## **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.
Oualifications:	To meet all qualifications set forth by the Division of Prisons.

#### AGREEMENT

I Volunteer, abide by the rules and regulations of North Carolina Depart this facility.	, pledge that I will ment of Correction and of
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	
Division of Prisons to have a Divis on myself for the below checked re history check and driver record in confidential.	the Warren Correctional Institution of the sion of Criminal Information (DCI) check run eason. This information includes a criminal equiry. This information will be kept strictly pose of Request:
	Employment
	Community Volunteer Sponsor
	Work Release Supervisor
	Other – (Specify)
Please make sure you comp	lete each blank space and write legibly!
Current Address:	
Be sure to write your <u>COMPLETE</u> social secu SOCIAL SECURITY NUMBER:	rity number.
SOUTH SECURIT NORESTA	
Previous Address:	
Driver's License Number: Date of Birth:	
Race: Sex:	
Signature:	
Witness:	
(Do not write in this space!)	
DCI Check Performed by: Approved By:	
Request for DCI Check - Revised 06/01/11	

DC-345 (Revised April 2011)

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

1.	Name:			
1	First	Middle	I	ast
2.	Home Address:			
	Street Address	City	State	Zip
3.	Mailing Address (if different from	above):	The school was	Coary began or sa
4.	Date of Birth: / /	5. Gender:6. SS #	46.	
7.	Driver's License #:	State:	8. Race:	
	Employer's Name:	· ·		
0.	Have you ever served as a Volu If yes, Where?	nteer in the NC Department of When?	Correction?	_ Yes No
1.	Have you ever been dismissed a	as a Volunteer by the NC Dena	riment of Correc	tions
	Please list brief details:		and the Angelow	
2.	Have you ever been dismissed a If yes, Where?  Please list brief details:	When?	ent of Correction	n?YesNo
3.	In what area(s) are you intereste			
	Why do you wish to serve as a v			
5.	Are you related to an inmate cur If yes, Who?	rrently housed at this facility? What is		
6.	Are you applying to be a Comm If yes, Name of the inmate and I	unity Leave Sponsor?	YesNo	
7.	Would you serve as a Communi YesNo	ty Leave Sponsor for an inmat	e that you do not	know?
8.	Have you ever been convicted of If yes, please explain:	f a crime other than a minor tr	affic violation?	Yes No
9.	Would you have objections to the approval of your application	ne Department of Correction m		ecessary for

I understand that I will not receive any compensation for serving as a volunteer, by the Department of Correction or an Immate.

I understand that there are certain risks inherent in volunteering within the confines of a Correctional Facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. I am aware that my giving false information may result in the rejection of this application or termination of my volunteer status. The information will be used for a background check and/or investigation.

ate:	Signed:				
	DO NOT FILL IN SECTI	ON BELOW -	STAFF USE ONI	X.	***********
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DATE	STAFF NAME	FACILITY	A -Approved D-Disapproved		plication Require Yes or No
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