

VOLUNTEER & INTERN APPLICATION – Pennsylvania Department of Corrections

1. I am applying to be a Department: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		
2. LAST Name	3. FIRST Name	4. MIDDLE Name
5. Complete HOME ADDRESS		
6. Home TEL ()		7. Alternate TEL ()
8. EMAIL Address	9. Date of Birth / /	10. GENDER: Male (circle one) Female
11. Endorsing Organization/school through which you will volunteer/intern in the DOC:		
Name	TEL ()	Contact:
12. The facility(ies) in which I seek to volunteer/intern (please "x")		
<input type="checkbox"/> Albion	<input type="checkbox"/> Fayette	<input type="checkbox"/> Laurel Highlands
<input type="checkbox"/> Benner Township	<input type="checkbox"/> Forest	<input type="checkbox"/> Mahanoy
<input type="checkbox"/> Cambridge Springs	<input type="checkbox"/> Frackville	<input type="checkbox"/> Mercer
<input type="checkbox"/> Camp Hill	<input type="checkbox"/> Graterford	<input type="checkbox"/> Muncy
<input type="checkbox"/> Chester	<input type="checkbox"/> Greene	<input type="checkbox"/> Phoenix East
<input type="checkbox"/> Coal Township	<input type="checkbox"/> Greensburg	<input type="checkbox"/> Phoenix West
<input type="checkbox"/> Cresson	<input type="checkbox"/> Houtzdale	<input type="checkbox"/> Pine Grove
<input type="checkbox"/> Dallas	<input type="checkbox"/> Huntingdon	<input type="checkbox"/> Pittsburgh
<input type="checkbox"/> Quehanna Boot Camp <input type="checkbox"/> Retreat <input type="checkbox"/> Rockview <input type="checkbox"/> Smithfield <input type="checkbox"/> Somerset <input type="checkbox"/> Waymart <input type="checkbox"/> Comm. Corrections Center <input type="checkbox"/> Central Office		
13. PREFERRED FACILITY= _____. This will be your "home" facility which receives original documentation and the facility where you will receive security training and have a Photo ID badge taken.		
14. Desired Service Area (please "x")		
<input type="checkbox"/> Activities	<input type="checkbox"/> Psychology (interns only)	
<input type="checkbox"/> Alcohol and Other Drugs Programs	<input type="checkbox"/> Reentry Programs	
<input type="checkbox"/> AA <input type="checkbox"/> Al-Anon <input type="checkbox"/> NA	<input type="checkbox"/> Religious Services:	
<input type="checkbox"/> Alternatives to Violence	<input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Jewish	
<input type="checkbox"/> Art/Music/Sewing/Quilting	<input type="checkbox"/> Jehovah's Witnesses <input type="checkbox"/> Muslim	
<input type="checkbox"/> Decision Making/End Violence	<input type="checkbox"/> Native American <input type="checkbox"/> Protestant	
<input type="checkbox"/> Dog Training	<input type="checkbox"/> Hispanic Protestant	
<input type="checkbox"/> Education/Literacy/Inside-Out Class	<input type="checkbox"/> Other Religion: _____	
<input type="checkbox"/> Gamblers Anonymous	<input type="checkbox"/> Security (interns only)	
<input type="checkbox"/> Grief Support Group	<input type="checkbox"/> Sexaholics Anonymous	
<input type="checkbox"/> Hospice/End of Life Care	<input type="checkbox"/> Smoking Cessation	
<input type="checkbox"/> Impact of Crime/Victim Stories	<input type="checkbox"/> Sports/Officiating	
<input type="checkbox"/> Lifers Groups	<input type="checkbox"/> Unit Management (interns only)	
<input type="checkbox"/> Long Term Offenders	<input type="checkbox"/> Veterans Groups	
<input type="checkbox"/> Medical (interns only)	<input type="checkbox"/> Central Office _____	
<input type="checkbox"/> Parenting/Birth Support	<input type="checkbox"/> OTHER _____	

CRIMINAL HISTORY (Please check)	No	Yes
15. Have you ever been arrested or convicted of any felony or misdemeanor?		
16. Have you ever been arrested/convicted of any firearms or explosives		

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual

Section 3 – Volunteer and Public Visitor Information

Attachment 3-C

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violations?		
17. Are you now under charges for any violation of the law?		
18. Have you ever been convicted by a military court-martial?		
19. Have you ever been confined in any jail, prison, or penal institution?		

If you responded yes to any question, 15-19, attach complete explanation on a separate page.

FAMILIARITY with INMATES. Inmate=any person incarcerated in a SCI or Boot Camp.				No	Yes
20. Have you ever been denied permission to visit or correspond with a specific inmate(s) by a Department facility and/or do you have a Separation Order from any inmate(s) within the Department? If yes, attach complete details.					
21. Are any immediate family members, relatives, friends, or acquaintances currently inmates in a State Correctional Institution or the Boot Camp? If yes, complete below.					
Inmate's Name	DOC #	SCI	Your relationship to the inmate		
(1)					
(2)					
22. Other than family members, relatives, friends, or acquaintances listed in # 21, are you on any PA DOC inmate's phone list, visitors list or have you placed money on an inmate's account, or corresponded with any inmate in the DOC within the past five years? If yes, complete below:				No	Yes
Inmate's Name	DOC #	On Phone List	On Visiting List	I Sent \$\$\$	I corresp. with
(1)					
(2)					
23. OFFENDER & EX-OFFENDER CONTACT. List any offenders or ex-offenders that you seek to or have sought to assist with community reintegration needs within the past year below:					
OFFENDER & Ex-OFFENDER NAME Offenders are persons under the supervision of probation/ parole; ex-offenders are persons previously released from criminal justice custody.		SCI from which released	OFFENDER & Ex-OFFENDER NAME Offenders are persons under the supervision of probation/ parole; ex-offenders are persons previously released from criminal justice custody.		SCI from which released
(1)			(4)		
(2)			(5)		
(3)			(6)		

I voluntarily declare my desire to serve as a volunteer/intern in the Department. I give permission for the Department to investigate and validate all information on this application. I understand that falsification of this application or omission of pertinent information may result in my being denied permission to volunteer/intern.

SIGNATURE of Applicant _____ DATE ____/____/____

Return this application, a Centralized Clearance Information Request Form (1.1.4. Attachment 4-A) and any other required documentation to the Volunteer and Internship Coordinator at the Preferred Facility indicated in # 13.

Volunteer & Internship Coordinator Recommendation

Department where volunteer/intern will serve: _____

Name of Immediate Staff Supervisor: _____

Rationale for need for this volunteer/intern: _____
_____☐ Recommend Approval ☐ Do Not Recommend

Volunteer & Internship Coord. Signature _____ Date ____/____/____

Local Security Unit

The individual named above:

☐ PASSED Initial Clearance Check ☐ FAILED Initial Clearance Check

Local Security Signature _____ Date ____/____/____

Corrections Classification and Program Manager (CCPM) Recommendation☐ Recommend Approval ☐ Do Not Recommend

Comments: _____

CCPM Signature _____ Date ____/____/____

Deputy Superintendent for Centralized Services/Center Director Recommendation☐ Recommend Approval ☐ Do Not Recommend

Comments: _____

DSCS/Center Director Signature _____ Date ____/____/____

Facility Manager/Regional Director Final Approval☐ Approved ☐ Disapproved

Comments: _____

FM/Regional Director Signature _____ Date ____/____/____

Return completed original application to the Volunteer & Internship Coordinator for secure filing.

1.1.6. Volunteers and Interns in the Department of Corrections Procedures Manual
Return completed original application to the Volunteer & Internship Coordinator for secure filing.

FM Regional Director Signature _____ Date ____/____/____	
Comments: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Facility Manager/Regional Director Final Approval	
DSCS/Center Director Signature _____ Date ____/____/____	
Comments: _____	
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Do Not Recommend	
Deputy Superintendent for Centralized Services/Center Director Recommendation	
CCPM Signature _____ Date ____/____/____	
Comments: _____	
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Do Not Recommend	
Corrections Classification and Program Manager (CCPM) Recommendation	
Local Security Signature _____ Date ____/____/____	
<input type="checkbox"/> PASSED Initial Clearance Check <input type="checkbox"/> FAILED Initial Clearance Check	
Local Security Unit _____ The individual named above	
Volunteer & Internship Coord. Signature _____ Date ____/____/____	
<input type="checkbox"/> Recommend Approval <input type="checkbox"/> Do Not Recommend	
Rationale for need for this volunteer: _____	
Name of Immediate Staff Supervisor _____	
Department where volunteer/intern will serve _____	
Volunteer & Internship Coordinator Recommendation _____	
Volunteer/Intern's LAST NAME _____	