

**COOK COUNTY DEPARTMENT OF CORRECTIONS**

2700 S. California Avenue  
Chicago, Illinois 60608

**Thomas J. Dart**  
Sheriff

**Salvador Godinez**  
Executive Director

**PROGRAM APPLICATION**

(Please type or print clearly and respond to all questions)

**Volunteer Group/Agency Information**

Name of Group/Agency \_\_\_\_\_

Official Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Facsimile ( ) \_\_\_\_\_

Group/Agency Head \_\_\_\_\_

Gender: Male / Female *(circle one)* *(Please attach photocopy of D.L. or State ID)*

Date of Birth \_\_\_\_\_ D.L. or State ID # \_\_\_\_\_  
*(Mandatory)* *(Mandatory)*

SS# \_\_\_\_\_  
*(Mandatory)*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**Group/Agency Questionnaire**

What type of volunteer program would you like to offer? *(check one)*

- Substance Abuse
- Education
- Vocational Training
- Life Skills Training
- Other *(Specify)* \_\_\_\_\_

Please describe the volunteer program you wish to provide \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was your volunteer program founded? \_\_\_\_\_

Does your organization receive program funding?  Yes  No  
If yes, name funding source(s) \_\_\_\_\_  
\_\_\_\_\_

Does the program have employees?  Yes  No  
If so, how many? \_\_\_\_\_

Number of volunteers? \_\_\_\_\_

What qualifications, if any, do your volunteers have with respect to the program described above? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide with your application a list of the names, dates of birth and corresponding Driver's License or State ID numbers of all employees and volunteers who will be entering the department to participate in the volunteer program. This includes the head of the organization if he/she intends to access the department.

What would be the responsibilities of the volunteers relative to this program? \_\_\_\_\_  
\_\_\_\_\_

Please provide your preferences for division and target population?

Division \_\_\_\_\_ Target Population \_\_\_\_\_

Will you be providing a long-term or short-term program? (check one)

- Long-term (program offered daily, weekly or monthly for a minimum of one year)
- Short-term (program that is not offered daily, weekly or monthly during a calendar year)

Day(s) of the week? \_\_\_\_\_  
Time(s)? \_\_\_\_\_

What materials are required to conduct your program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why does your group/agency want to volunteer for the Cook County Department of Corrections?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the group/agency volunteered or are currently volunteering at another correctional facility?  
 Yes  No  
If yes, please provide the name of the facility and your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the group/agency ever volunteered for any department of the Cook County Sheriff's Office?  
 Yes  No  
If yes, give the date, list the department and your responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the group/agency's volunteer privileges ever been revoked?  Yes  No  
If yes, please give date, name of department/organization and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Please attach written documentation of your program curriculum and training curriculum.
  2. Please provide two letters of recommendation (Do **NOT** use spouse or relatives).
- *I acknowledge that the information contained in this application is true and accurate to the best of my knowledge. I understand that this program application will be denied and/or any privileges withdrawn if any of the information I have provided is false.*
  - *I acknowledge receipt of the code of conduct for volunteers and I understand that violation of any provisions of the code of conduct by the organization or the volunteers may result in revocation of volunteer privileges and may include criminal prosecution.*
  - *I acknowledge that I am required to immediately update information contained in this application in writing to the Program Services Department.*
  - *I hereby authorize all parties to whom this document may be presented, to make full inquiries of any records, reports and related documents pertaining to the existence or nonexistence of a criminal history.*

Signature of Group/Agency Head \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For Official Use Only**

Committee Review     Approved     Denied     Quarterly Period

Committee Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Committee Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Committee Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Executive Director Review     Approved     Denied

Executive Director Signature (Designee) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

*The Cook County Department of Corrections reserves the right to deny any request to provide a volunteer program based on the appropriateness, the need and the anticipated effectiveness of the program as well as the department's overall security and operational requirements.*