Department of Corrections
WASHINGTON STATE

VOLUNTEER APPLICATIONAND REGISTRATION

Be sure to fill out the volunteer application in full. Failure to do so may result in its return to you and will delay the application process. *Print or type*	**Department Use** Date received: Location:

Last name	First	Middle	Maiden name(s) or AKA(s) , ,
Email address **(Required)**		Occupation/Major	
Address		City	State Zip code
Home phone	Cell phone	Other phone	
Employer/School		City	State
Valid driver's license number		State	Expiration date

ID CARD AND SECURITY CLEARANCE INFORMATION

Birthdate (m/d/y)	Age	Race	M F X
Birthplace	Citizenship	Hair color	Eye color	Height
ID Type (Driver's license, Military, Passport)	ID Number	Last 4 SSN	

EMERGENCY NOTIFICATION INFORMATION

Last name	First	Relationship
Emergency Contact's phone number *Home:* *Other:*	Alternative contact name and number	

MEDICAL ALERT INFORMATION

Do you have any allergies or medical conditions that may cause a medical alert? Yes No

List the allergy or medical condition if you wish to disclose the information (nitro, inhaler, etc.):

PROGRAM

Name of program	Name of program sponsor

Which of the following categories would you best relate your volunteer program with?

Religious Program	Transition Program
Self Help Program	Family Program
Chemical Dependency Program	Restorative Justice
Sustainability	Other:

If you are applying to provide a professional service (e.g., legal, medical), please cite your credentials, such as certification, license, etc. **Attach copies of license or certification.**

APPLICATION QUESTIONS

1. Are you currently employed, volunteering, or providing a service at any other correctional facility or agency? Yes No

   If yes, facility/agency name:_____ Supervisor/Contact information:_____

2. Do you have any special knowledge or education about criminal justice, working in a correctional setting, or impacts of incarceration? If yes, please provide a brief description.

   _____

3. Have you ever been incarcerated or on community supervision? Yes No

   If yes, explain the nature, dates, and locations of incarceration. Be sure to enter this information on the Criminal History Disclosure form.

   _____

4. Do you have a pre-existing relationship (spouse, sibling, friend, etc.) with any individual who is currently under DOC's jurisdiction? *Note that this may be prison, Work Release/Reentry Center, an individual under community supervision OR someone who has been released from any of these within the past 6 months*. Yes No

   If yes: Name: _____ DOC#:_____ Location: _____ Relationship:_____

   _____

   If yes: are you on the approved visiting list? Yes No

5. Please describe the ***objective*** of the program you are applying to volunteer with.

   _____

6. Please describe your knowledge and experience working with the program you are wishing to volunteer for.

   _____

7. What drives you to want to volunteer with the incarcerated population, and what is your desired outcome?

   _____

Please take the time to read the Volunteer policy and agree to the following:

I have read DOC 530.100 Volunteer Program policy from the DOC Policies Website

I am 18 years of age or older.

I am not on supervision with any corrections agency

I am willing to provide additional information as needed for NCIC WASIC request

The following forms should be submitted along with your volunteer application. If they are not attached to this application, you may obtain them from the following link: *DOC Forms Website*

- DOC 03-031 Criminal Disclosure
- DOC 03-506 Sexual Misconduct and Institutional Employment/Service Disclosure

Comments:

_____

_____

_____

_____ _____ _____

Applicant Name Applicant Signature Date

Qualified applicants receive consideration without discrimination based on marital status, race, color, creed, national origin, age, or the presence of a non-service-related handicap.

Department of Corrections
WASHINGTON STATE

CRIMINAL DISCLOSURE

As a law enforcement agency, it is necessary that all Department of Corrections employees, contract staff, and volunteers be carefully screened. This information is required in order to maintain security and safeguard the confidentiality of Department information. Criminal history may not preclude your employment or service with the Department.

Print full name:_____

List all conviction(s)/gross misdemeanor(s) below. Do not include convictions vacated by the court and removed from the official record. Please indicate "None" below if there are no convictions.

Disclosure requirements are not limited to any time period and include suspended and/or deferred sentences, convictions by a Juvenile Court where the applicant was 15 years of age or older at the time of the offense, and incarcerations for felony offenses, gross misdemeanor offenses involving violence, and any offenses involving sexual misconduct.

Date	Crime	If incarcerated, give location and dates. If not incarcerated, what disposition was made?

None

If you have had a felony conviction, have you received a certificate of discharge, including all civil rights being restored? N/A No Yes, date: _____ Attach a copy of the certificate of discharge.

Do you have the right under the law to carry and use a firearm? No Yes

ACKNOWLEDGEMENT AND RELEASE

I understand that a background check will be conducted including, but not limited to, arrests and convictions, prior employment, and education. All answers and statements are true and complete to the best of my knowledge. I understand that, if hired, I will be fingerprinted and that untruthful or misleading answers or deliberate omissions will be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or acting as a contract staff or volunteer. By completing and submitting this form, I am authorizing release of my information.

Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Personnel/Contract/Volunteer file

Department of Corrections
WASHINGTON STATE

SEXUAL MISCONDUCT AND INSTITUTIONAL EMPLOYMENT/SERVICE DISCLOSURE

PART 1 - To be completed prior to appointment

Full name (print): _____

Federal Prison Rape Elimination Act (PREA) standards require that the Department of Corrections seek disclosure of sexual misconduct from prospective employees, contract staff, and volunteers at the time of hire and whenever the person is considered for promotion.

It is also necessary that all Department of Corrections employees, contract staff, volunteers, and prospective personnel be carefully screened prior to appointment. This includes a review of all prior employment/service with employers that house or provide services to individuals, youths, vulnerable persons, or others in an **institutional setting** such as prison, jail, lockup, community confinement facility, juvenile facility, or other facility as defined under 42 USC 1997 (i.e., facility for the mentally, physically, intellectually disabled, residential care or treatment facility for juveniles, facility that provides skilled nursing, intermediate or long-term care, or custodial or residential care).

AN INSTITUTION IS: Any facility or institution which is owned, operated, managed by, or provides services on behalf of the state or federal Government, or political subdivision of a state (i.e., county, city, or town).

Please note - An "institutional setting" does not include employment in privately-owned and operated facilities such as nursing homes, where the sole connection to the state is a state license to operate the establishment unless state and/or federal government agencies contract with the facility or its parent company to house individuals.

SEXUAL MISCONDUCT DISCLOSURE

Have you ever engaged in sexual abuse in a prison, jail lockup, community confinement facility, juvenile facility, or institutional setting (as defined above)?	No	Yes
Have you ever been civilly or administratively adjudicated (there was a formal finding and a judgment or decision was rendered in a civil or administrative proceeding) or otherwise found to have engaged or attempted to engage in sexual abuse/assault in any setting?	No	Yes
Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	No	Yes
Have you been the subject of substantiated allegations of sexual abuse or sexual harassment or resigned during a pending investigation of alleged sexual abuse or sexual harassment?	No	Yes
Have you ever engaged in any other incident of sexual harassment or sexual misconduct not already addressed above?	No	Yes

If you answered YES to any of the above questions, please explain below or attach additional sheets/ information if needed.

Acknowledgment and Release

All answers and statements are true and complete to the best of my knowledge. I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

Signature: Date:

PART 2 - To be completed by prospective employees, not required for current employees

INSTITUTIONAL EMPLOYMENT/SERVICE DISCLOSURE HISTORY

Have you ever been employed by or otherwise provided services on a contract or volunteer basis in an institutional setting as defined above? No Yes - specify all (attach additional sheets/information if needed)

	Facility name	Location (city, state)	Start/end date (m/y)	Facility contact/phone
1				
2				
3				
4				

Acknowledgment and Release

All answers and statements are true and complete to the best of my knowledge. I understand that a background check will be conducted including, but not limited to, prior employment and contract/volunteer service. I understand that, if hired, untruthful or misleading answers or deliberate omissions may be cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or serving as a contract staff or volunteer. By signing this form, I am acknowledging that the information provided above is accurate and complete and giving my authorization to the release of my information.

Signature: _____ Date: _____

FOR EMPLOYER USE ONLY

See PREA-Institutional Employer Verification Job Aid for detailed instructions

Intro: *<Candidates Name> has applied for a position with the Washington State Department of Corrections. Due to Prison Rape Elimination Act (PREA) requirements, our Department is required to conduct a review of all prior employment/service with employers such as yours.*

Question 1: *Are you aware of whether or not this person engaged in any sexual abuse or sexual harassment while employed at your facility? If YES, please elaborate (e.g., outcomes, determinations, description of allegation).*

Question 2: *Are you aware of whether or not this person resigned from your facility while under investigation of an allegation of sexual abuse or sexual harassment?*

1. Facility contact name	Contact title	Attempt dates	Method(s) of contact:
Question 1: No Yes Unable to verify		Question 2: No Yes Unable to verify	
Comments:		Comments:	
2. Facility contact name	Contact title	Attempt dates	Method(s) of contact:
Question 1: No Yes Unable to verify		Question 2: No Yes Unable to verify	
Comments:		Comments:	
3. Facility contact name	Contact title	Attempt dates	Method(s) of contact:
Question 1: No Yes Unable to verify		Question 2: No Yes Unable to verify	
Comments:		Comments:	
4. Facility contact name	Contact title	Attempt dates	Method(s) of contact:
Question 1: No Yes Unable to verify		Question 2: No Yes Unable to verify	
Comments:		Comments:	
Review completed by:		**Date:**	

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Distribution: **ORIGINAL** - Recruitment/Contract/Volunteer file

FOR DEPARTMENT USE - THIS PAGE TO BE COMPLETED BY DOC
VOLUNTEER ONBOARDING INFORMATION

Last name	First	Program

Application screened by	Title	Date
NCIC/WASIC Criminal History (Any prior felony conviction must be reviewed and approved by Appointing Authority).		
*NCIC/WASIC ran by (name/title/date) / /	Applicant approved by (name/title/date) / /	
Proof of professional credentials submitted (if applicable)		Date
Online Volunteer Training completion dates Prison Rape Elimination Act (PREA) Interactions & Professional Boundaries for Volunteers Suicide Prevention Infection Disease Prevention	Initial Completion Date	
Orientation conducted by	Title	Date
Proof of identity shown date	Method of proof	
Fingerprints (if applicable) conducted by (name/title/date) *Any yellow badge or if volunteer is accessing files of those under Department jurisdiction / /		Date
Color of DOC identification card issued Red - Volunteer Yellow – Contract Name of Contract Manager:	ID issue by (name/title/date) Name: Title: Date:	

Comments:

_____

_____

_____

_____ _____ _____

Volunteer Specialist Name Signature Date

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