

MONTANA WOMEN'S PRISON
VOLUNTEER APPLICATION

NAME: _____ D.O.B. ____ / ____ / ____
(Last) (First) (Middle-Maiden)

ADDRESS: _____
(Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: ____ - ____ - ____ PLACE OF BIRTH: _____

HEIGHT: _____ WIEGHT: _____ COLOR OF EYES: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____ Can we call you at work? ____ Yes ____ No

EMPLOYER: _____ ADDRESS: _____

Job Title & Description: _____

SUPERVISOR'S NAME: _____ PHONE: _____

EDUCATIONAL LEVEL: _____ If currently attending school, will you be receiving school credit for your volunteer work? (If yes, indicate school name, address and the person to contact.) _____

Describe your work experience or education that you think would assist you in the volunteer position: _____

Have you ever been arrested or convicted of a criminal offense? _____
If yes, explain: _____

(Conviction of an offense does not necessarily mean an individual will not be allowed to participate; however, they must meet specific criteria concerning ex-offenders.)

Have you ever been dismissed from any organization as a Volunteer? ____ Yes ____ No

Do you have any physical limitations? ____ Yes ____ No If yes, please explain: _____

Current volunteer activities: _____
