

**PROGRAM APPLICATION FORM**

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Program Title: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Supervising Staff: Name & Title: \_\_\_\_\_

Staff Facilitator(s): Name & Title: \_\_\_\_\_

Volunteer Facilitator(s): Name: \_\_\_\_\_

Target Population: \_\_\_\_\_

# of Participants: \_\_\_\_\_ Open or Closed Enrollment: \_\_\_\_\_

Length of Session: \_\_\_\_\_ # of Sessions per Week: \_\_\_\_\_ Total # of Sessions: \_\_\_\_\_

Materials/Supplies: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Associated Costs: \_\_\_\_\_

Space Requirements: \_\_\_\_\_

Please attach applicable item:

Curriculum: Yes  No  Lesson Plan: Yes  No

\*Approved programs should not deviate from the details within the approved program application. If program changes are proposed, a new program application should be submitted and until approved the program should operate based on the details within the approved program application.

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Approval: Yes  No

\_\_\_\_\_  
Superintendent (Print Name/Signature) Date

Approval: Yes  No  If EGT requested, amount recommended? \_\_\_\_\_

Special Instructions or Contingencies: \_\_\_\_\_

\_\_\_\_\_  
Director, Program Services and Reentry Date

Approval: Yes  No

\_\_\_\_\_  
Assistant Deputy Commissioner, Reentry Date

PROGRAM NARRATIVE

**Program Description:** (Outline of the curriculum, agenda and/or lesson plan to include a description of how the program supports the Department of Correction’s mission, vision and core values. In addition, please attach a copy of the full curriculum, agenda and/or lesson plan).

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Specify the treatment model (i.e.: group, one on one, discussion based etc.) utilized in the service delivery.

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If applicable, specify the theory or research on which the treatment model is based, include information on program efficacy if available.

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Specify the dynamic criminogenic risk factors/behaviors (i.e.: pro-criminal thinking, pro-criminal beliefs/attitudes, impulsivity, poor coping skills, relationships with criminal others, poor problem solving skills, egocentrism, low frustration tolerance) that are targeted by the program.

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Describe what impact the program will have on:

- Institutional operations (ie: staffing, space requirements, associated costs)

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- Victims of crime, the community, family members of offenders, staff (ie: possible objections to the program)

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- Climate of the institution

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- Volunteer availability

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Is a deduction from sentence (earned good time credits) recommended for successful participation in this program? If so, justify why earned goodtime is appropriate and how much earned goodtime should be awarded per month?

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**Program Goals/Outcomes:** (Identify the intended program goals/outcomes)

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**Rehabilitative Benefits/Spiritual Value:** (Describe the immediate and future rehabilitative benefits and/or the spiritual value for the offender)

Immediate rehabilitative benefits:

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Future rehabilitative benefits:

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Spiritual value:

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### **PROGRAM EVALUATION**

**Evaluation Process:** Please have offenders complete the evaluation form on the next page to be utilized to measure offender performance.

## Inmate Program Evaluation

Date: \_\_\_\_\_

Thank-you for taking time to complete this brief evaluation.  
Please rate the presentation/training session:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. The objectives of this program were clear to me.				
2. The classes covered all the learning objectives outlined.				
3. The new ideas presented will be helpful to me.				
4. The content was well organized.				
5. The information presented was current.				
6. The visuals and handouts were appropriate and helpful.				
7. The class provided me with new knowledge.				
8. The class provided me with new skills.				
9. Enough time was available to cover the subject matter.				

I would like future educational sessions from this presenter: Yes  No

I would like to see a follow-up from this session: Yes  No

Comments/Suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL ACTIVITY APPLICATION FORM**

Date: \_\_\_\_\_

Institution: \_\_\_\_\_

Special Activity Title: \_\_\_\_\_

Special Activity Start Date: \_\_\_\_\_

Supervising Staff: Name & Title: \_\_\_\_\_

Staff Facilitator(s): Name & Title: \_\_\_\_\_

Volunteer Facilitator(s): Name: \_\_\_\_\_

Target Population: \_\_\_\_\_

# of Participants: \_\_\_\_\_ Length of Session: \_\_\_\_\_

Materials/Supplies: \_\_\_\_\_

Funding Source: \_\_\_\_\_ Associated Costs: \_\_\_\_\_

Space Requirements: \_\_\_\_\_

Number of Outside Guests Invited: \_\_\_\_\_ Screened for Relevance? Yes  No

Please attach applicable item:

Agenda: Yes  No

\*Approved special activity applications should not deviate from the details within the approved special activity application. If special activity changes are proposed, a new special activity application should be submitted and until approved the activity should operate based on the details within the approved application or be re-scheduled.

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Approval: Yes  No

\_\_\_\_\_  
**Superintendent (Print Name/Signature)** **Date**

Approval: Yes  No

Special Instructions or Contingencies: \_\_\_\_\_

\_\_\_\_\_  
**Director, Program Services and Reentry** **Date**

Approval: Yes  No

\_\_\_\_\_  
**Assistant Deputy Commissioner, Reentry** **Date**

## SPECIAL ACTIVITY NARRATIVE

**Special Activity Description:** (Outline of the agenda and/or lesson plan to include a description of how the special activity supports the Department of Correction’s mission, vision and core values. In addition, please attach a copy of the full agenda)

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Describe the structure of the special activity (i.e.: guest speaker, group discussion, community reparation activity, family re-unification activity).

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If applicable specify the dynamic criminogenic risk factors/behaviors (i.e.: pro-criminal thinking, pro-criminal beliefs/attitudes, impulsivity, poor coping skills, relationships with criminal others, poor problem solving skills, egocentrism, low frustration tolerance) that are targeted by the special activity.

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Describe what impact the special activity will have on:

- Institutional operations (ie: staffing, space requirements, associated costs)

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- Victims of crime, the community, family members of offenders, staff (for example: possible objections to the special activity)

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- Climate of the institution

- Volunteer availability

**Special Activity Goals/Outcomes:** (Identify the intended goals/outcomes)

**Proposed Invited Guests and Relevance to the Goals/Objectives of Event:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL ACTIVITY EVALUATION**

Please have offenders complete the evaluation form on the next page to be utilized to measure offender performance.



## Special Activity Follow Up Evaluation

Date: \_\_\_\_\_

Name of Special Activity: \_\_\_\_\_

Please rate the presentation/training session:

The event was well organized? Yes  No

The activities were interactive and enjoyable? Yes  No

Staff were engaging and supportive? Yes  No

The environment was welcoming and comfortable? Yes  No

I would like to see a follow-up from this session. Yes  No

Comments/Suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STANDARD VOLUNTEER APPLICATION  
THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle Initial

SSN: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Optional)

DOB: \_\_\_\_\_

Race: American Indian/Native Alaskan  Asian  Black

Native Hawaiian or Pacific Islander  Hispanic  White

Gender: Male  Female

Home Address:

Street Apt#

P. O. Box

City State Zip

Phone: Home/Cell :(\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address 1: \_\_\_\_\_

Business Address City: \_\_\_\_\_

Business Address State: \_\_\_\_\_ Business Address ZIP: \_\_\_\_\_

Business Address Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Length of Time w/Employer: \_\_\_\_\_

Foreign Languages: Speak  Write

Have you ever been convicted of a felony? Yes  No

If Yes, what for? \_\_\_\_\_

Where? \_\_\_\_\_

Have you ever done volunteer work before? Yes  No

If Yes, where and how long? \_\_\_\_\_

Have you ever worked with inmates before? Yes  No

If Yes, where and how long? \_\_\_\_\_

When are you available to volunteer?

Availability	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Do you have access to a car? Yes  No

If Owner of a car, Registration Number: \_\_\_\_\_

Driver License Number (SSN optional): \_\_\_\_\_

Does this volunteer job require any type of license or certification? Yes  No

How did you hear about this volunteer opportunity? \_\_\_\_\_

Briefly describe why you are interested in becoming a volunteer with the Department of Correction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you visiting, have you visited, or are you corresponding with an inmate confined in any institution of MA Department of Corrections? Yes  No

If yes, please explain/identify the inmate(s): \_\_\_\_\_

Please list any known family, friends, or associates who are currently confined to any institution of the MA Department of Corrections: \_\_\_\_\_

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Have you ever been employed by the MA Department of Correction? Yes  No

If yes, please explain: \_\_\_\_\_

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Do you have any life-saving medications (nitro pills, inhalers etc) that you will need to keep on your person during your volunteer group? Yes  No

If yes, please provide a description of the Medication: \_\_\_\_\_

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References:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on the application is subject to verification, and I consent to such verification as may be necessary in reference to my volunteer work.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For office use only (do not write below this line):

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Application Received: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_

Approved  Denied  Date: \_\_\_\_\_

Director of Treatment: \_\_\_\_\_

Approved  Denied  Date: \_\_\_\_\_ and/or

Deputy Superintendent: \_\_\_\_\_

Approved  Denied  Date: \_\_\_\_\_

**APPEAL ONLY:**

Superintendent: \_\_\_\_\_

Approved  Denied  Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Volunteer Assignment (Schedule): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT TO ABIDE BY RULES AND REGULATIONS**

**THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

I understand that as a permanent volunteer I agree to abide by The Rules and Regulations Governing all Employees of the Massachusetts Department of Correction, all applicable laws, policies and procedures governing persons within a state correctional institution.

I understand that if a friend, neighbor, relative, significant other or acquaintance becomes incarcerated in the MA Department of Correction I am obligated to report this information to the Superintendent or their designee. I understand that I must not associate with, accompany, correspond, or consort with any offender or ex-offender except for a chance meeting without specific approval of the Superintendent. I understand that I must not personally intercede for an offender regarding release or outside employment, nor endorse a petition for granting parole, pardon, commutation, or judicial matters, without the permission of the Commissioner or his designee. I understand that any other outside offender contact must be reported to the Superintendent as soon as possible. I understand that I must treat all offenders impartially and should not grant special privileges to any offender. I also understand that I must not utilize the internet and/or other social media networks to publicize or post my experience as a volunteer. I also understand that I must not post or comment on any materials written by or about an inmate.

I understand that a violation of The Rules and Regulations Governing all Employees of the Massachusetts Department of Correction, all applicable laws, policies and procedures may result in suspension and/or termination of my volunteer status.

Name: \_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

cc: Volunteer Services Coordinator

**RELEASE OF LIABILITY**

**THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

I, \_\_\_\_\_ have been approved by the  
(Print Name)  
Superintendent of \_\_\_\_\_ to  
(Correctional Institution)

work on a voluntary basis as a volunteer at the correctional institution. I release and forever discharge the Commonwealth of Massachusetts and all its officers, agents and employees acting or otherwise from any and all claims, demands, actions, or causes or action on account of my death or injury to my property or myself which may occur from any cause during the performance of the above-mentioned service.

\_\_\_\_\_  
Volunteer Signature Date

\_\_\_\_\_  
Witness Date

cc: Superintendent

**STANDARD VOLUNTEER CERTIFICATION  
THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

This is to certify that \_\_\_\_\_ has  
satisfactorily completed the orientation program for volunteers and volunteer programs of the  
Department of Correction.

\_\_\_\_\_ shall be afforded all privileges accorded volunteers  
at a state correctional institution.

\_\_\_\_\_  
Volunteer Coordinator/Director of Treatment

Institution: \_\_\_\_\_

Date: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

cc: Superintendent



**PLACE ON LETTERHEAD**

**PERSONAL DATA RELEASE FORM  
COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ (MI): \_\_\_\_\_

Previous Name or Alias: \_\_\_\_\_

(Maiden Name, If Married): \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street City/Town Zip

Have you ever resided in another state?  Yes  No

If yes, which state? \_\_\_\_\_

License Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Massachusetts Department of Correction.

I further understand that the Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal record check with the local police department, the State Police, the FBI in Washington and the Massachusetts Board of Probation, a neighborhood check as well as interview with my character references. The Department of Correction will conduct these checks as the Department deems necessary including prior to obtaining permanent volunteer status every six (6) months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**PLACE ON LETTERHEAD**

**CONFLICT OF INTEREST LAW  
ACKNOWLEDGMENT OF RECEIPT**

I have this day received in hand a copy of the Summary of the Conflict of Interest Law for Volunteers.

\_\_\_\_\_  
*(Please print first and last name)*

\_\_\_\_\_  
*Institution*

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

## Volunteer Orientation Receipt Form

I, (print name) \_\_\_\_\_, hereby acknowledge receipt of the following information regarding Department of Correction Volunteer rules, policies, and codes of ethics/conduct. I also acknowledge that I am obligated to familiarize myself with and fully abide by their contents:

- 103 CMR 153, CORI Regulations
  - 103 CMR 215, American Correctional Association Code of Ethics
  - 103 DOC 225, Professional Boundaries Policy
  - 103 DOC 237, Prevention and Elimination of Workplace Violence
  - 103 CMR 483, Visiting Procedures, including the visitor dress code
  - 103 DOC 519, Sexual Misconduct with Offenders
  - Department Hostage Statement
  - Suspension from Programs
  - Prison Rape Elimination Act - PREA
  - 103 CMR 485, *Volunteers and Volunteer Programs* Policy; Overall Massachusetts Regulation that defines Department Volunteer Policies and Procedures
  - 103 CMR 485, Attachment #3, Standard Volunteer Application
  - 103 CMR 485, Attachment #4, Agreement to Abide by Rules
  - 103 CMR 485, Attachment #5, Release of Liability
  - 103 CMR 485, Attachment #6, Volunteer Certification
  - 103 CMR 485, Attachment #7, Volunteer Personal Information Release
  - 103 CMR 485, Attachment #8, Volunteer Renewal Form
  - 103 CMR485, Attachment #9, Volunteer Conflict of Interest Law Acknowledgement of Receipt
- Appendix
- Rules and Regulations Governing All Employees of the Massachusetts Department of Correction: "The Blue Book" - Volunteers are held to the same standards as Department of Correction Employees.

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 Volunteer Coordinator

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 Date

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 Volunteer Signature

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 Date

**REENTRY VOLUNTEER APPLICATION  
THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

                    Last    First    MI

SSN: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Optional)      DOB: \_\_\_\_\_

Gender:       Male               Female

Home Address: \_\_\_\_\_

                    Street    Apt #    P. O. Box

                    City    State    Zip

Phone: Home/Cell: \_\_\_\_\_                      Work: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Affiliated With: \_\_\_\_\_

Organization Address 1: \_\_\_\_\_

                    City    State    Zip

Organization Phone: \_\_\_\_\_

How long have you been a permanent volunteer for the MA DOC? \_\_\_\_\_

What program(s) did you facilitate and where did you volunteer? \_\_\_\_\_

\_\_\_\_\_

Has your volunteer status ever been rescinded for any reason?       Yes               No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please describe in detail the services you will be providing post release: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only (do not write below this line):

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Institutional Volunteer Services Coordinator

Date

Approve

Deny

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Superintendent's Signature

Date