

**Type of Application**

New Application  
 Renewal/Update  
 Limited Service

**IDAHO DEPARTMENT OF CORRECTION  
 Volunteer Application**

**Personal Information**

*The following information is required for a criminal history check. Applicants must be at least 18 years of age. Provide **all** information with no blank spaces (use N/A if not applicable).  
 Form can be completed on computer then printed or printed and completed by hand.*

List facilities you intend to volunteer at:

Last Name:		First Name:		MI:
Maiden Name or Alias:		Social Security No:		DOB:
Street Address:		City:	State:	ZIP:
Mailing Address (if different):		City:	State:	ZIP:
Other States Lived in:	Driver's License No:	State Issued:		
Male Female				
Email:		Home:	Cell:	Work:
Emergency Contact:		Relationship:	Contact No:	
Organization Affiliation (religious volunteers must disclose faith and organization):				
Organization Address:				
Contact Person:		Phone No:		

**Volunteer and Correctional History**

Are you on an offender's visiting list: No Yes If yes, what facility:  
 Offender's Name (list all): IDOC No: Relationship:

Do you have any relatives or friends incarcerated in Idaho (including county jails)? Yes No  
 If yes, list each name and facility:

Have you ever been a victim of an offender incarcerated at an IDOC facility? Yes No

Have you ever worked for the IDOC or volunteered at a correctional facility? Yes No  
 If yes, when? Where? Organization or Affiliation?

**Criminal History**

*Include convictions in all states. Do not include convictions expunged under federal or state law or minor traffic violations.*

Have you ever been convicted of a misdemeanor (within 3 years)? Yes No  
 When, Where, Charge, Disposition (list all):

Have you ever been convicted of a felony? Yes No  
 When, Where, Charge, Disposition (list all):

Do you have any criminal charges currently pending? Yes No  
 If yes, please explain:

Are you now or have you ever been placed on probation or parole? Yes No  
 If yes, provide beginning and ending dates: to PO Name:

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Have you ever been a member of a gang? Yes No	
If yes, name of gang:	
Signature:	Date:

Submit this application to the facility Volunteer Coordinator – Information can be found at [http://www.idoc.idaho.gov/content/prisons/volunteer\\_services/volunteer\\_coordinators](http://www.idoc.idaho.gov/content/prisons/volunteer_services/volunteer_coordinators)

<b>For Use By Idaho Department Of Correction Only</b>				
<b><i>ILETS Operator</i></b>				
<b>Criminal Background Check:</b>				
No criminal record				
No misdemeanor drug conviction within the last 3 years				
No felony conviction				
Has a misdemeanor drug conviction within the last 3 years (complete and attach HRS <a href="#">H Form</a> )				
Has a felony conviction (complete and attach HRS <a href="#">H Form</a> )				
ILETS Operator Name and Associate # (print):				Date:
<b>Volunteer and Religion Coordinator</b>				
<b>Type of Volunteer:</b>				
New	Regular	Restricted Access	TC Alumni	Limited Service
Recommend: Yes No				
If no, please explain:				
Signature:				Date:
<b>Deputy Warden (Second-in-Command)</b>				
Recommend: Yes No				
If no, please explain:				
Signature:				Date:
<b>Facility Head</b>				
Approved: Yes No				
If no, please explain:				
Signature:				Date:
<b><i>If needed, Prisons Division deputy chief, / CWC operations manager (attach H form) or another facility head</i></b>				
Approved: Yes No				
If no, please explain:				

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Signature:	Date:
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