Form PS-F-1-a
28 September 2025

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
VOLUNTEER REGISTRATION AND AGREEMENT

Printed Name: _____

Date of Birth: _____ Height: _____ Weight: _____ Race/Sex: _____

Social Security #: _____ Drivers License #: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail Address: _____

Have you ever been arrested? ☐ Yes ☐ No Have you ever been convicted of a felony? ☐ Yes ☐ No
Are you now or have you ever been on probation or parole? ☐ Yes ☐ No
If yes to any of the questions above, please explain (include charge, when, where, DOC number, parole or probation officer's name): _____

_____

_____

Aliases: _____
Are you related by blood or marriage to any inmate housed in a DPS&C facility? ☐ Yes ☐ No
If so, whom? (Name, DOC # and location of inmate): _____
Are you on the approved visiting/phone list of any inmate housed in a DPS&C facility? ☐ Yes ☐ No
If so, (Name, DOC# and location of inmate): _____
Have you or any member of your family been the victim of a crime? ☐ Yes ☐ No
If yes, what was the crime? _____ Where is/was the inmate incarcerated? _____
Have you ever been removed from service at this or any other state or local facility? ☐ Yes ☐ No
If so, where? _____
Are you currently a volunteer at any other state or local facility? ☐ Yes ☐ No
If so, where? _____
Sponsoring Organization: Kolbe Prison Ministries
Contact Person: Val Browning Phone Number: _____

NOTE: This form must be submitted to <u>EACH</u> facility where the volunteer desires to serve. The volunteer must be approved by <u>EACH</u> facility prior to service.

As a volunteer with the Department of Public Safety and Corrections (DPS&C), I hereby agree to abide by all policies, procedures , rules and regulations in the conduct of my activity. I will cooperatively serve at the discretion of the Unit Head. I understand that I am required to attend an orientation program and other training necessary in order to be made aware of the policies, procedures, rules and regulations of the DPS&C , especially policies regarding confidentially, hostage situations and information on sexual assault and sexual misconduct. I also understand that any falsification of the above information and/or failure to comply with the policies, procedures, rules and regulations may result in my termination as a volunteer and may result in my arrest.

_____ _____
Signature of Volunteer Date

Result of Criminal History Check:
Volunteer Approved: _____
Volunteer Not Approved: _____
Checked By: _____

FACILITY(S) WHERE VOLUNTEER DESIRES TO SERVE
_____
_____
_____