

DONALD W. WYATT DETENTION FACILITY
STANDARD VOLUNTEER APPLICATION

SECTION 1 – Applicant Instructions					
Please print all answers to all questions.					
Mail completed application to:	Jean Singleton, Programs Director 950 High Street Central Falls, Rhode Island 02863				
SECTION 2 – Applicant Information (Applicants must be at least 21 years old)					
Applicants full name:					
Applicants home address:					
City/Town:		State:	Zip Code:		
Date of birth:	SS #	Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone #'s	Cell#:	Home#:	Work#:		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify):					
Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No		State:	License #		
Make/Model/Year of Vehicle:				Plate #	
SECTION 3 - Qualifications					
Do you speak, read, or write a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No (specify)					
Education: <input type="checkbox"/> GED <input type="checkbox"/> Graduated High School <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Post-Graduate Subject (s):					
SECTION 4 – Volunteer Interests					
<input type="checkbox"/> Addiction Services: <input type="checkbox"/> AA <input type="checkbox"/> NA <input type="checkbox"/> Other (specify):					
<input type="checkbox"/> Educational Services (specify):					
<input type="checkbox"/> Religious Services: <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Native American <input type="checkbox"/> Muslim <input type="checkbox"/> Other:					
SECTION 5 – References					
Name:			Name:		
Address:			Address:		
City, State, Zip:			City, State, Zip:		
Telephone #:			Telephone #:		
Relationship:			Relationship:		
SECTION 6 – Employment Information					
Are you or have you ever been employed by the Central Falls Detention Facility Corporation, a Department of Correction (in any state), or any other Criminal Justice Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a separate sheet describing your role & duties, date (s) of service and you supervisor's name and contact telephone number.					
Current or Last Employer:			Job Title:		
Type of Business:			Department:		
Supervisor's Name:			Telephone #		
Start Date:			Hours per week:		
Duties/Responsibilities:					
SECTION 7 – Previous/Present Volunteer Experience					
Previous/Present Volunteer Service (title):					
Name of Organization:					
Contact Person:			Telephone #		
Duties/Responsibilities:					

SECTION 8 – Conviction Information

Have you ever been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you? Yes No
If yes, attach a detailed explanation.

SECTION 9 – Medical/Emergency Contact Information

Medical Information	Emergency Contact Information
Physician:	Name:
Telephone #:	Telephone #:
Insurance Company:	Relationship:

SECTION 10 – Personal Relationships with Offenders

Are you related to anyone who is currently incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Offender:	Incarcerated At:
Are you on any offender's visiting list?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Offender:	Visited At:

SECTION 10 - Identification

Please submit a photograph of yourself with this application. Failure to do so will result in this application being returned to you for completion.

SECTION 11 - Certification

I certify that the statements made by me on this application are true and complete to the best of my knowledge, and are made in good faith. I understand that any mis-statement of fact may result in termination. All statements made on this application, including employment information are subject to verification as a condition for volunteer service. By affixing my signature below, I give the Donald W. Wyatt Detention Facility authorization to conduct a criminal history and contact my personal references and employers as a condition of approval for service. I further understand that as a volunteer I may be exposed to danger, including, hostage situations, injury or assault by detainees.

Applicant Signature:	Date:
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-For Office Use Only-

Approved Denied

Reason for denial:	

Programs Director Signature	Date
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cc: Applicant file

**DONALD W. WYATT DETENTION FACILITY
RELEASE**

I, _____ have been approved by the Warden of the
(Print Name of Individual)

DWWDF to work on a voluntary basis as a volunteer for _____.

I release and forever discharge the Central Falls Detention Facility Corporations, Donald W. Wyatt Detentions Facility and all its Officers, agents, and employees acting officially or otherwise from any and all claims, demands, action, or causes of action on account of my death or injury to myself or my property which may occur from any cause during the performance of the above-mentioned program.

Signature

Date

**CENTRAL FALLS
DETENTION FACILITY CORPORATION**

NCIC RELEASE

Name _____ Date _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

I hereby consent to and authorize Central Falls Detention Facility Corporation (CFDFC) and all other state, county, municipal and federal law enforcement agencies to search all available law enforcement records and indices for criminal records, regarding me including, but not limited to, NCIC and to release the CFDFC and its agents from all liability for receiving and utilizing this information.

Current Address: _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

Name (print): _____

Other Names (Aliases, Maiden Name): _____

Signature of Applicant

Date

Donald W. Wyatt Detention Facility
950 High Street
Central Falls, Rhode Island 02863

**DONALD W. WYATT DETENTION FACILITY
EX-FELON VOLUNTEER FORM**

I would like permission to volunteer in the following program at the Donald W. Wyatt Detention Facility:

(Name of Program) (Day of Program) (Time)

I have previously been convicted of a felony. Below is the information which you have requested:

Name: _____ Date of Birth: ____/____/____

Address: _____ Telephone #: _____
S.S. #: _____ - _____ - _____

1. Offenses for which I was convicted: _____

2. Dates of Convictions: _____

3. Courts in which I was convicted: _____

4. Dispositions of all felony cases (length of sentence, probation, filed, etc.):

5. If incarcerated, date and place of release:

6. Do you have any relatives who are incarcerated? Yes No If yes, where?

Signature

Date

Permission to participate: Approved Denied

Warden's Signature: _____