

Ohio Department of Rehabilitation and Correction

Individual Application for Volunteer/Intern Services

Date Application Submitted: _____

Name (Last, First, Middle):		Date of Birth:
Address, Street:	Apt #:	Phone Number (include area code):
City:	State:	Zip:
Last 4 Digits of Driver's License #:	E-mail Address:	Current Occupation:

Name of Organization you are volunteering/interning with: _____

Address of Organization (including City, State & Zip): _____

Have you ever been employed by the Department of Rehabilitation and Correction? Yes No

If YES, please list dates of service, position(s) held and location(s): _____

Have you ever been dismissed from any organization as a volunteer/intern? Yes No

If YES, please explain: _____

For purposes of data gathering we would appreciate you checking the following as it applies to you:

Gender	Race	Education
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> Other: _____	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree _____
Age		

EMERGENCY CONTACT - In case of emergency, please contact:

Name:	Phone Number (include area code):
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CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Yes No If yes, what State: _____

If YES, list offense(s):	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony
Location of Conviction:	Date of Conviction:

Have you ever been incarcerated? Yes No

If YES, list date(s) of incarceration:	If YES, list previous Offender Number(s):
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Are you related to or associated with any offender presently incarcerated or under the supervision of the Ohio Department of Rehabilitation and Correction? Yes No **If Yes,** _____ name

Have you notified Institution by completing DRC Form 1500 - Nexus? Yes No

Have you ever been a victim of crime? Yes No **If YES, is the offender currently confined or under supervision of the Ohio Department of Rehabilitation and Correction?** Yes No Unknown

If YES, please list offender's name and location: _____

Declaration of Understanding

The Ohio Department of Rehabilitation and Correction has a zero tolerance for the conveyance of drugs, alcohol, and weapons into its correctional institutions or community facilities. Any such act will constitute a violation of section 2921.36 of the Ohio Revised Code which states in part that "No person shall knowingly convey, or attempt to convey, onto the grounds of a detention facility or of an institution that is under the control of the department of mental health or the department of mental retardation and developmental disabilities any of the following items:

- (1) Any deadly weapon or dangerous ordnance, or any part of or ammunition for use in such deadly weapon or dangerous ordnance;
- (2) Any drug of abuse, as defined in section 3719.011 of the Revised Code;
- (3) Any intoxicating liquor, as defined in section 4301.01 of the Revised Code;
- (4) Cash, in excess of \$10.00 (ten dollars);
- (5) Cellular telephone, two-way radio, or other electronic communications device.

Every effort will be made to prosecute to the fullest extent of the law, any person found to be in violation of this section of the Ohio Revised Code.

I have read or it has been read to me, and I understand the above declaration. I will not bring any weapon, ammunition, drug or alcohol into the prison or community facility operated by the Department of Rehabilitation and Correction.

I understand that I may be subject to a LEADS and or Driver's License check to be conducted by the Ohio Department of Rehabilitation and Correction, per DRC Policy 34-PRO-07.

By signing below, the applicant agrees to abide by all agency policies, particularly those relating to confidentiality of information and security practices.

Falsification will result in disapproval of this application and/or removal from the program.

Name (Print):	
Signature:	Date:
Witness:	Date:

Program Coordinator:	Date:
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Comments:

Volunteer/Intern Coordinator:	Date:
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Comments:

LEADS Criminal Check completed: Yes No

Warden / DPCS Designee:	Date:
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Comments:

Ohio Department of Rehabilitation and Correction
Volunteer Clusters

Cluster 1

- Lake Erie Correctional Institution - Conneaut, Ohio
- Ohio State Penitentiary - Youngstown, Ohio
- Trumbull Correctional Institution - Leavittsburg, Ohio
- APA/Akron Region

Cluster 2

- Grafton Correctional Institution - Grafton, Ohio
- Lorain Correctional Institution - Grafton, Ohio
- North Coast Correctional Trt. Facility - Grafton, Ohio
- Northeast Pre-Release Center - Cleveland, Ohio
- APA/Cleveland Region

Cluster 3

- Allen Correctional Institution - Lima, Ohio
- Oakwood Correctional Facility - Lima, Ohio
- Toledo Correctional Institution - Toledo, Ohio
- APA/Lima Region

Cluster 4

- Mansfield Correctional Institution - Mansfield, Ohio
- Marion Correctional Institution - Marion, Ohio
- North Central Correctional Institution - Marion, Ohio
- Ohio Reformatory for Women - Marysville, Ohio
- Richland Correctional Institution - Mansfield, Ohio
- APA/Mansfield Region

Cluster 5

- Dayton Correctional Institution - Dayton, Ohio
- Montgomery Education and Pre-Release Center - Dayton, Ohio
- APA/Cincinnati Region

Cluster 6

- Corrections Medical Center - Columbus, Ohio
- Correctional Reception Center - Orient, Ohio
- Franklin Pre-Release Center - Columbus, Ohio
- London Correctional Institution - London, Ohio
- Madison Correctional Institution - London, Ohio
- Pickaway Correctional Institution - Orient, Ohio
- Southeastern Correctional Institution - Lancaster, Ohio
- APA/Columbus Region

Cluster 7

- Lebanon Correctional Institution - Lebanon, Ohio
- Warren Correctional Institution - Lebanon, Ohio
- APA/Chillicothe Region

Cluster 8

- Chillicothe Correctional Institution - Chillicothe, Ohio
- Ross Correctional Institution - Chillicothe, Ohio
- Hocking Correctional Facility - Nelsonville, Ohio
- Southern Ohio Correctional Facility - Lucasville, Ohio
- APA/Chillicothe Region

Cluster 9

- Belmont Correctional Institution - St. Clairsville, Ohio
- Noble Correctional Institution - Caldwell, Ohio
- APA/Chillicothe Region

Category of Volunteer Service *(check all that apply)*

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| <ul style="list-style-type: none"><input type="checkbox"/> Spiritual: Religious study & group worship<input type="checkbox"/> Education: Academic Tutor, Literacy, Health & Nutrition<input type="checkbox"/> Substance Abuse Recovery<ul style="list-style-type: none"><input type="checkbox"/> Alcoholics Anonymous<input type="checkbox"/> Narcotics Anonymous<input type="checkbox"/> Occupational: Workforce Guidance & Readiness<input type="checkbox"/> Professional-Technical Skill: <i>please specify</i> | <ul style="list-style-type: none"><input type="checkbox"/> Recreation: Fitness/Crafts/Arts/Hobbies/Sports<input type="checkbox"/> Social Dynamics: Cultural Awareness, Diversity, Parenting, Communication Skills, Strengthening Marriage, Motivational Speakers<input type="checkbox"/> Support: Advisory Board, Family Service, Victim Service, Life Coach<input type="checkbox"/> Aftercare: Mentoring, Re-entry support<input type="checkbox"/> Other: <i>please specify</i> |
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(if applying for position requiring license or certificate, attach current document photocopy & liability rider)



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