

ILLINOIS DEPARTMENT OF CORRECTIONS
Volunteer Information Sheet
(Regular Volunteers Only)

Print legibly in blue or black ink or type in black only.

Name (last, first, MI): _____ SSN: _____

Daytime Telephone: _____ Evening Telephone: _____ Date of Birth: _____

Please complete all requested information. If more space is needed, use the additional space on the last page.

1. Are you presently a resident of the State of Illinois? Yes No

2. Have you EVER resided anywhere besides Illinois? Yes (explain below) No

Other states/countries: _____

3. Have you ever been committed to any Illinois Department of Corrections adult or juvenile facility? Yes (explain below) No

Explain: _____

4. Have you EVER been *convicted of anything other than a **minor traffic violation as an adult? Yes (explain below) No

Sentence: _____

Offense: _____ Explain: _____

Arrest Date: _____

Location: _____
City State County

*convicted is defined to include a fine, conditional discharge, probation, jail sentence, periodic imprisonment, prison term, or other sentence imposed in a court of law.

**minor traffic violation is defined as a parking or speeding ticket.

5. Are you currently on court supervision or probation for any charge? Yes (explain below) No

Location: _____
City State County

Explain: _____

6. Do you have any charges pending? Yes (explain below) No

Arrest Date: _____ Explain: _____

Offense: _____

Location: _____
City State County

7. Have you EVER been questioned by a law enforcement agency concerning a criminal matter not previously mentioned herein? Yes (explain below) No

Explain: _____

8. Have you EVER been convicted of a misdemeanor domestic battery charge? Yes (explain below) No

Explain: _____

9. Have you EVER been subject to an Order of Protection? Yes (explain below) No

Effective Date of Order: _____ Explain: _____
Expiration Date of Order: _____
Location: _____
City State County

10. Do you have any known relatives* or close associates** who are currently employed by or who provide services to the Department? Yes (indicate below) No

Name: _____
Relationship: _____
Facility: _____
Name: _____
Relationship: _____
Facility: _____

*relative means a spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, and cousin, including first-blood, step, half, foster, or in-law relationships.
**close associate means any person other than a relative with whom you are currently residing or have previously resided or with whom you have or have had a close personal relationship.

11. Do you have any known relatives* or close associates** who are presently incarcerated within the Department or who are currently on parole, mandatory supervised release, or electronic detention? Yes (indicate below) No

Name: _____ Relationship: _____
Facility: _____ Individual in custody Number: _____
(or releasee's address)
Name: _____ Relationship: _____
Facility: _____ Individual in custody Number: _____
(or releasee's address)

*relative means a spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, and cousin, including first-blood, step, half, foster, or in-law relationships.
**close associate means any person other than a relative with whom you are currently residing or have previously resided or with whom you have or have had a close personal relationship.

12. Have you EVER corresponded with any individual in custody in the Illinois Department of Corrections? Yes (indicate below) No

Individual's Name	Relationship	Facility	Individual in custody Number
_____	_____	_____	_____
_____	_____	_____	_____

13. Have you EVER visited with any individual in custody in the Illinois Department of Corrections?

Yes (indicate below) No

Individual's Name	Relationship	Facility	Individual in custody Number
_____	_____	_____	_____
_____	_____	_____	_____

14. Have your visiting privileges with any individual in custody in the Illinois Department of Corrections EVER been suspended, denied, or terminated?

Yes (indicate below) No

Individual's Name	Relationship	Facility	Individual in custody Number
_____	_____	_____	_____
_____	_____	_____	_____

15. Are you currently residing with or have you EVER resided with any individual in custody or person on parole, mandatory supervised release, or electronic detention in the Illinois Department of Corrections?

Yes (indicate below) No

Individual's Name	Individual in custody Number
_____	_____
_____	_____

16. Are you or have you EVER been a member of or associated with a street or prison gang?

Yes (explain below) No

Name of gang: _____ Type of affiliation: _____

Dates of affiliation: From _____ to _____ Location: _____

Circumstances: _____

17. Do you have ANY tattoos?

Yes (describe below) No

Describe each tattoo: _____

18. Have you or any relative or close associate EVER been the victim of a crime for which the individual in custody was or is currently an individual in custody in the Illinois Department of Corrections?

Yes (indicate below) No

Victim's Name: _____ Relationship: _____

Individual in custody Name and Number if known: _____

19. Have you EVER testified against any person who was committed to a state or federal prison?

Yes (indicate below) No

Individual's Name: _____ Facility: _____

Individual in custody Number: _____

20. Have you ever previously applied for any position with the Department?

Yes (explain below) No

Explain: _____

21. Are you a current or former employee, student worker, intern, volunteer, or contractual employee of the Department?

Yes (indicate below) No

Position: _____ Facility: _____

Dates: From _____ to _____ Reason for leaving: _____

NOTE: Please complete the following. If more space is needed to complete any of the above listed questions, use the additional space on the next page.

Emergency Contact

In the event of an emergency, please contact:

_____ Relationship

Print Name

_____ Address

_____ Evening Telephone Number

Daytime Telephone Number

OR

_____ Relationship

Print Name

_____ Address

_____ Evening Telephone Number

Daytime Telephone Number

I certify and affirm, subject to the penalty of perjury, that the information provided herein is true and correct to the best of my knowledge. I understand that providing false information may be grounds for ineligibility or termination of employment or service. I further understand that I have a continuing obligation to report any changes in the documentation herein, including new information, to the Illinois Department of Corrections prior to hire or service. I further understand that the Illinois Department of Corrections reserves the right to administer a Polygraph Examination to verify truthfulness of any information contained herein.

_____ Date

Print Name of Volunteer

Signature

Witnessed by (if applicable)

_____ Date

Print Name of Witness

Signature

Use if additional space is needed to provide detailed answers to the preceding questions.

Indicate the question number to which each answer applies.

Question #	Answer