

**STANDARD VOLUNTEER APPLICATION  
THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION**

Attachment A

**Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
Last First Middle Initial

**SSN:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Optional)

**DOB:** \_\_\_\_\_

**Race:** American Indian/ Native Alaskan ☐ Asian ☐ Black ☐  
Native Hawaiian or Pacific Islander ☐ Hispanic ☐ White ☐

**Gender:** Male ☐ Female ☐

**Home Address:**

\_\_\_\_\_  
Street Apt#

\_\_\_\_\_  
P. O. Box

\_\_\_\_\_  
City State Zip

**Phone:** Home/Cell : (\_\_\_\_) \_\_\_\_\_ **Work** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Business Address 1:**  
\_\_\_\_\_

**Business Address City:**  
\_\_\_\_\_

**Business Address State:** \_\_\_\_\_ **Business Address ZIP** \_\_\_\_\_

**Business Address Phone:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_

**Length of Time w/Employer:** \_\_\_\_\_

Foreign Languages: Speak ☐ Write ☐

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

If Yes, what for? \_\_\_\_\_

Where? \_\_\_\_\_

Have you ever done volunteer work before? Yes ☐ No ☐

If yes, where and how long? \_\_\_\_\_

Have you ever worked with incarcerated individuals before? Yes ☐ No ☐

If yes, where and how long? \_\_\_\_\_

When are you available to volunteer?

Availability:	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Morning	___	___	___	___	___	___	___
Afternoon	___	___	___	___	___	___	___
Evening	___	___	___	___	___	___	___

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Do you have access to a car? Yes ☐ No ☐

If Owner of a car, Registration Number:

\_\_\_\_\_

Driver License Number (SSN optional): \_\_\_\_\_

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Does this volunteer job require any type of license or certification?

Yes ☐ No ☐

How did you hear about this volunteer opportunity?

\_\_\_\_\_

Briefly describe why you are interested in becoming a volunteer with the Department of Correction:

\_\_\_\_\_

\_\_\_\_\_

**Are you visiting, have you visited, or are you corresponding with an incarcerated individual confined in any institution of MA Department of Corrections?**

Yes ☐ No ☐

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**If yes, please explain/identify the incarcerated individual (s):**

\_\_\_\_\_

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**Please list any known family, friends, or associates who are currently confined to any institution of the MA Department of Correction:**

\_\_\_\_\_

**Have you ever been employed by the MA Department of Correction?**

Yes ☐ No ☐

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

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**Do you have any life-saving medications (nitro pills, inhalers etc) that you will need to keep on your person during your volunteer group?** Yes ☐ No ☐

**If yes, please provide a description of the Medication:**

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**References:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on the application is subject to verification, and I consent to such verification as may be necessary in reference to my volunteer work.

Signed: \_\_\_\_\_

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For office use only (do not write below this line):

Application Received: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_

Approved ☐ Denied ☐

Date \_\_\_\_\_

Director of Treatment: \_\_\_\_\_

Approved ☐ Denied ☐

Date \_\_\_\_\_ -- and / or --

Deputy Superintendent: \_\_\_\_\_

Approved ☐ Denied ☐

Date \_\_\_\_\_

Appeal Only:

Superintendent: \_\_\_\_\_

Approved ☐ Denied ☐

Date: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Volunteer Assignment (Schedule):

\_\_\_\_\_