



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
VOLUNTEER/STUDENT INTERN APPLICATION

Volunteer

Intern

FACILITY OR SITE TO WHICH YOU ARE APPLYING

We reserve the right to make such checks as we deem appropriate on the suitability of any volunteer/student intern. Any checks made will be strictly confidential.

Directions: Fill out application in appropriate fields. Mail completed application to facility or site listed above or to the Statewide Volunteer Supervisor at 2729 Plaza Dr., Jefferson City, MO 65109.

NAME LAST (PRINT)	FIRST	MIDDLE	CELL PHONE
HOME ADDRESS			HOME PHONE
CITY	STATE	ZIP CODE	BUSINESS PHONE
E-MAIL ADDRESS			
DATE OF BIRTH (DD/MM/YYYY)	RACE	SEX	SOCIAL SECURITY NUMBER

EDUCATION: Do you have a high school diploma or equivalent? YES NO

EDUCATIONAL/VOCATIONAL INSTITUTION	YEARS	DEGREES/CERTIFICATES	MAJOR/MINOR AREAS

FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE LEVEL

PRESENT EMPLOYER	OCCUPATION	YRS IN PRESENT OCCUPATION
EMPLOYER'S ADDRESS		

Have you ever been arrested for any law violation, or are you now under charges of any offense other than minor traffic violations? (Driving while intoxicated (DWI) charges or convictions are **not** considered minor traffic violations). Yes No

If yes, this does not necessarily exclude you from consideration as a volunteer/student intern. If yes, give full explanation of all convictions and current charges whether convictions were misdemeanors or felonies; and state if you are or have been on supervised probation. Suspended execution of a sentence is considered a conviction. Suspended imposition of a sentence is considered a conviction until the probation term has been successfully completed.

HAVE YOU EVER WORKED FOR THE DEPARTMENT OF CORRECTIONS OR IN A CORRECTIONAL FACILITY? YES NO

POSITION HELD

PREVIOUS RELATED EXPERIENCE (VOLUNTEER OR OTHERWISE) YES NO IF YES, GIVE DETAILS

HAVE YOU EVER BEEN DISMISSED OR RELIEVED OF VOLUNTEER STATUS BY ANY ORGANIZATION? YES NO IF YES, EXPLAIN

DO YOU HAVE ANY RELATIVES OR ASSOCIATIONS CURRENTLY UNDER THE JURISDICTION OF THIS DEPARTMENT EITHER AS AN OFFENDER OR A PROBATIONER OR PAROLEE?
 YES NO IF YES, PLEASE IDENTIFY BY NAME AND REGISTER NUMBER

ARE YOU ON THE VISITING LIST OF ANY OFFENDER? YES NO IF YES, IDENTIFY BY NAME AND REGISTER NUMBER

ARE YOU CORRESPONDING WITH ANY OFFENDER UNDER THE SUPERVISION OF THE DEPARTMENT OF CORRECTIONS? YES NO
IF YES, IDENTIFY BY NAME AND REGISTER NUMBER

PERSONAL REFERENCES OTHER THAN FAMILY (GIVE COMPLETE INFORMATION)					
NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
LIST SPECIAL SKILLS, ABILITIES, ETC. YOU POSSESS					
PROFESSIONAL/BUSINESS/OTHER ORGANIZATIONS					
DO YOU HAVE AN AUTOMOBILE WITH PUBLIC LIABILITY INSURANCE COVERAGE?			DRIVER'S LICENSE NUMBER		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
PLEASE EXPLAIN IN YOUR OWN WORDS WHY YOU ARE INTERESTED IN BEING A VOLUNTEER/STUDENT INTERN					
IS THERE A SPECIFIC GROUP OR ORGANIZATION YOU WANT TO REPRESENT?			IF SO, NAME THE GROUP OR ORGANIZATION		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
IS THIS AN EXISTING GROUP OR PROGRAM IN THE MISSOURI DEPARTMENT OF CORRECTIONS?			IF SO, WHO REFERRED YOU OR REPRESENTS THE GROUP		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
<p>Failure to provide accurate and complete information on this application may be grounds for dismissal.</p> <p>I hereby freely offer to become a volunteer/intern for the Missouri Department of Corrections. I further understand that I will be expected to complete a six hour orientation program prior to assignment.</p> <p>I hereby acknowledge that if chosen as a volunteer/intern, during that period of service:</p> <ol style="list-style-type: none"> 1. I will be under the jurisdiction and control of the Department of Corrections. 2. I will be serving in a position of trust and will be expected to comply with all Department policy and procedure and that I may have my volunteer/intern status terminated for any violation of these policies and/or procedures. 3. I will receive a Tuberculosis Test as required by D2-7.8 prior to providing service and annually thereafter. 4. I will submit a drug screening prior to providing service and as requested by the Department of Corrections. 5. I will complete six hours of continuing education annually, as approved by the Department of Corrections. <p>I authorize any police or law enforcement agency to release my arrest record, if any, to the Missouri Department of Corrections cognizant that this information will be used to assist in determining my suitability as a volunteer/intern, and further, that said information is to be held in strict confidence. (It should be noted, the applicants date of birth, race and sex are used only for the purposes of the criminal inquiry.)</p>					
APPLICANT'S SIGNATURE					DATE
FOR OFFICE USE ONLY		WORK LOCATION		LENGTH OF PLACEMENT	
		STAFF SUPERVISOR		HOURS PER WEEK	
		PLACEMENT INSTRUCTOR		START DATE	