

CORRECTIONS VOLUNTEER FORMS

PLEASE FILL COMPLETE THIS AND THE FOLLOWING PAGE:

Requirements:

1+ yr sober and have worked the 12 steps;

2+ years off probation.

NAME: _____

CELL PHONE / PHONE: _____

EMAIL: _____

PLEASE RETURN TO:

AKCZARGIRL@GMAIL.COM

OR MAIL TO:

495 LILLY DR

SOLDOTNA, AK 99669

CALL WITH ANY QUESTIONS: (907) 953-5999

THANK YOU IN ADVANCE FOR YOUR SERVICE! -MARTA C.



**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) (First) (Middle) (Suffix)				Date:	
Date of Birth:	Place of Birth:	Alaska Driver's License No.	Height:	Weight:	Sex:
Current Address: (Physical [No. & Street])		Mailing [PO Box]		(City)	(State) (Zip)
Home Phone:	Work Phone:	Are you an Alaskan Resident?	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)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have friends or relatives incarcerated in Alaska? (If yes, explain below or on a separate paper)				<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Applicant:
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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.