



Minnesota Department of Corrections
MCF Volunteer/Contractor Application Form

Renewal checkbox

DOC Staff Contact: Activity:

NAME OF GROUP OR ORGANIZATION:

Full name: Please print (LAST) (MAIDEN) (FIRST) (MIDDLE)

Date of birth: Male: Female: Race/Ethnicity:

Home Phone: Cell Phone: Work Phone:

E-mail Address (Optional):

Address: IMPORTANT: Include permanent address AND mailing address, if different.

City/State: Zip Code:

Circle type of ID used (Proper photo ID is required)

- 1. Valid Driver's License from State of Residence
2. Valid ID Card from State of Residence
3. Valid Tribal ID (As detailed in M.S. §171.072(b)(c))
4. Valid Military ID (Active Duty only)
5. Valid Passport (If resident of foreign country)

Write the ID number here: State:

Have you ever worked for the State of Minnesota? No Yes

If yes, when and in what capacity?

Have you EVER been convicted of a felony? No Yes

Have you EVER served time in a MN DOC facility? No Yes

Do you have ANY charges pending against you? No Yes

Are you, or have you been, on probation, parole, or supervision in the last year? No Yes

Agent Name: Agent Phone: ()

Agent Signature:

Are you communicating with an offender at ANY facility? No Yes

Are you related to or acquainted with an offender at ANY facility? No Yes

Are you currently volunteering at another facility? (If yes, list facility below) No Yes

Are you applying for admittance to more than one facility? (If yes, list all facilities below) No Yes

Are you, or have you been, on an offender's visiting list at ANY facility? No Yes

(If yes, please provide offender name, OID number, and date of last visit below.)

Offender Name: OID: Date of last visit:

Reason for offender association:

Emergency Contact

Name: Phone:

Please place an X next to all facilities you are requesting to volunteer at:

- MCF-Faribault 1101 Linden Lane Faribault, MN 55021
MCF-Shakopee 1010 W. 6th Ave. Shakopee, MN 55379
MCF-Lino Lakes 7525 4th Ave. Lino Lakes, MN 55014
MCF-St. Cloud 2305 Minnesota Blvd. S.E. St. Cloud, MN 56304
MCF-Moose Lake 1000 Lake Shore Dr. Moose Lake, MN 55767
MCF-Stillwater 970 Pickett St. N. Bayport, MN 55003
MCF-Oak Park Heights 5329 Osgood Ave. N. Stillwater, MN 55082
MCF-Willow River (CIP) 86032 County Hwy. 61 Willow River, MN 55795
MCF-Red Wing 1079 Highway 292 Red Wing, MN 55066
MCF-Togo 62741 County Rd. 551 Togo, MN 55723
MCF-Rush City 7600-525th St. Rush City, MN 55069

Guidelines

1. All volunteers must be at least 18 years old to enter adult facilities, and at least 21 years old to enter juvenile facilities.
2. All person(s) must submit a completed application, pass a background check, and receive orientation before beginning their duties. This process is repeated on an annual basis.
3. All volunteers must present valid photo identification for each admission to the correctional facility.
4. All person(s) are subject to metal detection to enter a facility. If you have an existing medical reason (with documentation), such as a metal implant, you will be hand-held detected, if you have a Pace Maker or Defibrillator (with documentation) you will be pat searched. If you do not have medical documentation you may not enter the facility.
5. No volunteer can be on an offender's visiting list in the MN Dept. of Corrections unless approved by the warden or designee.
6. A successful volunteer application does not guarantee acceptance of a volunteer into a facility volunteer program.

I understand that this assignment is voluntary and does not create an employer-employee relationship. If expenses are reimbursed for any reason that does not change the intent of the relationship. I also understand that my private vehicle insurance will be used to cover any accident incurred during my volunteer duties and DOC will not reimburse for any deductible, loss of use, or rental/loaner car.

Prison Rape Elimination Act

A prior criminal conviction will not automatically remove you from consideration to participate in the volunteer services program. However, the MN Dept. of Corrections shall not enlist the services of any volunteer/contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activities described previously. (Per PREA 28 C.F.R Part 115.17)

Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activities described previously? Yes No Initial _____

Tennessee Notice/Permission to Do Criminal History Check

During the process of applying to provide volunteer services, you will be asked to provide information that may be private under the Minnesota Government Data Practices law. This data will be used to verify and evaluate the information you provide and to insure the security of the facility. Individuals who have access to this information include any staff who are assisting with applicant background investigations and Office of Special investigations staff. Providing this information is voluntary; however, refusal to provide, failure to disclose, or attempts to withhold this information will be grounds to disqualify you from further consideration for providing volunteer services.

An applicant being considered for participation in the Minnesota Department of Corrections' volunteer services program will have his/her criminal history checked. We need your consent and certain private information in order to do a criminal history check.

By providing this information I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the Minnesota Department of Corrections and information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile, and information in other BCA systems.

I hereby release the Minnesota Bureau of Criminal Apprehension and the Minnesota Department of Corrections from any and all actions and causes of action, of any kind and nature whatsoever, past, present, and future, arising out of the release of information obtained with this consent. This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____ Date: _____

Thank you for your interest and time in completing our volunteer application process.

Return completed application to the facility address on the front of the form.

Official Use Only

BCA/QWI check: ____/____ Clear Visiting check: ____/____ Clear ID check: ____/____ Clear
Staff initials / Date Staff initials / Date Staff initials / Date

Checks completed by: _____
Print name Signature Date

Reviewing Authority/Designee: Approved: _____ Denied: _____

Print name: _____ Signature: _____ Date: _____

Mantoux test required? Yes ___ No ___ Orientation completion date: _____ Staff Signature: _____