



Minnesota Department of Corrections
Volunteer Application and Offender Association Form

Please check the program(s) you're interested in volunteering with:

- Links (Chemical dependency aftercare programming)
MnCoSA (Minnesota Circles of Support & Accountability)

Please return your completed forms to:

Minnesota Department of Corrections c/o Health Services
1450 Energy Park Dr. Suite 200 St. Paul, MN 55108-5219

Full name: (Last) (Maiden) (First) (Middle)

Date of birth: / / E-Mail Address (Optional):

Male: Female: Race/Ethnicity (Optional):

Telephone: Home: Work: Cell:

Address:

City/State: Zip Code:

Name of group affiliation or organization if any:

Emergency Contact

Name: Phone:

Circle type of ID used (Proper ID is required)

- 1. Valid Driver's License from State of Residence
2. Valid Photo ID Card from State of Residence
3. Valid Military Photo ID (Active Duty Only)
4. Valid Passport (If Resident of Foreign Country)

Write the ID number here: State:

Have you EVER been convicted of a felony? 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

(If yes, you must have your Agent's approval & signature)

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:

Minnesota Department of Corrections
OFFENDER ASSOCIATION DISCLOSURE FORM (CONT.)

(full name of offender and/or family member of offender) (association with offender)

(location of offender)

(Do you have contact with the offender or family member?)

(if yes, please explain any contact you have including how often)

OID_____	Facility_____	Release Date_____
Appointing Authority Dis/Approval (name)_____		Date_____

(full name of offender and/or family member of offender) (association with offender)

(location of offender)

(Do you have contact with the offender or family member?)

(if yes, please explain any contact you have including how often)

OID_____	Facility_____	Release Date_____
Appointing Authority Dis/Approval (name)_____		Date_____

(full name of offender and/or family member of offender) (association with offender)

(location of offender)

(Do you have contact with the offender or family member?)

(if yes, please explain any contact you have including how often)

OID_____	Facility_____	Release Date_____
Appointing Authority Dis/Approval (name)_____		Date_____

(full name of offender and/or family member of offender) (association with offender)

(location of offender)

(Do you have contact with the offender or family member?)

(if yes, please explain any contact you have including how often)

OID_____	Facility_____	Release Date_____
Appointing Authority Dis/Approval (name)_____		Date_____

