

ALASKA DEPARTMENT OF CORRECTIONS DIVISION OF INSTITUTIONS



VOLUNTEER APPLICATION

The information you provide on this application will be used for a security background check. Applicants with previous arrests or convictions will receive serious consideration, so please respond to all items. All instructors, religious service providers, drug and alcohol counselors, volunteers, and other providers will be required to complete this application. Failure to provide complete and accurate information may cause denial of the application.

Name: (Last)	(F	First) (Mida	le)	(Suffix)	(Suffix) Date:					
Date of Birth:	Place of Birth:	Alaska Driver's License No.	Height:	Weight:	Sex:					
Current Address: (Physical [No. & Street]		Mailing [PO Box])	Mailing [PO Box]) (City)		(State)	(Zip)				
Home Phone:	Work Phone:	Are you an Alaskan Resident	? If so, how	If so, how long?		Previous States Lived In:				
List all other names you have been known by:										
Have you ever been arrested for reasons other than minor traffic violations? (If yes, explain below or on a separate paper)										
Do you have friends or relatives incarcerated in Alaska? (If yes, explain below or on a separate paper)						□ No				
What program are you applying for?										
Name & phone number of sponsoring person:										
I understand that a security background check is a necessary procedure for acceptance into this program. If selected, I also agree to abide by all policies and procedures of the Alaska Department of Corrections and the Correctional Center I am working in, particularly those regarding security and confidentiality of information. I also understand that false information will result in non-acceptance or discharge from this program. My signature certifies the truth and accuracy of this information.										
Date:	Signature of	f Applicant:								

The Staff Coordinator or Institutional Security Officer will contact you if there are any additional questions that arise. They will also notify you of the results of this application and make arrangements for an interview and facility orientation, which are required prior to your involvement in this program.

Department of Corrections, Form #20-819.01A (Rev. 10/10)



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