



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	Thur	Fri	Sat
Morning	___	___	___	___	___	___	___
Afternoon	___	___	___	___	___	___	___
Evening	___	___	___	___	___	___	___

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Do you have access to a car? Yes  No

If Owner of a car, Registration Number:

\_\_\_\_\_

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

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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:

\_\_\_\_\_

\_\_\_\_\_

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**Are you visiting, have you visited, or are you corresponding with an inmate confined in any institution of MA Department of Corrections?**

Yes  No

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

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**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: \_\_\_\_\_

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

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):

\_\_\_\_\_