



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
VOLUNTEER/STUDENT INTERN APPLICATION

<input type="checkbox"/> Volunteer	<input type="checkbox"/> 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 or student intern. Any checks made will be strictly confidential.

Directions: Fill out application in appropriate fields. You must complete Appendix 1 and return it with the completed Volunteer/Student Intern Application. 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, FIRST, MIDDLE PLEASE PRINT)

HOME ADDRESS	CITY	STATE	ZIP CODE
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CELL PHONE	HOME PHONE	BUSINESS PHONE	E-MAIL ADDRESS
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DATE OF BIRTH	RACE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER
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EDUCATION: Do you have a high school diploma or equivalent? YES NO

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

FRESHMAN SOPHMORE JUNIOR SENIOR GRADUATE LEVEL

PRESENT EMPLOYER	OCCUPATION	YEARS IN PRESENT OCCUPATION
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EMPLOYER'S ADDRESS

Have you ever been arrested for any law violations, or are you now under charges for 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, IDENTIFY BY NAME AND DOC NUMBER:

ARE YOU ON THE VISITING LIST OF ANY OFFENDER? YES NO

IF YES, IDENTIFY BY NAME AND DOC NUMBER:

ARE YOU CORRESPONDING WITH ANY OFFENDER UNDER THE SUPERVISION OF THE DEPARTMENT OF CORRECTIONS? YES NO

IF YES, IDENTIFY BY NAME AND DOC NUMBER:



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VOLUNTEER/STUDENT INTERN APPLICATION (CONTINUED)

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?
 YES NO

DRIVER'S LICENSE NUMBER

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?
 YES NO

IF SO, NAME THE GROUP OR ORGANIZATION

IS THIS AN EXISTING GROUP OF PROGRAM IN THE MISSOURI DEPARTMENT OF CORRECTIONS?
 YES NO

IF SO, WHO REFERRED YOU OR REPRESENTS THE GROUP?

Failure to provide accurate and complete information on this application may be grounds for dismissal.

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.

- I hereby acknowledge that if chosen as a volunteer / intern, during that period of service:
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 procedures and that I may have my volunteer / intern status terminated for any violation of these policies and 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.

I authorize any police or law enforcement agency to release my arrest record, if any, to the Missouri Department of Corrections

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY	WORK LOCATION	LENGTH OF PLACEMENT
	STAFF SUPERVISOR	HOURS PER WEEK
	PLACEMENT INSTRUCTOR	START DATE



STATE OF MISSOURI
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Effective August 2013, the Department of Corrections must be in compliance with the final standards implementing the Prison Rape Elimination Act (PREA), issued by the U.S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.

(1) Have you previously worked in or volunteered for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private)?

YES NO If you checked the box marked "YES", please complete the following:

a. Please identify each facility as indicated below:

FACILITY #1	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON
FACILITY #2	NAME	
	ADDRESS	
	PHONE NUMBER	CONTACT PERSON

b. While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?

YES NO If you checked the box marked "YES", please explain below:

(2) **CRIMINAL CHARGES:** Have you pled guilty to or been found guilty of engaging in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent? This includes, but is not limited to, the following crimes:

- Forcible Rape (or attempted forcible rape)
- Statutory rape (or attempted statutory rape)
- Sexual Assault
- Forcible sodomy (or attempted forcible sodomy)
- Statutory sodomy (or attempted statutory sodomy)
- Child molestation
- Deviate sexual assault
- Sexual misconduct involving a child
- Sexual contact with a student
- Sexual misconduct
- Sexual abuse
- Sexual contact with a prisoner or offender

YES NO If you checked the box marked "YES", please explain below:



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(3) **CIVIL/ADMINISTRATIVE CASES:** Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes any actions taken upon a professional license or a professional registry and any internal administrative investigation results.

YES NO If you checked the box marked "YES", please explain below:

I certify the information contained in this appendix is correct to the best of my knowledge and I understand that falsification of this information is grounds for disqualification from the selection process or dismissal from employment.

PRINT NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER
APPLICANT'S SIGNATURE	DATE