

COMMUNITY VOLUNTEER PROGRAM APPLICATION

N.C. DEPARTMENT OF CORRECTION

DIVISION OF PRISONS

1. Name _____
First Middle Last
2. Home Address _____
Street, Route, Box Number City State
3. Home Telephone # () _____ E-mail Address _____
4. Date of Birth _____ 5. Race _____ 6. Gender _____
7. Social Security Number _____ - _____ - _____ 8. Driver's License Number _____ Sta _____
9. Job Position _____
10. Employer's Name and Address _____

11. Supervisor's Name _____ Telephone # () _____
12. Personal References:

Name Address Telephone #

Name Address Telephone #
13. Law enforcement reference (optional):

Name Address Telephone #
14. Have you ever served as a volunteer in the NC Department of Correction? _____
____ Yes ____ No If yes, Where? _____ When? _____
15. Have you ever been dismissed as a volunteer by the NC Department of Correction? _____
____ Yes ____ No If yes, Where? _____ When? _____
16. In what area(s) are you interested in serving as a volunteer? _____
17. Why do you wish to serve as a volunteer? _____

18. If you are applying to be a Community Leave Sponsor, do you now know the inmate or have a preference of inmate to sponsor? Yes ☐ No ☐ If yes, please answer the following questions:

- a. Inmate's Name _____
- b. Relationship, or how do you know inmate? _____
- c. Do you know the inmate's family or friends? ☐ Yes ☐ No
- d. State reason(s) for preference: _____

19. Would you serve as a Community Leave Sponsor or volunteer for an individual that you did not know? ☐ Yes ☐ No

20. Have you ever been convicted of a crime other than a minor traffic violation?
☐ Yes ☐ No If yes, explain _____

21. Would you have objections to the Department of Correction making inquiries necessary for approval of your application? ☐ Yes ☐ No

I understand that I will not receive any compensation for serving as a volunteer.

I understand that there are certain risks inherent in working within the confines of a correctional facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. I am aware that my giving false information may result in the rejection of this application or termination of my volunteer status. The information will be used for a background check and/or investigation.

I hereby give permission to all people listed as references to supply information to the Department of Correction pursuant to this application.

I have read (or have had it read to me) this application and understand the information contained in it.

Date _____ Signed _____

DO NOT FILL IN SECTION BELOW - STAFF USE ONLY

Interviewer's Comments and Recommendations: _____

DATE: _____ SIGNATURE: _____

☐ APPROVED ☐ DISAPPROVED ☐ ON SITE ☐ OFF SITE

COMMENTS: _____