



N/A

18. If you are applying to be a Community Leave Sponsor, do you now know the inmate or have a preference of inmate to sponsor? Yes  No  If yes, please answer the following questions:

- a. Inmate's Name \_\_\_\_\_
- b. Relationship, or how do you know inmate? \_\_\_\_\_
- c. Do you know the inmate's family or friends?  Yes  No
- d. State reason(s) for preference: \_\_\_\_\_

N/A

19. Would you serve as a Community Leave Sponsor or volunteer for an individual that you did not know?  Yes  No

20. Have you ever been convicted of a crime other than a minor traffic violation?

Yes  No If yes, explain \_\_\_\_\_

21. Would you have objections to the Department of Correction making inquiries necessary for approval of your application?  Yes  No

I understand that I will not receive any compensation for serving as a volunteer.

I understand that there are certain risks inherent in working within the confines of a correctional facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. I am aware that my giving false information may result in the rejection of this application or termination of my volunteer status. The information will be used for a background check and/or investigation.

I hereby give permission to all people listed as references to supply information to the Department of Correction pursuant to this application.

I have read (or have had it read to me) this application and understand the information contained in it.

Date \_\_\_\_\_ Signed \_\_\_\_\_

DO NOT FILL IN SECTION BELOW - STAFF USE ONLY

Interviewer's Comments and Recommendations: \_\_\_\_\_

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

APPROVED  DISAPPROVED  ON SITE  OFF SITE

COMMENTS: \_\_\_\_\_

SIGNATURE OF APPROVING AUTHORITY: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE APPLICANT NOTIFIED OF DECISION: \_\_\_\_\_