



**State of Oregon
Department of Corrections
Community Corrections Branch**

Volunteer/Student Intern Application

Please mail completed Applications to:



STATE OF OREGON
DEPARTMENT OF CORECTIONS
 Volunteer Program

Volunteer/Student Intern Application

Volunteer Student Intern

Last Name: _____ First: _____ Middle: _____

Gender: Male Height: _____ Eye Color: _____
 Female Weight: _____ Hair Color: _____

Education (Please check the highest completed): Elementary Middle School Highschool
 Associates Bachelors Masters Doctorate

Address: _____ _____ _____ City: _____ State: _____ Zip: _____ Email: _____	Home Phone: (_____) _____ - _____ Msg Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ Driver's License #: _____ State: _____ Date of Birth: ____/____/____
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Emergency Notification

In case of emergency, please notify the following people in the order listed:

Name: _____ Daytime Phone:(_____) _____ - _____
 Address: _____ Evening Phone: (_____) _____ - _____
 _____ Cell Phone: (_____) _____ - _____
 City: _____ State: _____ Zip: _____ Relationship: _____

Name: _____ Daytime Phone:(_____) _____ - _____
 Address: _____ Evening Phone: (_____) _____ - _____
 _____ Cell Phone: (_____) _____ - _____
 City: _____ State: _____ Zip: _____ Relationship: _____

Emergency Information

Physician: _____ Phone: (_____) _____ - _____

Medical Conditions/Allergies: _____

Background Investigation Section

Please provide two references not related to you and not listed elsewhere in this application, whom you have known for more than one year, who can tell us about your qualifications and character. Listing names here constitutes permission to contact them and authorizes them to release information to us.

Name: _____ Daytime Phone:(_____) _____ - _____

Address: _____ Evening Phone: (_____) _____ - _____

_____ Cell Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____ Relationship: _____

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Name: _____ Daytime Phone:(_____) _____ - _____

Address: _____ Evening Phone: (_____) _____ - _____

_____ Cell Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____ Relationship: _____

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Where were you born? _____ How Long in Oregon? _____ years _____ months

Please list other states you have lived in: _____

Identifying Marks (Tattoos, birthmarks, etc.):

Have you ever been convicted of a crime (please exclude juvenile adjudications)? Yes No If yes, please list them:

Date of Offense	Offense (please be specific)	Disposition (please be specific)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently on parole or probation? Yes No If yes, please give details and your POs contact information:

Are you currently on an Oregon Department of Corrections adult in custody's (AICs) visiting list or are you related to, or a close friend of a Department of Corrections AIC? Yes No If yes, please list the following:

AICs Name: _____ SID: _____ Relationship: _____

AICs Name: _____ SID: _____ Relationship: _____

AICs Name: _____ SID: _____ Relationship: _____

Other Names or Birth Dates You Have Used: _____

I understand that the Oregon Department of Corrections will verify the information in my application and that my failure to provide true, accurate and complete information is grounds for my disqualification from participating as a volunteer, student intern, or from doing a practicum. I understand that accepting duties inside a department facility exposes me to potential hazards and risks that accompany exposure to adult felons and I will not hold the department liable. I will abide by all Oregon Department of Corrections Rules, Policies, and procedural statements; and I will treat all information gained through my volunteer/student intern activities as confidential. I further understand there will be no remuneration or compensation for the services I perform. I have read and signed DOC Policy 20.1.2, Code of Ethics and read DOC Policy 20.1.3, Code of Conduct and I agree to abide by them. I also agree to be photographed and fingerprinted and to allow the Department to use my Social Security Number in doing background checks.

Signed _____ Date: ____ / ____ / ____

FOR OFFICIAL USE ONLY

Date of LEDS: ____ / ____ / ____ Date of Reference Check: ____ / ____ / ____

VTS Clear: Yes No AIC Name and SID:

LEDs Clear: Yes No SID: _____ FBI: _____ Approved: Yes No

Certified LEDS Operator: _____ Signature: _____



**STATE OF OREGON
DEPARTMENT OF CORECTIONS
Volunteer Program**

**Authorized State Volunteer/Student Intern
Partial Waiver And Release Of Rights Under The
Oregon Tort Claims Act Ors 30.260-300**

Volunteer/Student Intern Name: _____

PLEASE READ CAREFULLY

As an authorized state volunteer or student intern performing activities on behalf of the State of Oregon Department of Corrections, I understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer or intern duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause or suit or action, known or unknown, that I may have against the State of Oregon and/or its officers, agents or employees, and from all liability under Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from, or arising out of my state volunteer or intern activities.

This release does not extend to, or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim suit or action brought against me or liability I may be subject to, or may arise out of my authorized state volunteer or intern activities.

In the event that I am injured while performing state volunteer or student intern activities, I will notify my Department of Corrections supervisor and apply for injury coverage benefits.

Volunteer/Student Intern Signature

_____/_____/_____
Date



**STATE OF OREGON
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Volunteer Program**

Conditions of Volunteer/Student Intern Service

As a person working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please ready the following carefully and sign below.

TORT LIABILITY

You will be protected from civil liability for injuries or damage to the person or property of other, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with intent to inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of General Services Risk Management Division Policy Manual, 125-7-201.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

VOLUNTEER INJURY COVERAGE

Workers compensation is not provided. However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owners insurance is responsible for your medical bills.

REPORTING RESPONSIBILITY

Anytime you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform the agency supervisor as soon as possible.

ASSIGNED DUTIES

Assigned duties are those listed on the Position Description Form on the reverse side of this document.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer/Student Intern Signature

_____/_____/_____
Date