



CONTRACT/RESOURCE VOLUNTEER APPLICATION
HEART OF AMERICA CORRECTIONAL & TREATMENT CENTER
 110 INDUSTRIAL ROAD RUGBY, ND. 58368
 FN 2112 (02/2015)

PLEASE PRINT

Name (First)	(Middle Full)	(Last)	Social Security Number	Date of Birth
Residence Address	City	State	Zip Code	Telephone Number
Your Make	Model	Year	Color	State
Vehicle:	License Plate Number	Driver's License Number &		
Name of staff or department you have been in contact with:			Name of your Volunteer Coordinator(s):	
Contract/Volunteer service to be provided:				
Have you been convicted of any crime? <input type="checkbox"/> NO <input type="checkbox"/> YES- If yes, please list each one below, or on a separate sheet				
Are you currently charged with any crimes or awaiting criminal court proceedings? <input type="checkbox"/> NO <input type="checkbox"/> YES-List each one below, or on a separate sheet				
OFFENSE(S)	STATE & COUNTY	APPROXIMATE DATE	SENTENCE (Jail, Prison, Probation, Etc.)	

RESOURCE VOLUNTEER POLICY STATEMENT
IMPORTANT: PLEASE READ THE ATTACHED POLICY AND SIGN THIS FORM WHERE INDICATED.
UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

- It is understood that I am participating in the program as a volunteer and not as an employee of HACTC.
- I will not receive financial compensation or benefits for services I perform, nor am I entitled to unemployment or workers compensation benefits unless by written contract. The voluntary services I provide are supplemental and complimentary to the established spiritual or rehabilitative programs of the Institution. Liability rests with myself.

WAIVER OF RESPONSIBILITY AGREEMENT

- I fully understand the risks and dangers involved in working in a prison facility. I realize that my life could be in danger and I could be held hostage, assaulted, verbally abused and otherwise placed in danger.
- I understand and agree that the Administration of HACTC cannot guarantee my safety. I accept the fact that I was granted permission to enter the facilities only because I realize the dangers and risks involved.
- I will observe all the rules and regulations required of all employees and others entering HACTC during my tenure of work. I will adhere strictly to policies and procedures required for confidentiality, security and safety of the facilities.

All information is true and correct. I understand that providing false information on this questionnaire is grounds for denial. I have read and fully understand the information on this form. Proper picture identification is required at each visit. Failure to produce ID will be grounds to deny admittance.

Volunteer's Signature:	Date
SECURITY RECOMMENDATION: APPROVE <input type="checkbox"/>	DISAPPROVE <input type="checkbox"/>
AUTHORIZED SIGNATURE:	DATE: