

CONTRACT/RESOURCE VOLUNTEER APPLICATION
NEXUS PROGRAM 110 Skyline Dr. 59457

PLEASE PRINT

Name (First)	(Middle Full)	(Last)	Date of Birth		
Residence Address		City	State	Zip Code	Telephone Number
Name of staff or department you have been in contact with:					
Contract/Volunteer service to be provided:					
Have you been convicted of any crime? NO/ YES- List each one below, or on a separate sheet.					
Have you been accused or found guilty of a sexual crime against another person? NO/YES- List each one below, or on a separate sheet.					
Are you on parole or probation? NO/YES If yes, list your parole/probation officer 's name and contact number.					
Are you currently charged with any crimes or awaiting criminal court proceedings? NO/ YES-List each one below, or on a separate sheet.					
OFFENSE(S)	STATE & COUNTY	APPROXIMATE DATE	SENTENCE (Jail, Prison, Probation, Etc.)		

RESOURCE VOLUNTEER POLICY STATEMENT

Policy prohibits individuals who are immediately related to and/or on the visiting list of inmates from becoming a resource volunteer to any group.

Policy prohibits any volunteer from engaging in inappropriate behavior with any inmate. Persons engaged in such behavior anywhere inside the facility will be permanently removed from the list of resource personnel.

A volunteer shall neither accept from, nor give, any item or money to an inmate.

A volunteer is prohibited from any present or future phone contact, visiting or correspondence with any inmate during or upon termination of their assignment.

WAIVER OF RESPONSIBILITY AGREEMENT

I fully understand the risks and dangers involved in working in a correctional facility. The voluntary services I provide are supplemental and complimentary to the established spiritual or rehabilitative programs of the Institution. Liability rests with myself.

It is understood that I am participating in the program as a volunteer and not as an employee of NEXUS. I will not receive financial compensation or benefits for services I perform, nor am I entitled to unemployment or workers compensation benefits unless by written contract.

I will observe all the rules and regulations required of all employees and others entering NEXUS during my tenure of voluntary work. I will adhere strictly to policies and procedures required for confidentiality, security and safety of the facilities.

IMPORTANT: SIGN THIS FORM WHERE INDICATED. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

All information is true and correct. I understand that providing false information on this questionnaire is grounds for denial. I have read and fully understand the information on this form.

Proper picture identification is required at each visit. Failure to produce ID will be grounds to deny admittance.

Signature _____ Date _____

SECURITY RECOMMENDATION:

APPROVE

DISAPPROVE

Security Coordinator or designee

Date

Disability Accommodation: If you have a health problem, injury, or physical or mental disability and are needing assistance or accommodation in entering any of our facilities, please contact: Central Control (406) 535-6660 Ext 221