



# APPLICATION FOR REGULAR VOLUNTEER GROUP PROGRAM

State Form 33061 (R / 4-94)

INDIANA DEPARTMENT OF CORRECTION

Date (month, day, year)

PLEASE TYPE OR PRINT

I. Organization / Affiliation of group:	
II. Name of chairperson of proposed volunteer program	
Address (number and street, city, state, ZIP code)	Telephone number (       )
III. Descriptive title of program:	
IV. Brief description of program (include target audience):	
V. Goals and objectives:	
VI. Methods to be employed in achieving these goals and objectives:	
VII. Equipment and supplies requested from facility:	
VIII. Equipment and supplies to be furnished by group:	
IX. Time and date(s) requested:	
Signature of group leader	
<b>IF PROGRAM IS APPROVED, GROUP MEMBERS WILL BE REQUIRED TO COMPLETE A REGISTERED VOLUNTEER APPLICATION, STATE FORM 9238, AND OTHER APPLICABLE FORMS AND ATTEND VOLUNTEER TRAINING.</b>	

FOR FACILITY USE ONLY		
Name of department (i.e. religion, recreation)	Department Head: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Signature of Department Head
Location <input type="checkbox"/> is <input type="checkbox"/> is not available.	Location:	
Time <input type="checkbox"/> is <input type="checkbox"/> is not available.	Time:	
Equipment <input type="checkbox"/> is <input type="checkbox"/> is not available.	Equipment / Supplies to brought into facility: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	
Staff supervision: <input type="checkbox"/> available <input type="checkbox"/> not available <input type="checkbox"/> not required	Custody supervision:	
Name of Staff Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not required	
APPLICABLE RULES / REGULATIONS (list opposite)		
Comments: Volunteer Coordinator		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (state reason on back)		Signature of Volunteer Coordinator
Beginning date (month, day, year)	Ending date (month, day, year)	Annual evaluation date (month, day, year)