

DC DETENTION VISITATION NETWORK VOLUNTEER APPLICATION
(DCDVN)

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Email _____

Proficient in (circle all applicable): English Spanish Haitian Creole Other: _____

Organization/
Community/
Congregation: _____

Emergency Contact _____
Name *Relationship* *Number*

Prior Relevant Volunteer Experience

Agency/Organization	Position	Dates Served

Areas of Interest

1. Why do you want to volunteer?

2. What would you like to do as a volunteer?

3.	Have you worked with inmates or detainees before?	Yes		No	
4.	Would you feel comfortable in a jail-like setting?	Yes		No	
5.	Have you worked in a jail-like setting in the past?	Yes		No	

6. How did you hear about DC Detention Visitation Network?

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7. Are you interested in being part of the planning/leadership for DCDVN going forward?

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Background Information

*** Important Note: If you do not hold a valid immigration status, you may be putting yourself at risk by visiting an immigration detention center.**

The information requested is essential to conduct the record check. You are not legally required to supply this information. However, if you choose to withhold this information a final decision on your application cannot be made.

List any other names by which you are known or have ever been known:

Date of Birth _____

Have you ever been convicted of a law violation other than minor traffic offenses? Yes No

If yes, please describe, including location and date of conviction:

Acknowledgement and Permission to Conduct Records Check

All of the information provided in this application is true and correct to the best of my knowledge. I understand that any false or misleading information given by me will disqualify me from consideration or result in my inability to volunteer again if discovered at a later date.

I hereby give my permission for the DC DVN to conduct a criminal record check on me and to obtain other reference information necessary for the purpose of assessing my volunteer application.

Printed Name: _____

Signature: _____

Date: _____