

KANSAS DEPARTMENT OF CORRECTIONS VOLUNTEER APPLICATION

Please fill out the application form completely. This application is for the purpose of screening potential volunteers.

NAME:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH:
SOCIAL SECURITY NUMBER: _____	EMPLOYER: OCCUPATION/TITLE:	
WORK ADDRESS:	CITY/STATE:	ZIP:
WORK PHONE:	FAX:	E-MAIL:
HOME ADDRESS:	CITY/STATE:	ZIP:
CELL/HOME PHONE:	BEST TIME TO CONTACT YOU:	
EMERGENCY CONTACT NAME:	RELATIONSHIP:	PHONE NUMBER:
VEHICLE TAG (STATE & #):	YEAR AND MODEL:	
DRIVERS LICENSE NUMBER:		
Names and phone numbers of two persons who have known you FOR at least one year and who are not family members or spouses/partners:		
1) NAME:	DAY PHONE:	
2) NAME	DAY PHONE:	
POSITIONS AND LOCATIONS YOU ARE INTERESTED IN VOLUNTEERING FOR:		
<input type="checkbox"/> PRISON _____ (Location) <input type="checkbox"/> COMMUNITY _____ (Location)		
<input type="checkbox"/> MENTOR _____ (Location) <input type="checkbox"/> INTERN _____ (Location)		
HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST CONVICTIONS/DATES:		

ARE YOU CURRENTLY ON PROBATION OR PAROLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU CURRENTLY ON AN INMATE VISITING LIST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHERE?	PLEASE EXPLAIN:	
HAVE YOU EVER BEEN EMPLOYED IN CORRECTIONS? IF SO, WHERE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU EVER BEEN THE VICTIM/SURVIVOR OF A CRIME COMMITTED BY AN OFFENDER IN KDOC CUSTODY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF SO, PLEASE PROVIDE THE NAME OF THE OFFENDER IF KNOWN:		
HOW DO YOU SEE YOURSELF INVOLVED WITH THE VOLUNTEER EXPERIENCE?		
DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS YOU WOULD FEEL COMFORTABLE TEACHING?		
DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH OR CAN YOU SIGN FOR THE HEARING IMPAIRED? IF SO, PLEASE LIST:		
PLEASE LIST DEGREES, LICENSES OR CERTIFICATIONS IN ANY FIELD YOU MAY HAVE RECEIVED:		

Applicant Signature _____ Date: _____

Volunteer Coordinator _____ Date: _____

VOLUNTEER BACKGROUND VERIFICATION

Facility/Office: _____ Date: _____
Name (Last) (First) (Middle)

(Please print)

Other names used: _____

Ethnicity: _____ Gender: _____ Date of Birth: _____

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

Address: _____ City, State, Zip Code: _____ County: _____

FOR DEPARTMENT USE ONLY

Date:

Security Clearance _____
FBI _____
NCIC _____
Local Records Check _____

Photographed _____

Fingerprinted _____

ID Card Issued _____

Assigned to: Program _____

Facility/office _____

Staff Signature _____ Date _____

VOLUNTEER RELEASE OF INFORMATION AGREEMENT

Upon my application to be a corrections volunteer with the Kansas Department of Corrections,

I, _____ by authorize and request : _____

(Facility/Office)

Source:

Address:

to disclose and give copies to the Kansas State Department of Corrections, the Secretary of Corrections or his designee, or the Warden/Director of the above named facility/office and division, or to his designee, of any and all police records, including the records of arrest, police reports, accident reports and records of convictions including both misdemeanors and felonies which pertain to me and which you have in your possession.

I further authorize and consent to the disclosure and copying of any of the above records for delivery to any of the above specified persons solely for the purpose of my application as a corrections volunteer with the Kansas Department of Corrections.

In consideration of such disclosure on the part of the above named persons or facilities/offices, I hereby release them from all and any liability arising there from and do relinquish, waive, claim or right I might have against them arising from such disclosure and copying.

NOTICE: The giving of this authorization and release of information is a condition of the volunteer program and any applicant who does not execute this release shall not be approved for participation in the volunteer program.

VOLUNTEER'S SIGNATURE DATE

WITNESS DATE

KANSAS DEPARTMENT OF CORRECTIONS VOLUNTEER AGREEMENT

NOTICE: DO NOT SIGN WITHOUT READING

FACILITY/OFFICE:

DATE:

TIME:

**ACKNOWLEDGMENT OF RISK, GENERAL WAIVER & AGREEMENT TO HOLD HARMLESS
AND INDEMNIFY**

I, _____, hereby request permission to work as a volunteer in the above named correctional facility or office. I understand that there are significant risks involved in entering and working in a correctional facility or parole office and these risks have been adequately explained to me. I agree that, in return for the training and information that has been provided to me, the permission to enter and work as a volunteer, and the experience I will gain as a volunteer, I will hold harmless and indemnify the State of Kansas. Further, I hereby waive any claims of any nature that I may have against the State of Kansas or any of its employees for personal injury, property loss, or property damage arising from or in connection with my work as a volunteer.

CONSENT TO ABIDE BY RULES AND REGULATIONS

I, _____ have completed the Kansas Department of Corrections and facility/office orientation and training session for volunteers and have read and understood the Department's Volunteer Manual. I understand that as a volunteer I will be under the control and direction of the Secretary of Corrections, the Warden, Parole Director and/or their designee(s) while on the grounds of the facility or parole office. I agree to comply with all policies, rules and regulations of the Department of Corrections, including all security directives, and I understand that failure to comply can mean my volunteer service may be curtailed, postponed or discontinued by the Department.

CONSENT TO HONOR CONFIDENTIALITY OF OFFENDERS

I, _____ have read and understand the Kansas Department of Corrections provisions regarding the confidentiality of information concerning offenders.

I will not use and /or disclose any information, while neither volunteering nor after my services are rendered, concerning persons in the custody or under the supervision of the Secretary of Corrections for any reason without prior written approval from the Warden, Parole Director or the Secretary.

CONSENT TO EMERGENCY MEDICAL CARE

I, _____ have been informed and understand that, in the event of any unforeseen medical or surgical emergency while on the grounds of any correctional

facility, I may be subject to the emergency medical care or first aid assistance available at the facility until I can be removed safely to a civilian medical care facility.

Volunteer's Signature

Date

Witness

Date