



DC Department of Corrections Programs and Case Management Division **VOLUNTEER SERVICES APPLICATION**



INSTRUCTIONS

Thank you for your interest in volunteering with DC Department of Corrections (DC DOC). This application is only for new potential volunteers/service providers. Please complete the application carefully and in its entirety. Incomplete applications will be denied and will not be processed. Falsified information on this application is automatic grounds for termination of potential services. The information provided is kept private and confidential and shall only be used for confirming your eligibility for becoming a DC DOC volunteer/service provider.

PROGRAM/SERVICE FACILITATION

Virtual or digital facilitation

In-person facilitation

Combination of both

INDIVIDUAL APPLICANT INFORMATION

First Name:		Middle Name:		
Last Name:				
Physical Address:	Street:		City:	
	State:		Zip:	
Home Telephone:			Work Telephone:	
Email Address:			Cellphone:	
Date of Birth:			Gender:	
Height:			Weight:	
Hair Color:			Eye Color:	

ORGANIZATIONAL SERVICE PROVIDER INFORMATION

Organization Name:			Organization Leader/ Supervisor:	
Organization Address:	Street:		City:	
	State:		Zip:	
Email Address:			Telephone:	

EMERGENCY CONTACT INFORMATION

First Name:		Middle Name:	
Last Name:		Relationship:	
Telephone:		Cellphone:	

VOLUNTEER/SERVICE PROVIDER WORK INFORMATION

A. Type of service work desired							
Religious Services		Provide a description of service in section B below.					
Other Programs/ Services		Please attached approved DC DOC New Program/Service Proposal Application.					
B. Please provide a description of the program/service?							
C. Please describe your skill(s), training(s) and education related to the desired program/service? (Please attach credential transcript(s) and/or copy of certification(s))							
D. Are you bilingual?		NO					
		YES (If yes, please list the language(s) that you speak)					
E. Please provide the day(s) and time(s) of your availability?							
Day(s)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time(s)							
F. Please provide relevant program/service experience?							
Date		Location			Program/Service Performed		

BACKGROUND CHECK INFORMATION

Have you ever been employed by or volunteered at DC DOC?	NO YES (If yes, please explain which facility building, office, division and date)		
Are you presently on parole or probation?	NO YES (If yes, please explain below)		
Do you have any current, pending or past criminal history/conviction?	NO YES (If yes, please explain all history including dates, charges, dispositions and jurisdiction. Additional sheets can be added if necessary)		
Date	Charge	Disposition	Jurisdiction (please include address)

Do you have any relatives currently in DC DOC custody?	NO (If no, please type NA in the box below) YES (If yes, please specify)	
Name	DCDC#	Relationship

Do you have any relatives currently employed by DC DOC?	NO (If no, please type NA in the box below) YES (If yes, please specify)	
Facility	Name	Relationship

VOLUNTEER SERVICES AGREEMENT

Volunteer Services are authorized under DC Code DC Code §§1-319.01 to 1-319.05 and DC Personnel Manual Chapter 35 Voluntary Services

I _____ (type full name) enter this agreement with DC Department of Corrections (DC DOC) Volunteers Services Program.

I agree to serve in the capacity of _____ (type Volunteer's position title) from _____-(Starting date) to _____ (One year from Starting date).

I hereby agree to donate my services to the D.C. Government as a volunteer. I have been informed of the nature and scope of voluntary services I agree to perform and I certify that I am qualified to perform services in the above capacity based on my training, education, trade or craft, experience, license and maturity. I understand that DOC will not utilize my services if such would constitute or give rise to the appearance of a conflict of interest as set forth in DC Code 1-319.03.

I understand I will not receive wages, health insurance, retirement, life insurance, leave or the right to organize for collective bargaining purposes. However, I may be eligible to receive compensation for job-related illnesses or injuries and protection from liability for tortious injuries caused while acting within the scope of duty under the supervision and control of DOC.

I understand that in the course of my volunteer work I may have access to information regarding inmates, employees, DOC operations, etc. I agree to keep information confidential and only release the information that I am authorized to release and to release it only to persons who are authorized to receive it. I will obtain my supervisor's advice and appropriate approval before releasing any information when my authority to do so is not clear to me.

I agree to abide by the directions and supervision of my designated supervisor and adhere to established rules and regulations and standards and ethics of the D.C. Department of Corrections and the District of Columbia Government. I agree not to engage in any form of political activity during the hours I am performing duties as a volunteer.

I agree to keep my supervisor informed regarding the progress of my work assignments and my time and attendance. I will attempt to resolve any problems I encounter with my immediate supervisor before seeking other resolutions.

I understand that I may terminate this agreement. I understand DOC may discontinue my services at any time for any reason at any time and discontinuation of my services shall not give rise to any right or process of appeal.

Eligibility for volunteer services with DC DOC is without regard to race, color, religion, gender, nationality, age marital or veteran status, sexual orientation, disability, or any other legally protected status. DC DOC reserves the right to deny applications based on security concerns.

I CONFIRM THAT ALL INFORMATION PROVIDED IS ACCURATE AND COMPLETE.

Signature		Date	
------------------	--	-------------	--

THIS SECTION IS ONLY DESIGNATED FOR DC DOC EMPLOYEES

DC DOC DIVISION

Resources to Empower and Develop You (READY) Center
Behavioral Health Services/Residential Substance Abuse Treatment (RSAT)
Program Units Women's Programs and Services
Youth Rehabilitation Act (YRA) Studies
Religious Services
Transition Assistance Program (TAP) Unit
Case Management Services
College and Career Readiness
Other: _____

APPLICANT APPROVAL

YES (If yes, please provide tentative start date):
NO (If no, please provide reason(s)):
Incomplete application
Falsifying information
Failed background check/omission of past history
Failed urinalysis screening
Poor or incomplete references
Did not complete training
Other: _____

ADMINISTRATIVE APPROVAL

Signature of Volunteer Services Assistant:		Signature of Volunteer Services Coordinator:	
Date		Date	