

MONTANA WOMEN'S PRISON
VOLUNTEER APPLICATION

NAME: _____ D.O.B. ____ / ____ / ____
(Last) (First) (Middle-Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: ____ - ____ - ____ PLACE OF BIRTH: _____

HEIGHT: _____ WIEGHT: _____ COLOR OF EYES: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ Can we call you at work? ____ Yes ____ No

EMPLOYER: _____ ADDRESS: _____

Job Title & Description: _____

SUPERVISOR'S NAME: _____ PHONE: _____

EDUCATIONAL LEVEL: _____ If currently attending school, will you be receiving school credit for your volunteer work? (If yes, indicate school name, address and the person to contact.) _____

Describe your work experience or education that you think would assist you in the volunteer position: _____

Have you ever been arrested or convicted of a criminal offense? _____
If yes, explain: _____

(Conviction of an offense does not necessarily mean an individual will not be allowed to participate; however, they must meet specific criteria concerning ex-offenders.)

Have you ever been dismissed from any organization as a Volunteer? ____ Yes ____ No

Do you have any physical limitations? ____ Yes ____ No If yes, please explain: _____

Current volunteer activities: _____

In what specific volunteer activities do you wish to become involved? _____

When would you be available for volunteer work? (Check all that would apply.)
_____ Weekdays _____ Weekends _____ Evenings _____ Holidays

What are your hobbies or recreational interests? _____

REFERENCES

Please do not use relatives, and note that addresses must be complete and correct in order to process your application. Local references only please.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Are you personally acquainted with or related to any inmate in this institution? _____
If yes, please name them: _____

Do you have a relative that you know of in a Montana Correctional Facility? _____
If yes, please identify: _____

Are you an ex-offender? _____ When were you discharged? _____ / _____ / _____
Were you convicted of an alcohol or drug offense? _____ When? _____ / _____ / _____

I understand that a routine police reference and driver's license check will be conducted on all new staff including volunteers, and that previous involvement in the Court System will not necessarily disqualify me from being a Volunteer.

Signature

Date

Please return to: T.E.A.M. Mentoring, Inc.
P.O. Box 30642
Billings, Montana 59107