



D.C. DEPARTMENT OF CORRECTIONS  
OFFICE OF CHAPLAINCY SERVICES

NEW VOLUNTEER SERVICES APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI)

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

(City) (State) (Zip Code)

RACE: \_\_\_\_\_ GENDER: \_\_\_ (M) \_\_\_ (F)

OCCUPATION: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_

What type of volunteer work are you applying for? \_\_\_\_\_

What special skills do you have (e.g. training, education, hobbies or interests) that would enhance your performance as a volunteer with this agency? (Explain) \_\_\_\_\_

Would you accept another assignment if the one preferred is not available? Yes \_\_\_\_\_ No \_\_\_\_\_

Days and Hours you are available: \_\_\_\_\_

Do you have any previous volunteer work experience? If so, please specify: \_\_\_\_\_

Are you a member of a civic, social or professional organization? Please list one or two: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If so, when? \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

PLEASE COMPLETE FOR YOUR ID CARD INFORMATION

Group Name: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Coordinator's Name Phone Number: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Color Eyes/Hair \_\_\_\_\_

REFERENCES: Please submit two (2) written references with this application.

\*\* Falsified information on this form is automatic grounds for termination of your services.

ALLOW A MINIMUM OF 45 DAYS TO PROCESS YOUR APPLICATION.

GOVERNMENT OF THE DISTRICT OF COLUMBIA

VOLUNTEER SERVICE AGREEMENT

This agreement must be completed and approved before accepting the services of a volunteer. Volunteer services are authorized under D.C. Law 2-12, and instructions contained in chapter 311 of the District Personnel Manual.

UNDER THIS AGREEMENT \_\_\_\_\_ WILL PROVIDE THE FOLLOWING SERVICES:  
(Name of Volunteer)

SUPERVISOR \_\_\_\_\_ TITLE \_\_\_\_\_ TEL. NO. \_\_\_\_\_

DUTY LOCATION: \_\_\_\_\_ WORK SCHEDULE \_\_\_\_\_

DECLARATION OF VOLUNTEER

I hereby agree to donate my services to the D.C. Government in performing the duties described above. I understand that I will not be compensated for my services and that I am not entitled to other monetary benefits in connection with my volunteer work.

I will accept my instructions from the supervisor named above. I understand that my work assignment is limited to the duties describe in this agreement unless otherwise authorized by my supervisor. I will keep my supervisor informed of my progress and will notify him/her if I am unable to report as scheduled or if I decide to terminate this agreement.

As a volunteer member of the D.C. Government work force, I will not engage in any form of political activity during the hours I render service for the D.C. Government.

I understand that this agreement may be terminated at any time by the D.C. Government.

\_\_\_\_\_  
Signature

In case of emergency notify \_\_\_\_\_

Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Volunteer service accepted by \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Department of agency: \_\_\_\_\_ Date \_\_\_\_\_