

IDAHO DEPARTMENT OF CORRECTION

Volunteer Application

Facility: _____

Full Legal Name: _____ Date: _____

Driver's License Number: _____ State-issued: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____
Street City State Zip Code

Telephone No.: _____ Work: _____ Cell: _____

Email Address: _____ Work: _____

Emergency Contact (name): _____ Telephone No.: _____

Have you ever been convicted of a felony? Yes No

If yes, when? _____ Where? _____

Are you presently on probation or parole? Yes No

If yes, where? _____

Are you on an offender's visiting list? Yes No

If yes, name and location of offender: _____

Relationship to offender: _____

Do you have a relative or friend incarcerated at any correction facility in Idaho? Yes No

If yes, give name(s) and facility (attach additional page if necessary): _____

Have you ever been a victim of an offender incarcerated at an IDOC facility? Yes No

Have you ever worked for the IDOC or volunteered at a correctional facility? Yes No

If yes, where and when? _____

Name of organization/affiliation: _____ Telephone No.: _____

Address: _____
Street City State Zip
Code

Criminal Background Check: Criminal record No criminal record

ILETS operator's name and associate #: _____ Date: _____

Recommended Yes No _____

Volunteer service coordinator's signature and associate #

Recommended Yes No _____

Deputy warden's signature Date

Approved Yes No _____

Facility head's signature Date