

# MONTANA STATE PRISON VOLUNTEER APPLICATION FORM

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

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Vocation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

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

**Person to Contact in Case of Emergency**

Name: \_\_\_\_\_

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

City, St, Zip \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Do you have any relatives incarcerated at Montana State Prison? Yes No

If yes, list their names and your relationship to them:

Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship

Are you on the approved visiting list of any inmates at Montana State Prison? Yes No

If yes, list their names and your relationship to them:

Name	Relationship	Name	Relationship
Name	Relationship	Name	Relationship

What is your primary interest or activity at Montana State Prison? (Please Circle)

- |                      |                     |                       |
|----------------------|---------------------|-----------------------|
| Alcoholics Anonymous | Baha'i              | Baptist               |
| Buddhist             | Catholic            | Christian Brotherhood |
| Islam                | Jehovah's Witnesses | Judaism               |
| Latter Day Saints    | Native American     | Odinism               |
| Promise Keepers      | Protestantism       | Wicca                 |
| Other: _____         |                     |                       |

Please provide some specific details on your proposed activity.

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What qualifications or experience do you have that you believe qualifies you to perform your primary activity?

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If your primary activity is presently being provided, are you willing to work with others? Yes No

I am requesting consideration to become a volunteer at Montana State Prison. By my signature below, I agree to attend training and follow all rules and policies of the Montana Department of Corrections and Montana State Prison. I understand that my vehicle and person are subject to a search upon entering prison property.

I understand that it is part of Montana State Prison's procedure to make appropriate background checks on potential volunteers. A full criminal records check (NCIC) as well as other information will be researched in accordance with the Privacy Act, Part 5, United States Code, Section 552a.

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Signature of Volunteer

Date