

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
CERTIFIED VOLUNTEER APPLICATION**

NAME OF GROUP _____ DATE OF ORIENTATION _____
GROUP LEADER _____ PHONE NUMBER () _____

FILL IN ALL BLANKS! PLEASE PRINT LEGIBLY

NAME _____ SEX _____ RACE _____
FIRST MIDDLE LAST

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

DATE OF BIRTH _____ WEIGHT _____ HEIGHT _____ HAIR _____ EYES _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

SINGLE _____ MARRIED _____ SPOUSE'S NAME _____ PHONE # _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE # _____

BACKGROUND INFORMATION - THESE QUESTIONS MUST BE ANSWERED

Are you related to an inmate incarcerated at any Mississippi Department of Corrections' facility? _____

If yes, who and where is he/she incarcerated? _____

Are you on a visiting list of an inmate at any Mississippi Department of Corrections' facility? _____

If yes, who and where is he/she incarcerated? _____

Do you have a felony conviction? _____ If yes, where? _____

VOLUNTEER SERVICE INFORMATION

Give volunteer experience in Corrections and explain: _____

RELIGIOUS / CIVIC INFORMATION

Name of Sponsor _____ Office Phone # _____

Name of Sponsoring Organization _____

THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION

- 1 Volunteer/Contract Services/Guest Background Form
- 2 Release of All Claims Form
- 3 Consent to Search Form
- 4 Pastor's/Sponsor's Recommendation Letter
- 5 Ministers must also send a copy of their credentials

ALL FORMS MUST BE FILLED OUT COMPLETELY, SIGNED, AND DATED BY THE APPLICANT

VOLUNTEER AGREEMENT

I, _____ hereby state that on (date) _____,
I received and successfully completed my training and orientation as a volunteer at (name of
institution) _____.

I have personally received a copy of the Volunteer's Guide to the Mississippi Department of Corrections and understand my duties and responsibilities. I acknowledge that I must adhere to and support all policies and procedures of the Mississippi Department of Corrections and the failure to abide by these rules and regulations may result in my termination from service. Specifically, I recognize that the primary mission of the institution is the protection of society, staff and inmates, and that any action, which is deemed disruptive to this mission, may also call for termination.

I have been informed of and accept that in my status as an approved volunteer, or after my termination as a volunteer, I may not visit with an inmate in this institution on a social or personal basis, without the written approval of the Superintendent/Warden/Director.

I understand that I do not have the authority, express or otherwise, to compel or restrict an inmate's conduct or participation in a particular program. Department of Corrections staff shall make any limitations of this kind, although I may provide information.

I understand that any difficulty encountered must be immediately brought to the attention of the Program Manager or Volunteer Coordinator who shall see that the problem is resolved.

Should any emergency arise, please contact:

Name

Phone Number

Mailing Address

City, State, Zip Code

Finally, I understand that this completed and signed agreement shall be maintained in my Official Volunteer File.

Volunteer Signature

Date

Staff Witness

Date

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
RELEASE OF ALL CLAIMS**

I, _____, am an adult over the age of twenty-one (21). By my signature to this document, I certify that I have read and understand the rules for volunteers, and I agree to abide by them. Further, I agree that I enter the premises of the _____ voluntarily and I am fully aware of the potential risks involved in that entry, and I absolve, hold harmless, and release the Chaplain's Department, Mississippi Department of Corrections, the _____, and the State of Mississippi from any and all liability for any injury or damage I may suffer whether accidentally or willfully caused by the actions of any persons on these premises.

I further understand that the Mississippi Department of Corrections reserves the right to conduct a search of my person at any time while I am within the confines of a state correctional institution or facility, and I agree to the provisions of this policy and procedure.

SIGNATURE

DATE

INFORMATION NEEDED TO CONDUCT BACKGROUND (NCIC) CHECK

The following information is needed to conduct a background check. Please complete each blank legibly. **THIS IS MANDATORY. FAILURE TO COMPLETE THIS SECTION WILL AUTOMATICALLY TERMINATE YOUR VOLUNTEER STATUS.** By signature on this form, I give consent for a background check to be conducted.

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____ Race: _____

Place of Birth: City: _____ County: _____ State: _____

Social Security Number: _____ Driver's License Number: _____

SIGNATURE

DATE

MAIL THIS FORM, YOUR PHOTOS AND YOUR SPONSOR'S RECOMMENDATION LETTER TO:

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
VOLUNTEER/CONTRACT SERVICES/GUEST BACKGROUND FORM**

Name: _____
(Last) (First) (Middle) (Maiden)

Personal Address: _____
(Street Address)

(City) (State) (Zip) (Phone #)1

(Phone #2) (Fax #) (E-Mail Address)

EMPLOYER/GROUP INFORMATION:

(Organization Name) (Position)

(Street Address)

(City) (State) (Zip) (Phone #)

For background information, please provide the following:

Driver's License Number: _____ SSN: _____

DOB: _____ Gender: _____ Race/Ethnic Origin: _____

Have you ever been arrested on a misdemeanor or felony charge? ☐ Yes ☐ No

If yes, please explain: _____

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

If yes, please explain: _____

(A criminal record will not automatically exclude you from volunteer/contractual service.)

Have you ever worked with Mississippi Department of Corrections? ☐ Yes ☐ No

If yes, specify the facility/office location and dates in the space provided below:

Do you have any relatives or friends under the custody/care/control of the Mississippi Department of Corrections? ☐ Yes ☐ No

If yes, provide:

Name: _____ DOC #: _____

Relationship: _____

Housing Location: _____

I CONFIRM THAT ALL INFORMATION IS ACCURATE AND COMPLETE.

Signature Date