _____ Relationship: _____

Street Address: _____

City, State, and Zip: _____ Phone: _____

2. Name: _____ Relationship: _____

Street Address: _____

City, State, and Zip: _____ Phone: _____

Background Information (Please respond to the following questions)

If you have been convicted of a violation of law other than a minor traffic violation, provide the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from being a volunteer. Other information that you feel relevant to a response to any of the following items should be provided as part of this application. This information will be used in conjunction with other elements of the application process to determine suitability for participation in the Volunteer Program. (Please use additional sheets of paper to provide additional information or requested explanations and submit as part of the application. Please identify by the item number)

- (1) Are you: Between 18 and 20 years old or 21 years old or older?
- (2) Are you a: U.S. Citizen Legal Alien Other?
- (3) Are you currently addicted to: Alcohol Illegal Drugs Legal Prescription medication? N/A
- (4) Are there open arrest warrants or detainers on file for you? Yes No (If Yes, explain)
- (5) Are there unresolved criminal charges against you? Yes No (If Yes, explain)
- (6) Have you been convicted of a crime involving (Please explain each "Yes" response):
 Yes No Sexual abuse Yes No Sexual harassment Yes No Physical force or violence
- (7) Are you associated with a gang or security threat group? Yes No (If Yes, explain)
- (8) Are you currently under an active restraining, protective or peace order? Yes No (If Yes, explain)

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(9) Are you currently involved in civil litigation involving the federal, state or local government? Yes
 No (If Yes, explain)

(10) Are you currently under supervision by a federal, state, or local criminal justice agency? Yes
 No (If Yes, explain providing supervising agency, reason for supervision, conditions of supervision, dates supervision began and ends)

(11) Are you a fugitive from a federal, state, or local government? Yes No (If Yes, explain)

(12) Have you been incarcerated in a federal, state, or local government correctional facility? Yes
 No (If Yes, explain)

(13) Do you have a family member, friend, or other relationship with an individual who is currently incarcerated under the authority of a federal, state, or local criminal justice agency? Yes No (If Yes, explain providing the relationship and the location where the individual is incarcerated)

(14) Are you on an offender's visiting card or list? _____ If yes, what is the offender's name and what correctional facility is the offender housed?

(15) Are you living in a household with an individual in a home detention program? Yes No

Do you have limitations that may prevent you from safely performing as a volunteer? Please explain.

I understand that the Department is under no obligation to accept me into the Volunteer Program and, if accepted, my participation in the Volunteer Program may be terminated for any reason.

I agree to hold harmless the Department of Public Safety and Correctional Services and officials and employees for any claims arising from the course of my provision of volunteer services to the Department.

Date

Applicant's Signature

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and that I will not be approved for placement in the Volunteer Program. I am aware that a false statement is punishable under law by fine or imprisonment or both.

Date of Application

Applicant's Signature

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
Volunteer Background Check

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____
Print: First Middle Last SSN

hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Department of Public Safety and Correctional Services, whether the said records are public or private, The intention of this authorization is to provide information which will be utilized for investigation resource material regarding acceptance into the Department of Public Safety and Correctional Services (Department) Volunteer Program. Information obtained shall be maintained in your volunteer services file.

I authorize the full and complete disclosure of the records of educational institutions and the Motor Vehicle Administration; employment and reemployment records including background investigation reports, efficiency ratings, accidents or injuries sustained in the course of employment; and any and all records of any arrest, conviction, or incarceration.

I further understand that refusal to provide access to the above mentioned records, may delay or prevent my acceptance in the Department Volunteer Program. In addition, I understand my right to inspect, amend or correct information contained in my volunteer service file maintained by the Department.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth: _____
 MM/DD/YYYY

Driver’s License or State Identification Card: _____
 (Number and State of Issuance)

Applicant’s Signature

Date

Signature of Witness