

Department of Corrections Volunteer Application

Full Name: _____ **Date:** _____
First Middle Last Maiden

Social Security Number: _____ **DOB:** __/__/____

Home Address: _____
Street City State Zip code

Home Phone: (_____) _____ - _____

Current Employer: _____

Work Address: _____
Street City State Zip code

Work Phone: (_____) _____ - _____

Agency/Group Representing: _____

Agency/Group Address: _____
Street City State Zip code

Group Phone: (_____) _____ - _____

Religious Affiliations: _____

Civic Affiliations: _____

Area of interest for volunteering: _____

Purpose for volunteering: _____

Other Experiences as a volunteer: _____

Other related training: _____

Criminal Record (Please indicate all arrests and dispositions. This will not necessarily preclude you from becoming a volunteer): _____

Are you currently on probation or parole supervision : _____

Do you currently know, have a relationship with or are you related to any incarcerated individual: If so, please give name, relationship and location of the individual: _____

Person(s) to contact in case of an emergency: _____

The above information has been completed to the best of my ability. I understand that failure to complete the above or provide accurate information could result in the denial of my participation in the Volunteer Program. I also give my permission to run any background checks required. I understand that once I enter onto state property that my person or property may be searched.

Printed Name: _____

Signature: _____

Date: _____

**Return to: Blackburn Correctional Complex
Attn: Chaplain Timothy Dibble
3111 Spurr Rd
Lexington KY 40511**