

# MSP VOLUNTEER APPLICATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Female  Male

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Residence:**

Address: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Work:**

Address: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes  No

If so please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to an offender supervised by the Montana Department of Corrections? Yes  No

If so please list their name(s) and you relationship to them:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Are you visiting an offender supervised by the Montana Department of Corrections? Yes  No

If so please list their name(s) and you relationship to them:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Have you ever been the crime victim an inmate currently incarcerated at MSP? Yes  No

If so please list their name(s):

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

What is the volunteer position you requesting to fill at Montana State Prison?

\_\_\_\_\_

If you are requesting to be a religious volunteer please indicate which faith group by circling it from the list that follows:

Alcoholics Anonymous  
Bible Study  
Jehovah Witness  
Promise Keepers  
Protestant  
Wiccan  
Other: \_\_\_\_\_

Bahai  
Buddhist  
Latter Day Saints  
Seventh Day Adventist  
Hindu  
Judaism

Baptist Bible  
Christian Brotherhood  
Native American  
Catholic  
Islam  
Odonist

What qualifications and or certification do you have that would qualify to serve as a volunteer for the position you requested above? Please attach copies of any certification and the names of individuals we can contact to check on this information.

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Are you willing to work with other volunteers serving in this capacity, if any?    Yes             No

I am requesting consideration to become a volunteer at Montana State Prison (MSP). By my signature below I agree to attend all required training and follow all MSP policies, rules, and procedures if selected as a volunteer trainee. I understand that a full background check, including criminal background, will be conducted as part of the application screening procedure in accordance with the Privacy Act, Part 5, United States Code, Section 552a. I also understand that my person and vehicle are subject to search while on prison property.

Signature: \_\_\_\_\_

Date:        /        /