

Volunteer Application - Page 2

Offender Relationships - Please answer each question yes or no.	No	Yes
1. Are you related to any Colorado DOC offender (including probationer or parolee)?		
2. Within the last two years have you visited (outside of your volunteer program) with any DOC offender?		
3. Within the last two years have you written to or corresponded with any DOC offender?		
4. Have you, or someone you know, <i>EVER</i> been victimized by a current DOC offender?		
5. Do you currently have any legal action involving any DOC offender?		
If yes explain below, including names, DOC #s relationship, facility, etc.		

Criminal History: False or incomplete information on this application will be grounds for denial or termination. A Criminal record does not necessarily make you ineligible for volunteer service.

Please answer each question yes or no.	No	Yes			
1. Have you <i>EVER</i> been arrested, charged or convicted of any sex related offense?					
2. Have you <i>EVER</i> been arrested, charged or convicted of any felony?					
3. Within the last 10 years, have you been arrested, charged or convicted of any misdemeanor?					
4. Have you <i>EVER</i> been convicted and subsequently incarcerated in a correctional facility?					
5. Are there ANY charges pending against you for any criminal offense?					
If yes complete the blanks below (attach additional explanation if necessary)					
Month/Year	Offense or Charge	Disposition	Arresting Agency	City	State

New volunteers must attend the Basic Volunteer Training within six months of application approval. To remain active, please notify the DOC whenever your address changes. Thank you.

I understand this form is the first step in becoming a Colorado Department of Corrections volunteer. If approved I will be required to complete a basic volunteer training, and a specific orientation for each facility I am approved to access. I understand I will be required to adhere to all Colorado Department of Correction rules and regulations, including but not limited to those pertaining to security, searches, offender relations, contraband, PREA, and professional conduct. I understand each administrative head has final discretion to approve or deny my volunteer service at the facility level.

I authorize representatives of the Colorado Department of Corrections to make any and all appropriate inquires regarding my background and I release the Colorado Department of Corrections and its representatives from any liability which may result from such action.

SIGNATURE: _____ DATE: _____