
EX-OFFENDER VOLUNTEER SERVICES APPLICATION

This form must be completed by any person who is applying to volunteer for the Vermont Department of Corrections who has been convicted of a criminal offense that is sexual in nature. * required application components that must be filled in for the application to be reviewed.

Name:

Date of Birth:

Mailing Address:

Physical Address (if different then mailing):

Please identify conviction date, offense, and whether or not it was a felony or misdemeanor for each convicted offense. Identify of a misdemeanor (M) or a felony (F) after date and offense, for example, 10/15/2005, Arson, (F):

Which State(s) Were You Convicted In:

Which County(ies) Were You Convicted In:

Did your conviction(s) result in any of the following?
(check all that apply):

Probation and/or Any Type of Supervision

Incarceration

If placed on any type of supervision, did you ever
violate your supervision?:

Yes

No

Not Applicable

If you have been incarcerated, how long was
your incarcerated sentence for?:

Less than 3 months

More than 3 months

Not Applicable

When did your supervision and/or incarceration end
(which ever date is later):

Have you been convicted of any crime within the last
five years?:

Yes

No

Have you been convicted of a felony within the last ten
years?:

Yes

No

Were you convicted of any crime(s) in which another party was physically harmed?:

Yes

No

Have you attached the **required three letters** of recommendation?

Yes

No

In addition to the above application, **please attach a letter** describing your offense(s), any relevant information regarding rehabilitative a pro-social efforts you have made since conviction, and why you are important to the success of the volunteer program.

Signature:

Date:

FOR INTERNAL USE ONLY: Please answer the following in your recommendation: (1) Why the individual does not pose a safety threat; (2) Why the individual is important to the success of a specialized offender rehabilitation program; and (3) Plan to ensure the individual will not have contact with inmates without staff supervision.

District Manager/Superintendent's Response & Recommendation:

Signature:

Date:

Printed Name and Title:

Director of Facilities/Field Sites' Response & Recommendation:

Signature:

Date:

Printed Name and Title:

Commissioner's Decision:

Signature:

Date:

Approved

Denied