

KANSAS DEPARTMENT OF CORRECTIONS VOLUNTEER/MENTOR APPLICATION

****Please fill out the application form completely. This application is for the purpose of screening potential volunteers****

APPLICANT INFORMATION:

First Name: _____ **Last Name:** _____ **Gender:** Female Male

Date of Birth: _____ **SSN:** _____

Home Address

House#: ____ **House Suffix:** _____ **Street Dir:** _____ **Street Name:** _____
Street Type: _____

APT/LOT: _____ **PO BOX:** _____

City: _____ **State:** _____ **County:** _____ **Zip5:** _____

Email Address: _____

Primary Phone: _____ **Type:** Home Work Mobile Message **Best Time to Contact:** _____

Secondary Phone: _____ **Type:** Home Work Mobile Message **Best Time to Contact:** _____

Driver's License #: _____ **Vehicle Tag State:** _____ **Vehicle Tag #:** _____

Vehicle Year: _____ **Vehicle Make:** _____

EMPLOYMENT:

Employed: Yes No

Employer Name: _____

House#: ____ **House Suffix:** _____ **Street Dir:** _____ **Street Name:** _____
Street Type: _____

APT/LOT: _____ **PO BOX:** _____

City: _____ **State:** _____ **County:** _____ **Zip5:** _____

WORK PHONE: _____ **FAX:** _____ **EMAIL:** _____

EMERGENCY CONTACT:

First Name: _____ **Last Name:** _____

Relationship: _____ **Phone:** _____

REFERENCES:

Names and phone numbers of two persons who have known you for at least one year and who are not family members or spouses/partners:

1) _____ **Day Phone:** _____

2) _____ **Day Phone:** _____

INTERESTS:

Locations where you are interested in volunteering:

PRISON _____ COMMUNITY

Positions you are interested in:

MENTOR VOLUNTEER INTERN

Will you be providing transportation to the offender? YES NO

If "YES" please provide the name of your insurance carrier:

AVAILABILITY:

Availability: Daily Weekly Monthly
Days Available: M T W Th F Sa Su
Start of Hours Available: _____
End of Hours Available: _____

ORGANIZATIONAL/RELIGIOUS AFFILIATION:

Organization Name: _____

House#: _____ House Suffix: _____ Street Dir: _____ Street Name: _____
Street Type: _____

APT/LOT: _____ PO BOX: _____

City: _____ State: _____ County: _____ Zip5: _____

Contact: _____ Phone: _____ EMAIL: _____

HISTORY:

Convicted of a crime? YES NO Misdemeanor Felony
CONVICTION DATE(S): _____

Currently on Probation or Parole? YES NO
Type of Supervision: Probation Comm Corr Parole

Currently on an Inmate Visiting List? YES NO
If yes, where? _____

Inmate Name: _____ Inmate Number: _____
Please explain: _____

Have you ever been employed in Corrections? YES NO If yes, where? _____

Have you ever been an employee of the Kansas Department of Corrections? YES NO
If yes, where? _____
What was the name of your supervisor? _____

Have you ever been the victim/survivor of a crime committed by an offender in KDOC custody?
 YES NO
If so, please provide the name of the offender, if known: _____

GENERAL INFORMATION:

How do you see yourself involved with the volunteer experience?	
Do you have any skills or talents you feel comfortable teaching? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," please list and describe below:	
Do you speak any language other than English? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," what language?	
Can you sign for the hearing impaired? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please list degrees, licenses or certifications in any field you have received:	
Credential:	Description:
Credential:	Description:
Credential:	Description:
Credential:	Description:

Applicant Signature _____ Date: _____

Volunteer Coordinator _____ Date: _____