

ILLINOIS DEPARTMENT OF CORRECTIONS
Volunteer/Unpaid Intern Services Application

Print legibly in blue or black ink or type in black only. Original applications are preferred. Pencil will **not** be accepted. Fax copies and previously submitted applications will **not** be considered. Applications without complete information will be returned.

Last Name	First Name	MI	
Street Address			
City	State	Zip Code	County
Birth Date: _____ <small>MM/DD/YYYY</small>	Telephone Number: _____	E-mail Address: _____	
_____ <small>Social Security Number</small>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undeclared <input type="checkbox"/> Other: _____	Preferred Pronouns: _____	

Type of volunteer work preferred:			
<input type="checkbox"/> Religious	<input type="checkbox"/> Educational	<input type="checkbox"/> Vocational	<input type="checkbox"/> Substance Use
<input type="checkbox"/> Counseling (type): _____			
<input type="checkbox"/> Individual services to: _____	Individual in Custody Name		ID #
Department Facility(ies) where you prefer to perform services:			

Available for Service: Days: _____ Hours: _____			

CLERGY ONLY: <input type="checkbox"/> Ordained <input type="checkbox"/> Licensed <input type="checkbox"/> Commissioned <input type="checkbox"/> Endorsed	
Organization: _____	Contact Person: _____
Date credentials were issued: _____	Telephone Number: _____

SPECIAL SKILLS: <input type="checkbox"/> Bi-Lingual: _____ <small>Languages</small> <input type="checkbox"/> Deaf Communication <input type="checkbox"/> Braille <input type="checkbox"/> Religious Ministry: _____ <small>Denomination</small> <input type="checkbox"/> Tutor: _____ <small>Subject Area</small> <input type="checkbox"/> Educational: _____ <small>Specialty</small> <input type="checkbox"/> Recreational (specify): _____	Counseling in: <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health <input type="checkbox"/> Parenting <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other Skills (specify): _____ _____ _____
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EXPERIENCE REPORT: COMPLETE THIS FORM IN DETAIL – Begin with present position and work backward. Include:

- Each change in position title including dates.
- Military experience including dates listing each change in rank and/or title.
- College internships/practicum.

CURRENTLY (OR LAST)
EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
MM YEAR MM YEAR

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

CITY/STATE: _____ MONTHLY SALARY: STARTING _____ ENDING _____

PAYROLL TITLE: _____ NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

PART TIME: YES NO AVERAGE HOURS WORKED PER WEEK _____

IF YOU HAD **SUPERVISORY RESPONSIBILITY**, LIST THE **NUMBER OF EMPLOYEES** YOU SUPERVISED IN THE APPROPRIATE LINE OR LINES BELOW:

MANUAL/TRADES	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
_____	_____	_____	_____

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

EMPLOYED BY: _____ DATES OF EMPLOYMENT: FROM _____ TO _____
MM YEAR MM YEAR

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

CITY/STATE: _____ MONTHLY SALARY: STARTING _____ ENDING _____

PAYROLL TITLE: _____ NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

PART TIME: YES NO AVERAGE HOURS WORKED PER WEEK _____

IF YOU HAD **SUPERVISORY RESPONSIBILITY**, LIST THE **NUMBER OF EMPLOYEES** YOU SUPERVISED IN THE APPROPRIATE LINE OR LINES BELOW:

MANUAL/TRADES	CLERICAL/TECHNICAL	PROFESSIONAL	ADMINISTRATIVE
_____	_____	_____	_____

LIST AND DESCRIBE DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

VOLUNTEER EXPERIENCE:

FOR: _____ DATES: FROM _____ TO _____
MM YEAR MM YEAR

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

CITY/STATE: _____ NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

DESCRIBE VOLUNTEER SERVICES:

REASON FOR LEAVING:

FOR: _____ DATES: FROM _____ TO _____
MM YEAR MM YEAR

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

CITY/STATE: _____ NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

DESCRIBE VOLUNTEER SERVICES:

REASON FOR LEAVING:

FOR: _____ DATES: FROM _____ TO _____
MM YEAR MM YEAR

ADDRESS: _____ TOTAL: YEARS _____ MONTHS _____

CITY/STATE: _____ NUMBER OF ACTUAL HOURS WORKED PER WEEK _____

DESCRIBE VOLUNTEER SERVICES:

REASON FOR LEAVING:

IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET FOLLOWING THE ABOVE FORMAT.

FORMAL EDUCATION REPORT: List your education accurately and completely. Proof of education, training, and military service may be requested.

HIGH SCHOOL NO. YEARS COMPLETED: _____ GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> No				OR HIGH SCHOOL EQUIVALENCY CERTIFICATE RECEIVED HSE CERTIFICATE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
IL DRIVERS LICENSE COL: <input type="checkbox"/> A <input type="checkbox"/> B	ENDORSEMENT <input type="checkbox"/> X <input type="checkbox"/> N	RESTRICTION _____ _____	CLASS RATINGS – INDICATE BELOW NON COL: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> L <input type="checkbox"/> M	LICENSE NUMBER _____ _____	DATE ISSUED MM. / YR. _____	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION: List your education accurately and completely. Proof of education, training and military service may be requested.									
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL(s) (Name and Location)				FROM		TO		COMPLETED?	
				MO.	YR.	MO.	YR.	YES	NO
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
TECHNICAL/PROFESSIONAL LICENSE	NUMBER	STATE IN WHICH ISSUED			DATE ISSUED MM. / YR.	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TECHNICAL/PROFESSIONAL LICENSE	NUMBER	STATE IN WHICH ISSUED			DATE ISSUED MM. / YR.	CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you EVER had any licenses suspended, revoked, or cancelled in any state/county? If so, when, what state or county and under what circumstances was the license suspended, revoked, or cancelled? <input type="checkbox"/> YES (explain below) <input type="checkbox"/> NO 									
_____ _____ _____ _____									
NAME AND ADDRESS OF COLLEGES OR UNIVERSITIES ATTENDED					DATES ATTENDED		LEVEL OF DEGREE EARNED		DATE DEGREE AWARDED
					FROM	TO			MM./Yr.
					<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>

REFERENCES: (Non-Relative)

1. _____
(Name) (Relationship) (Phone Number)

_____ (Address/City/State)

2. _____
(Name) (Relationship) (Phone Number)

_____ (Address/City/State)

3. _____
(Name) (Relationship) (Phone Number)

_____ (Address/City/State)

Certification:

I certify that the information on this application and any attachments hereto are true and accurate to the best of my knowledge.

Written Signature

Date

In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U. S. Civil Rights Act, the Americans with Disabilities Act, and Section 504 of the Federal Rehabilitation Act, the Department of Corrections does not discriminate in employment, contracts, or any other activity. If you have a complaint, please call the Department of Corrections at 217-522-2666 or TDD 800-526-0844.