

Prince George's County Department of Corrections



All questions must be answered on the forms. Place (N/A) non-applicable in areas that don't apply to you. Be honest about your answers to questions. If you know of special circumstances that would expedite the approval process of your application, please advise your volunteer Manager and note it on your application. Volunteer Managers will review all applications prior to forwarding to the Programs Division for processing. Incomplete applications will be returned to the Volunteer Manager for correction or denial.

Application & Check List

For

Volunteers

Interns

Auxiliary Service Providers

Event Personnel

A completed Application consists of the following:

- _____ Applicant Investigation Form
- _____ General Assumption of Risk & Release of Liability Form
- _____ Tuberculosis Screening Test results
- _____ Vehicle Parking Permit Request Form
- _____ Position Description Form
- _____ Copy of drivers License or state picture identification card
- _____ Have you applied to become a volunteer within the last 2 years?

Prince George's County Correctional Center, Chaplain's Office,

Mail to: Chaplain James Penn or Chaplain Romero: 13400 Dille Drive, Upper Marlboro, Maryland 20772
or Chaplain Reynolds

NOTE: Original application must be turn in for processing. No email versions or fax copies will be accepted.

Applicant Investigation Form

Received Date:
Initials:

Volunteers Interns Auxiliary Service Providers and Event Personnel

Married Single Divorced	Name (last) (First) (Middle) (Maiden Name)				Date of Request:					
Address (Street) (City) (State) (Zip Code)				Home Phone #		Work Phone #				
Date of Birth:		Social Security #		Driver's License Number:		State:	Height:	Weight:	Race:	Sex:
Eye Color		Hair Color		Emergency Contact:		Phone Number		YOUR EMAIL		
Organization Name: (Church, Gov. Org., Civic)				Organization Contact:		Phone #		Manager's Signature:		

For Official Departmental Use Only

Department Volunteer Liaison/Manager:			Phone #		Division Assigned:										
Program Name:			Start Date:	Ending Date:											
Volunteer:	Intern:	Auxiliary Service Provider:		Event Personnel:	Department Liaison Signature:										
ITEM:	DATE:	INITIALS:		CHIEF OF SECURITY:											
NCIC/1029				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Approved:</td> <td colspan="2" style="text-align: center;">Denied:</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> <td colspan="2"></td> </tr> </table>				Approved:		Denied:					
Approved:		Denied:													
CRIMINAL HISTORY															
MOTOR VEHICLE				Signature: Chief of Security _____ Date: _____											
APPROVED:	DENIED:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="1" style="text-align: center;">Appealed:</td> <td colspan="1" style="text-align: center;">Yes</td> <td colspan="2" style="text-align: center;">No</td> </tr> <tr> <td colspan="1" style="height: 20px;"></td> <td colspan="1"></td> <td colspan="2"></td> </tr> </table>				Appealed:	Yes	No					
Appealed:	Yes	No													
APPROVED:	DENIED:			_____ Signature: Director or Designee Date: _____											
APPROVED:	DENIED:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Approved:</td> <td colspan="2" style="text-align: center;">Denied:</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> <td colspan="2"></td> </tr> </table>				Approved:		Denied:					
Approved:		Denied:													
Signature of Investigator			Date:		Signature of Volunteer Coordinator:			Date:							
Signature of Division Chief			Date:		Signature of Volunteer Coordinator:			Date:							
Photo Number:	ID Number:		Parking #												

Applicant Investigation Form

1. Have you been known by another name or do you have any aliases?

2. Place of birth: City _____ County _____ State _____ Country _____

3. Have you ever applied for employment or to be a volunteer with the Department of Corrections?

If yes, for what section and who conducted the interview?

4. Do you have any criminal or traffic charges pending at this time?

If yes, what are the charges? _____

In what jurisdiction? _____

When is the court date? _____

5. Have you ever been arrested or convicted of a crime? Yes No (Applies to any arrest or record even if you were not convicted). Use the back of this page to include any other charges and their disposition. Please report all arrests, convictions and dispositions.

If yes, date: _____ where: _____

What were the charges? _____

Disposition: _____

6. Have you or any family member ever been incarcerated in this facility?

If yes, who? _____ when? _____

7. Do you have a family member or friend incarcerated in this facility as of the date of this application?

If yes, who? _____

8. Have you ever been fingerprinted?

If yes, when? _____ And why? _____

9. Full name of spouse or former spouse, (if applicable):

Spouse's date of birth:

10. Do you possess a valid driver's license?

What state?

License number _____ If no, is license currently suspended? _____ Denied? _____

Refused? _____ Revoked? _____ Learner's Permit Only? _____

Not licensed? _____

Applicant Investigation Form

11. Have you ever been denied employment with any correctional agency or law enforcement agency?

If yes, explain:

12. Why do you want to become a volunteer?

13. From time to time, the Department promotes its various programs through brochures and other media. If you are selected, we would like your permission to photograph you for this purpose.

Yes:

No:

14. Confidentiality :

Each party (Volunteers/Interns/auxiliary Service Providers and The Department of Corrections) agrees that it will treat as confidential all information which may be disclosed to it by the other under this Agreement. Each party agrees to exert its best efforts not to disclose confidential information to third parties, and agrees to make no use thereof except as necessary for the proper performance of this Agreement. The parties' obligations hereunder shall not extend to information which (a) is publicly available; (b) can be shown by the receiving party to have been known by it prior to the time of disclosure; or (c) is received by the receiving party from a third party without breach of a duty to the disclosing party. The parties' obligations under this Section shall continue throughout the term of this Agreement and for two (2) years thereafter.

15. Equal Opportunity Employer:

The Prince George's County Department of Corrections embraces human diversity and is committed to equal employment opportunity, affirmative action, and eliminating discrimination. This commitment is both a moral imperative consistent with a livable community that celebrates individual differences and diversity, as well as a matter of law. Discrimination against any individual based upon protected status, which is defined as age, color, disability, gender identity or expression, national origin, race, religion, sex, sexual orientation, or veteran status is prohibited.

16. Certification:

I certify that the entries made by me above are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

If a member of your family, or friend, or a person you know becomes incarcerated in this facility, you must advise your Volunteer Supervisor.

I further understand that I will not be considered for a volunteer if any of the above information contains any fraudulent misrepresentations or falsifications, or if any material information has been omitted.

Signature of Applicant:

Date:

Applicant Investigation Form

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY :

Caution: This is a release of legal rights. Read and understand it before signing.

The Prince George's County Department of Corrections is a public governmental agency. Reference to "DOC" includes all of the "DOC" facilities within the Department of Corrections, its officers, officials, employees, volunteers, students, agents, and assigns.

I _____, freely choose to participate in the _____ (henceforth referred to as the "Program"). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM (Specific dangers endemic in this Program's activity):

Fights between inmates during my visits, riots, detained as hostage, other emergency situations, and physical or emotional injuries that may arise out of these situations.

HEATH AND SAFETY: I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in this Program. I have obtained the required immunizations, if any.

I recognize that "DOC" is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of a medical emergency occurring during my participation in this Program, I authorize in advance the representative of "DOC" to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. "DOC" may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between "DOC" and me. I release "DOC" its officers, officials, employees, volunteers, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Program, as well as any medical treatment decision or recommendation made by an employee or agent of "DOC." I agree to pay all expenses relating thereto and release "DOC" from any liability for any actions.

ASSUMPTIONS OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, and in voluntary consideration of being permitted to participate in the Program, I agree to release, indemnify, and defend "DOC" and their officials, officers, employees, agents, volunteers, sponsors, from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Program.

SIGNATURE: I indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Maryland which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Program Participant

Date:

Signature of "DOC" Program Liaison

Date:

Applicant Investigation Form

*Print your name in Box #3 and Sign This Form Only * * **

Position Description	1. Division:	2. Working Title:
3. Name: (Print your name)	4. Place of Work: (Manager Assigned)	
	5. Working Hours/Days: (Manager Assigned)	
7. Name of person who supervises you: (Manager Assigned)		
8. Program Overview: This person will be coming to the Department of Corrections with a group of two to four individuals. Each person is assigned to a group from their church. Each group has a leader or volunteer manager. Each group is assigned to a housing unit and a specific day and time that the group can come into the unit.		
9. Volunteer/Intern/Auxiliary Service Providers Job Description: Each volunteer will be responsible for conducting a bible study, worship service, one on one spiritual counseling, working inside the Chaplain's Office, or distributing and collecting bible lessons.		

Volunteer Signature:

Department Manager's Signature:

Date:

Date:

Applicant Investigation Form

REQUEST FOR PARKING PERMIT

Last Name: _____ First Name: _____ Middle Name: _____

Section 1: DRIVER'S LICENSE OR STATE ID VERIFICATION

I hereby verify that the information listed below on my driver's license or state identification card is current and accurate. Further, I understand that it is my responsibility to notify my volunteer manager of any changes to my driver's license or state Identification Card.

Volunteer's Signature & Date: _____ Date: _____

Driver's License or State ID Card Information:

Name: _____

Issuing State: _____

License or State ID Number: _____

Class: _____ Expiration Date: _____

Place photocopy of License
or State ID Card here.

Section II: Vehicle Information

Vehicle # 1:	Year:	Manufacture:	Model:	Color:

State Registered:	Tag Number:	Handicap Tag Number:

Vehicle # 2:	Year:	Manufacture:	Model:	Color:

State Registered:	Tag Number:	Handicap Tag Number:

FOR OFFICIAL USE ONLY

Permit Number:	Issue Date:	Authorized By:	Database Entry Date: