

Western Massachusetts Regional Women's Correctional Center

Volunteer Resource Service Application Form

Name: _____ SS#: _____ D.O.B. _____
Home Address: _____ Home Phone: _____
City/ Town: _____ State: _____ Zip Code: _____
Name of Spouse: _____ Wife's Maiden Name: _____
Father's Name: _____ Mother's Name: _____
Outside Group Affiliation: _____ Occupation: _____
Employer's Name: _____ Business Address: _____
Work Phone: _____ Length of Time at work: _____ Hobbies/ Skills _____
Are you a retiree?: _____ Student: _____ Firm/ School: _____
Educational Background: _____
Foreign Language(s): _____ Speak: _____ Write: _____
Have you ever been incarcerated, or convicted of a felony: _____
If yes, Date: _____ Charge(s): _____ Where: _____
Have you done volunteer work before: _____ Where: _____ How Long: _____
Driver's License #: _____ Do you have access to a car: _____
Registration #: _____ State of Register: _____
Please list three (3) references whom you have known for five (5) years or more:

Name: _____	Occupation: _____
Address: _____	Length of time known: _____
Name: _____	Occupation: _____
Address: _____	Length of time known: _____
Name: _____	Occupation: _____
Address: _____	Length of time known: _____

IMPORTANT NOTICE- TERMS AND CONDITIONS: READ CAREFULLY AND SIGN ON THE REVERSE SIDE OF THIS FORM.

I, _____, of _____ agree to provide services to the Hampden County Sheriff's Department (HCSD) and the Commonwealth of Massachusetts (COM) for such period of time as may be mutually agreeable to the HCSD and me.

I agree to adhere to the Rules and Regulations of the HCSD stated in the Volunteer Resource Handbook, a copy of which I acknowledge having received this day, and any amendment(s) thereto, and abide by the provisions of all directives issued to me by the personnel of the HCSD authorized to do so.

I agree that any information concerning inmates under the control of the HCSD, said Rules and Regulations, and said directives shall be held confidential by me, unless the contents thereof are construed to be a public record, as specified in the General Laws of Massachusetts, Chapter 66, Section 10, and that such information shall be divulged by me only to those persons who have a legal or work- related need or right to know such information.

(see other side)

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I agree to indemnify and hold harmless the HCSD, the COM, and any agent, representative or employee thereof, from and against any claim, demand, or action commenced against it or them, including, but not limited to, the cost of defense, as a result of any breach by me of the provisions of this Agreement.

Executed as a Massachusetts sealed instrument this _____ day of, _____
(Year)

I CERTIFY UNDER THE APINS AND THE PENALTIES OF PERJURY THAT THE ABOVE INFORMATION IS TRUE.

Your Signature

Hampden County Sheriff's Department

Witnessed by: _____
Name Title

Enclosed is a copy of our Volunteer Resources handbook. Please read it carefully. It contains background information on the past and present Hampden County Correctional Facilities, Organizational Chart, a list of Rules and Regulations, and information on our Hostage Policy and Evacuation Plan.

After you have read it, we ask that you sign the statement below. We will withhold placing your name on the Volunteer Resource Directory in the Lobby until we receive it.

Sincerely,

Patty Murphy
Assistant Superintendent

I have received and read the volunteer Resource Handbook, and agree to abide by the Rules and Regulations therein set forth.

Print your name

Date

Signature

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- convicted of a felony
felony.
- (28) If yes, Date
The volunteer enters the numeric date in which he was incarcerated if applicable.
- (29) Charge(s)
The volunteer enters the charges that resulted in the incarceration or which he was convicted of.
- (30) Where
The volunteer enters the location which he was incarcerated at
- (31) Have you ever done volunteer work before
The volunteer enters a check mark if he was ever a volunteer
- (32) Where
The volunteer enters the location of where he volunteered
- (33) How Long
The volunteer enters the duration of time which he volunteered
- (34) Driver's License Number
The volunteer enters his numeric drivers license number.
- (35) Do you have access to a car
The volunteer enters yes or no if he has access to a car.
- (36) Registration #
The volunteer enters the registration number of the car he will be using.
- (37) State of Register
The volunteer enters the state of which the car is registered in.
- (38) Name
The volunteer enters the name of a reference for referral.
- (39) Occupation
The volunteer enters the occupation of the referenced name.
- (40) Address
The volunteer enters the address of the referenced name.
- (41) Length of Time Known
The volunteer enters the length of time which he has known the referenced name.
- (42) Name
The volunteer enters his name using first name first, middle initial then last name last. (i.e. Jane R. Doe)
- (43) Affiliation
The volunteer enters the group which he is affiliated with.
- (44) Month and Day
The volunteer enters the month and the numeric day.
- (45) Year
The volunteer enters the numeric year.
- (46) Your Signature
The volunteer signs his name with the first name first, middle initial then last name last. (i.e. Jane R. Doe)
- (47) Name
The witness prints his name using the first name first, middle initial then last name last. (i.e. Jane R. Doe)
- (48) Title
The witness enters his job title.
- (49) Print Your Name
The volunteer prints his name with the last name first, first name last then middle initial (i.e. Doe, Jane R.)
- (50) Date
The volunteer enters the date using the numeric date- month/day/year (i.e. 03/24/07)
- (51) Signature
The volunteer signs his name with the first name first, middle initial then last name last. (i.e. Jane R. Doe)