

Ohio Department of Rehabilitation and Correction

# Individual Application for Volunteer/Intern Services

Date Application Submitted:

Last Name:	First Name:	MI:	Date of Birth:	Last 4 Digits of Driver's License #:
Other names you have used or been known by:				
Current Residence:		Apt #:	Area Code/Phone Number:	
City:		State:	Zip Code:	
E-mail Address:		Occupation:		

**Please list all former residences during the last (5) years (list nothing prior to your 15th birthday).**

Address of Residence	City, State & Zip Code	Dates	

**Please list three (3) personal and/or professional references that are knowledgeable of you.**

Name	Home & Work Area Code/Phone Numbers	Relationship

**EMERGENCY CONTACT - In case of emergency, please contact:**

Name:	Area Code/Phone Number:
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Name of Organization sponsoring you as a volunteer/intern with our agency. If not applicable, please indicate N/A.

Address of Organization (including City, State & Zip):

Site/Facility Location you prefer to volunteer/intern:	Address:
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**For purposes of data gathering we would appreciate you checking the following as it applies to you:**

Gender	Race	Education
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian/Pacific Islanders	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College
Age	<input type="checkbox"/> Other: _____ <input type="checkbox"/> College Degree: _____	

**BACKGROUND INFORMATION**

**Have you ever been employed by the Department of Rehabilitation and Correction?**     Yes     No

If YES, please list dates of service, position(s) held and location(s):

**Have you ever been a temporary employee, volunteer or intern for the Department of Rehabilitation and Correction?**     Yes     No

If YES, please list dates of service, location(s) and supervisor(s):

**Have you ever been dismissed from any organization as a volunteer/intern?**     Yes     No

If YES, please list date, location and explain why:

**CRIMINAL HISTORY**

**Have you ever been convicted of a criminal offense?**     Yes     No    If yes, what State: AL

If YES, list offense(s):

Misdemeanor     Felony

Location of Conviction:

Date of Conviction:

**Have you ever been incarcerated?**     Yes     No

If YES, list date(s) of incarceration:

If YES, list previous Offender Number(s):

**Are you currently on probation with any city, county or state law enforcement agency? If YES, please list the following:**     Yes     No

Conviction	Agency	Date of Conviction	Conviction Location (City & State)	Length of Probation

**Are you related to or associated with any offender presently incarcerated or under the supervision of the Ohio Department of Rehabilitation and Correction?**     Yes     No

If YES, list offender name(s):

If YES, have you notified Institution by completing DRC Form 1500 - Nexus?

Yes     No

**Have you ever been a victim of crime?**     Yes     No

If YES, is the offender currently confined or under supervision of the Ohio Department of Rehabilitation and Correction?

Yes     No     Unknown

If YES, please list offender's name and location:

# Declaration of Understanding

The Ohio Department of Rehabilitation and Correction has a zero tolerance for the conveyance of drugs, alcohol, and weapons into its correctional institutions or community facilities. Any such act will constitute a violation of section 2921.36 of the Ohio Revised Code which states in part that "No person shall knowingly convey, or attempt to convey, onto the grounds of a detention facility or of an institution that is under the control of the department of mental health or the department of mental retardation and developmental disabilities any of the following items:

- (1) Any deadly weapon or dangerous ordnance, or any part of or ammunition for use in such deadly weapon or dangerous ordnance;
- (2) Any drug of abuse, as defined in section 3719.011 of the Revised Code;
- (3) Any intoxicating liquor, as defined in section 4301.01 of the Revised Code;
- (4) Cash, in excess of \$10.00 (ten dollars);
- (5) Cellular telephone, two-way radio, or other electronic communications device;
- (6) Any product that contains tobacco including but not be limited to cigarettes, loose tobacco, cigar, snuff, chewing tobacco, or any other preparation of tobacco, tobacco substitutes, smoking paraphernalia (i.e., matches, lighter, cigarette papers, and rolling machine).

Every effort will be made to prosecute to the fullest extent of the law any person found to be in violation of this section of the Ohio Revised Code.

I have read or it has been read to me, and I understand the above declaration. I will not bring any weapon, ammunition, drug or alcohol into the prison or community facility operated by the Department of Rehabilitation and Correction.

**I understand that I may be subject to a LEADS and or Driver's License check to be conducted by the Ohio Department of Rehabilitation and Correction, per DRC Policy 34-PRO-07.**

By signing below, the applicant agrees to abide by all agency policies, particularly those relating to confidentiality of information and security practices.

***Falsification will result in disapproval of this application and/or removal from the program.***

Name (Print):	
Signature:	Date:
Witness:	Date:

Program Coordinator:	Date:
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Comments:

Volunteer/Intern Coordinator:	Date:
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Comments:

LEADS Criminal Check completed:  Yes  No

Warden / DPCS Designee:	Date:
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Comments:

Ohio Department of Rehabilitation and Correction  
**Volunteer Regions**

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**NW Region**

- Allen Oakwood Correctional Institution - Lima, Ohio
- Dayton Adult Parole Authority Dayton, Ohio
- Dayton Correctional Institution - Dayton, Ohio
- Lima Adult Parole Authority Lima, Ohio
- Marion Correctional Institution - Marion, Ohio
- Mansfield Correctional Institution - Mansfield, Ohio
- North Central Correctional Institution - Marion, Ohio
- Ohio Reformatory for Women - Marysville, Ohio
- Richland Correctional Institution - Mansfield, Ohio
- Toledo Correctional Institution - Toledo, Ohio

**NE Region**

- Akron Adult Parole Authority Akron, Ohio
- Cleveland Adult Parole Authority Cleveland, Ohio
- Grafton Correctional Institution - Grafton, Ohio
- Lake Erie Correctional Institution - Conneaut, Ohio
- Lorain Correctional Institution - Grafton, Ohio
- Northeast Reintegration Center - Cleveland, Ohio
- Ohio State Penitentiary - Youngstown, Ohio
- Trumbull Correctional Institution - Leavittsburg, Ohio

**SW Region**

- Cincinnati Adult Parole Authority Cincinnati, Ohio
- Chillicothe Correctional Institution - Chillicothe, Ohio
- Lebanon Correctional Institution - Lebanon, Ohio
- London Correctional Institution - London, Ohio
- Madison Correctional Institution - London, Ohio
- Ross Correctional Institution - Chillicothe, Ohio
- Warren Correctional Institution - Lebanon, Ohio

**SE Region**

- Belmont Correctional Institution - St. Clairsville, Ohio
- Correctional Reception Center - Orient, Ohio
- Columbus Adult Parole Authority Columbus, Ohio
- Franklin Medical Center - Columbus, Ohio
- Noble Correctional Institution - Caldwell, Ohio
- Pickaway Correctional Institution - Orient, Ohio
- Southeastern Correctional Complex - Lancaster, Ohio
- Southern Ohio Correctional Facility - Lucasville, Ohio

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**Category of Volunteer Service** *(check all that apply)*

- Spiritual:** Religious study & group worship
- Education:** Academic Tutor, Literacy, Health & Nutrition
- Substance Abuse Recovery**
  - Alcoholics Anonymous
  - Narcotics Anonymous
- Occupational:** Workforce Guidance & Readiness
- Professional-Technical Skill:** *please specify*
- Recreation:** Fitness/Crafts/Arts/Hobbies/Sports
- Social Dynamics:** Cultural Awareness, Diversity, Parenting, Communication Skills, Strengthening Marriage, Motivational Speakers
- Support:** Advisory Board, Family Service, Victim Service, Life Coach
- Aftercare:** Mentoring, Re-entry support
- Other:** *please specify*

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*(if applying for position requiring license or certificate, attach current document photocopy & liability rider)*

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