

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	
_____			_____			_____		
Social Security Number			Birth Date: MM/DD/YYYY			Telephone Number:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			E-mail Address: _____					

**Type of volunteer work preferred:**

Religious       Educational       Vocational       Substance Abuse

Counseling (type): \_\_\_\_\_

Individual services to: \_\_\_\_\_

Individual in Custody Name \_\_\_\_\_ ID # \_\_\_\_\_

Department Facility(ies) where you prefer to perform services: \_\_\_\_\_

Available for Service: Days: \_\_\_\_\_ Hours: \_\_\_\_\_

**CLERGY ONLY:**     Ordained     Licensed     Commissioned     Endorsed

Organization: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Date credentials were issued: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

<p><b>SPECIAL SKILLS:</b></p> <p><input type="checkbox"/> Bi-Lingual: _____ Languages</p> <p><input type="checkbox"/> Deaf Communication</p> <p><input type="checkbox"/> Braille</p> <p><input type="checkbox"/> Religious Ministry: _____ Denomination</p> <p><input type="checkbox"/> Tutor: _____ Subject Area</p> <p><input type="checkbox"/> Educational: _____ Specialty</p> <p><input type="checkbox"/> Recreational (specify): _____</p>	<p>Counseling in:</p> <p><input type="checkbox"/> Substance Abuse</p> <p><input type="checkbox"/> Mental Health</p> <p><input type="checkbox"/> Parenting</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Other Skills (specify): _____</p> <p>_____</p> <p>_____</p>
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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:

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REASON FOR LEAVING: \_\_\_\_\_

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FOR: \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
MM YEAR MM YEAR

ADDRESS: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ NUMBER OF ACTUAL HOURS WORKED PER WEEK \_\_\_\_\_

DESCRIBE VOLUNTEER SERVICES:

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REASON FOR LEAVING: \_\_\_\_\_

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FOR: \_\_\_\_\_ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_  
MM YEAR MM YEAR

ADDRESS: \_\_\_\_\_ TOTAL: YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ NUMBER OF ACTUAL HOURS WORKED PER WEEK \_\_\_\_\_

DESCRIBE VOLUNTEER SERVICES:

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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

<b>EDUCATION:</b> 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.