



# Community Partner Application for Volunteer Services

Name of Organization:	
Address:	
Phone Number:	Fax Number:
Name/Title:	Last 4 of Driver's License #:

Has your agency ever had a contractual agreement with the Department of Rehabilitation and Correction?  
 Yes       No      If Yes, please list dates and types of service.

Date:	Service:
Date:	Service:
Date:	Service:

What services will be provided at this facility?

Has your agency previously performed these Volunteer Services?

Yes       No      Please list the organization served and/or service provided.

Organization:	Service:
Organization:	Service:
Organization:	Service:

## Availability

Please indicate the day(s) and time(s) your agency will be available for volunteer service:

Monday	Tuesday	Wednesday	Thursday	Friday
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## Criminal History

All agency representatives providing services shall not possess any of the following:

- a. Convicted of a felony within the past three (3) years.
- b. Arrested for a felony which led to a lesser conviction within the past three (3) years.
- c. Under current supervision of the Department of Rehabilitation and Correction.
- d. Under eighteen (18) years of age.

I acknowledge by my signature that this information is true and accurate to the best of my knowledge.

Signature:	Date:
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