



John Howard Association of Illinois

300 West Adams Street, Suite 423 Chicago, IL 60606
Tel. 312-782-1901 Fax. 312-782-1902 www.john-howard.org

Prisons & Jails Program Volunteer Application

DATE: _____

NAME _____ BIRTH DATE (mm/dd/yy) _____

ADDRESS (HOME) _____

ZIP _____

EMPLOYER: _____

ADDRESS (BUS/SCHOOL) _____

ZIP _____

TELEPHONE (HOME) _____ (BUS/SCHL) _____

FAX NO. _____ E-MAIL ADDRESS: _____

SOCIAL SECURITY # _____ - _____ - _____

NOMINATING ORGANIZATION (IF APPLICABLE) _____

FOR STUDENTS ONLY: COMPLETE LINES 1 - 4 BELOW.

1. SCHOOL _____ CITY/STATE _____

2. DEPARTMENT/PROGRAM _____

3. DEGREE EXPECTED/DATE _____

4. INSTRUCTOR/SUPERVISOR NAME _____ PHONE _____

PREVIOUS CORRECTIONAL EXPERIENCE (As staff, volunteer, inmate, etc.)? YES NO

If Yes, attach statement describing your experience, including job titles, dates, I.D. numbers, charges, sentences or other case dispositions, and facilities. Use additional sheets if necessary.

RELATIVE/FRIEND/ACQUAINTANCE OF INMATE/EX-OFFENDER? _____

(List names, I.D. #'s, facilities, and nature of relationship)

DATES/DAYS & TIMES AVAILABLE _____

HAVE OWN TRANSPORTATION FOR FACILITY VISITS? _____

REFERENCES

(1) _____ ; _____ ; _____
(name) (relationship) (area code & phone no.)

(2) _____ ; _____ ; _____
(name) (relationship) (area code & phone no.)

Please provide a brief statement of your reasons for wanting to participate in the work of the John Howard Association. (Use additional sheets if necessary)

I have read "Rules for Visiting Correctional Facilities" and do hereby agree to abide by these and other rules and practices established by the John Howard Association (JHA) regarding visits to correctional facilities and the handling of requests for information and assistance from inmates and other persons and/or organizations. I acknowledge that my failure to abide by these rules and other conditions specified herein may constitute grounds for termination of my association with JHA.

I agree to participate in such training as deemed necessary by JHA. I agree to provide advance notification to supervising JHA staff of any plans to utilize information gathered during the course of my association with the agency; specifically, I agree to submit drafts of any papers, articles, or other documents or presentations that utilize such information to designated JHA staff for review upon request.

I acknowledge that my association with JHA is voluntary and that I am not authorized to act as a spokesperson for the agency without written authorization of the President or his/her designee.

I further acknowledge that I have been informed that my participation in facility visits will involve a background check, including a review of criminal history information, that may be conducted by one or more of the relevant correctional agencies. I understand that JHA bears no responsibility for such investigations or their outcomes and that the correctional agencies reserve the right to deny admission to any individual.

Applicant Name (print) _____

Signature _____

Date _____

Witnessed: _____