

MSP VOLUNTEER APPLICATION FORM

Name: _____ Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____ Gender: Female Male

Social Security Number: _____ - _____ - _____

Residence:

Address: _____ Phone: (____) - ____ - ____
City: _____ State: _____ Zip Code: _____

Work:

Address: _____ Phone: (____) - ____ - ____
City: _____ State: _____ Zip Code: _____

Emergency Contact:

Name: _____
Address: _____ Phone: (____) - ____ - ____
City: _____ State: _____ Zip Code: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If so please explain: _____

Are you related to an offender supervised by the Montana Department of Corrections? Yes No

If so please list their name(s) and you relationship to them:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Are you visiting an offender supervised by the Montana Department of Corrections? Yes No

If so please list their name(s) and you relationship to them:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

Have you ever been the crime victim an inmate currently incarcerated at MSP? Yes No

If so please list their name(s):

Name: _____
Name: _____

What is the volunteer position you requesting to fill at Montana State Prison?

If you are requesting to be a religious volunteer please indicate which faith group by circling it from the list that follows:

Alcoholics Anonymous
Bible Study
Jehovah Witness
Promise Keepers
Protestant
Wiccan
Other: _____

Bahai
Buddhist
Latter Day Saints
Seventh Day Adventist
Hindu
Judaism

Baptist Bible
Christian Brotherhood
Native American
Catholic
Islam
Odonist

What qualifications and or certification do you have that would qualify to serve as a volunteer for the position you requested above? Please attach copies of any certification and the names of individuals we can contact to check on this information.

Are you willing to work with other volunteers serving in this capacity, if any? Yes No

I am requesting consideration to become a volunteer at Montana State Prison (MSP). By my signature below I agree to attend all required training and follow all MSP policies, rules, and procedures if selected as a volunteer trainee. I understand that a full background check, including criminal background, will be conducted as part of the application screening procedure in accordance with the Privacy Act, Part 5, United States Code, Section 552a. I also understand that my person and vehicle are subject to search while on prison property.

Signature: _____

Date: / /