



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
VOLUNTEER/STUDENT INTERN APPLICATION

(CHECK ONE)

VOLUNTEER

INTERN

RETURN TO:

We reserve the right to make such checks as we deem appropriate on the suitability of any volunteer/student intern. Any checks made will be strictly confidential. Mail completed application to work location named above.

NAME LAST	FIRST	MIDDLE	DATE
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HOME ADDRESS	HOME PHONE ()
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CITY	STATE	ZIP CODE	BUSINESS PHONE ()
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PERMANENT ADDRESS (IF DIFFERENT)

DATE OF BIRTH	RACE	SEX	SOCIAL SECURITY NUMBER
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EDUCATION: DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT? YES NO

EDUCATIONAL/VOCATIONAL INSTITUTION	YEARS	DEGREES/CERTIFICATES	MAJOR/MINOR AREAS

FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE LEVEL

GPA

PRESENT EMPLOYER	OCCUPATION	YRS. IN PRESENT OCCUPATION
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EMPLOYER'S ADDRESS

Have you ever been arrested for any law violation, or are you now under charges of any offense other than minor traffic violations? (Driving while intoxicated (DWI) charges or convictions are **not** considered minor traffic violations). YES NO

If yes, this does not necessarily exclude you from consideration as a volunteer/student intern. If yes, give full explanation of all convictions and current charges whether convictions were misdemeanors or felonies; and state if you are or have been on supervised or unsupervised probation. Suspended execution of a sentence is considered a conviction. Suspended imposition of a sentence is considered a conviction until the probation term has been successfully completed.

PREVIOUS RELATED EXPERIENCE (VOLUNTEER OR OTHERWISE) YES NO IF YES, GIVE DETAILS:

HAVE YOU EVER BEEN DISMISSED OR RELIEVED OF VOLUNTEER STATUS BY ANY ORGANIZATION? YES NO IF YES, EXPLAIN

DO YOU HAVE ANY RELATIVES OR ASSOCIATIONS CURRENTLY UNDER THE JURISDICTION OF THIS DEPARTMENT EITHER AS AN INMATE OR A PROBATIONER OR PAROLEE? YES NO IF YES, PLEASE IDENTIFY BY NAME

ARE YOU ON THE VISITING LIST OF ANY INMATE? YES NO IF YES, IDENTIFY BY NAME AND REGISTER NUMBER

ARE YOU CORRESPONDING WITH ANY OFFENDER UNDER THE SUPERVISION OF THE DEPARTMENT OF CORRECTIONS? YES NO

PERSONAL REFERENCES OTHER THAN FAMILY (GIVE COMPLETE INFORMATION)

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
					()
					()
					()

LIST SPECIAL SKILLS, ABILITIES, ETC. YOU POSSESS

PROFESSIONAL/BUSINESS/OTHER ORGANIZATIONS:

DO YOU HAVE AN AUTOMOBILE WITH PUBLIC LIABILITY INSURANCE COVERAGE? YES NO

DRIVER'S LICENSE NUMBER

PLEASE EXPLAIN IN YOUR OWN WORDS WHY YOU ARE INTERESTED IN BEING A VOLUNTEER/STUDENT INTERN:

PLEASE SPECIFY THE INSTITUTION OR PROBATION AND PAROLE DISTRICT OFFICE TO WHICH YOU ARE APPLYING

DATE OF AVAILABILITY

Failure to provide accurate and complete information on this application may be grounds for dismissal.

I hereby freely offer to become a volunteer/intern for the Missouri Department of Corrections. I further understand that I will be expected to complete a six hour orientation program prior to assignment as well as submit brief program reports.

I hereby acknowledge that if chosen as a volunteer/intern, during that period of service:

1. I will be under the jurisdiction and control of the Department of Corrections.
2. I will be serving in a position of trust and will be expected to comply with all Department policy and procedure and that I may have my volunteer/intern status terminated for any violation of these policies and/or procedures.
3. I will receive a Tuberculosis Test within the first week of service as required by D2-7.8.

I authorize any police or law enforcement agency to release my arrest record, if any, to the Missouri Department of Corrections cognizant that this information will be used to assist in determining my suitability as a volunteer/intern, and further, that said information is to be held in strict confidence. (It should be noted, the applicants date of birth, race and sex are used only for the purposes of the criminal inquiry.)

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY	WORK LOCATION	LENGTH OF PLACEMENT
	STAFF SUPERVISOR	HOURS PER WEEK
	PLACEMENT INSTRUCTOR	START DATE