APPLICATION FOR VOLUNTEER SERVICES

Date _____ Date of Birth _____

Name _____ Social Security No. _____

Address _____
Street Address City State Zip

Email Address _____

Phone _____ DL No. _____

Male ☐ Female ☐

Reason for applying – List why you desire to provide volunteer services and what you hope to accomplish during your association with the Iowa Department of Corrections as a volunteer.

I would like to volunteer with the Liberal Arts in Prison Program at as a teacher or tutor.

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

If yes, name the offender in this crime if known: _____

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 with the Iowa Department of Corrections. I understand that my signature permits this check to take place.

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

I agree to follow all rules and regulations of the Iowa Department of Corrections.

_____ _____
Signature Date

☐ Approved ☐ Denied Assigned Staff Supervisor _____

ID Card/Photo Completed: ☐Yes ☐ No Orientation Completed: ☐ Yes ☐ No

Criminal Background Check Competed and Accepted; ☐ Yes ☐ No

_____ _____
Associate Warden/Treatment or Designee Date