

Warren Correctional Institution
Community Volunteer
Manson, North Carolina 27553
Phone (252) 456-3400

Community Volunteer Job Description

Job Title: Substance Abuse – (Narcotics Anonymous)

Contact Person: Assistant Superintendent/Programs
Program Director
Volunteer Coordinator/Program Supervisor

Job Objective: To provide knowledge and counseling to inmates about substance abuse with the final objective being treatment and recovery of inmates with substance abuse related problems. Based on the large number of inmates incarcerated for substance abuse or contributing factors, the Division of Prisons readily incorporates programs for substance abuse rehabilitation.

Job Activities: The programs presently offered the offenders at this facility are AA, NA and DART Aftercare. The DART Aftercare program is sponsored by Division of Prisons. AA/NA are sponsored solely by community volunteers. This is accomplished by group meetings following the Twelve Step Program.

Time Required: From: _____ To: _____
Day of the Week: _____

Training Required: Completion of Community Volunteer Training Program. Volunteers should be capable of applying that knowledge in a correctional setting where custody and security of offenders is the primary concern.

Qualifications: To meet all qualifications set forth by the Division of Prisons.

AGREEMENT

I Volunteer, _____, pledge that I will abide by the rules and regulations of North Carolina Department of Correction and of this facility.

Volunteer's Signature

Date

Volunteer Coordinator's Signature

Date

Chaplain's Signature

Date

Request for DCI Check

***** All information on this form should be printed or typed.**

Date: _____

TO: Central Area DCI Operator

I hereby give my permission for the Warren Correctional Institution of the Division of Prisons to have a Division of Criminal Information (DCI) check run on myself for the below checked reason. This information includes a criminal history check and driver record inquiry. This information will be kept strictly confidential.

Purpose of Request:

- Employment
- Community Volunteer Sponsor
- Work Release Supervisor
- Other - (Specify)

Please make sure you complete each blank space and write legibly!

Name: _____

Current Address: _____

Be sure to write your COMPLETE social security number.

SOCIAL SECURITY NUMBER: _____ - _____ - _____

Previous Address: _____

Driver's License Number: _____

Date of Birth: _____

Race: _____ Sex: _____

Signature: _____

Witness: _____

(Do not write in this space!)

DCI Check Performed by: _____ Date: _____

Approved By: _____ Date: _____

N.C. DEPARTMENT OF CORRECTION
DIVISION OF PRISONS
COMMUNITY VOLUNTEER APPLICATION

1. Name: _____

First	Middle	Last
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2. Home Address: _____

Street Address	City	State	Zip
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3. Mailing Address (if different from above): _____

4. Date of Birth: ____/____/____ 5. Gender: ____ 6. SS # _____

7. Driver's License #: _____ State: _____ 8. Race: _____

9. Employer's Name: _____ Address: _____

10. Have you ever served as a Volunteer in the NC Department of Correction? ____ Yes ____ No
 If yes, Where? _____ When? _____

11. Have you ever been dismissed as a Volunteer by the NC Department of Correction?
 ____ Yes ____ No, If yes, Where? _____ When? _____
 Please list brief details: _____

12. Have you ever been dismissed as a Visitor by the NC Department of Correction? ____ Yes ____ No
 If yes, Where? _____ When? _____
 Please list brief details: _____

13. In what area(s) are you interested in serving as a volunteer? _____

14. Why do you wish to serve as a volunteer? _____

15. Are you related to an inmate currently housed at this facility? ____ Yes ____ No
 If yes, Who? _____ What is the relationship? _____

16. Are you applying to be a Community Leave Sponsor? ____ Yes ____ No
 If yes, Name of the inmate and how do you know them? _____

17. Would you serve as a Community Leave Sponsor for an inmate that you do not know?
 ____ Yes ____ No

18. Have you ever been convicted of a crime other than a minor traffic violation? ____ Yes ____ No
 If yes, please explain: _____ Date: _____

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

