



Minnesota Department of Corrections
CoSA Programs Volunteer Application Form

Renewal

Please check the program(s) you're interested in volunteering with:

- MnCoSA (Circles of Support & Accountability for sex offenders)
On Your Feet! (Circles of Support & Accountability for veterans)
COLUMNS (Circles of Lifers Utilizing Minnesotans for Support)

Please return your completed forms to:
CoSA Programs
Victim Assistance & Restorative Justice Unit
Minnesota Department of Corrections
1450 Energy Park Dr., Suite 200
St. Paul, MN 55108-5219

DOC Staff Contact:

Full name: Please print (LAST) (MAIDEN) (FIRST) (MIDDLE)

Date of birth: / / Male: Female: Race/Ethnicity:
Month / Day / Year

Home Phone: Cell Phone: Work Phone:

E-mail Address:

Address: IMPORTANT: Include permanent address AND mailing address, if different. Permanent address needs to match address on valid ID.

City/State: Zip Code:

Circle type of ID used (Proper photo ID is required)

- 1. Valid Driver's License from State of Residence
2. Valid ID Card from State of Residence
3. Valid Tribal ID (As detailed in M.S. §171.072(b)(c))
4. Valid Military ID (Active Duty only)
5. Valid Passport (If resident of foreign country)

Write the ID number here: State:

Have you ever worked for the State of Minnesota? No Yes

If yes, when and in what capacity?

Have you EVER been convicted of a felony? No Yes

Have you EVER served time in a MN DOC facility? No Yes

Do you have ANY charges pending against you? No Yes

Are you, or have you been, on probation, parole, or supervision in the last year? No Yes

Agent Name: Agent Phone: ()

Agent Signature:

Are you communicating with an offender at ANY facility? No Yes

Are you related to or acquainted with an offender at ANY facility? No Yes

Are you currently volunteering at another facility? (If yes, list facility below) No Yes

Are you applying for admittance to more than one facility? (If yes, list all facilities below) No Yes

Are you, or have you been, on an offender's visiting list at ANY facility? No Yes

(If yes, please provide offender name, OID number, and date of last visit below.)

Offender Name: OID: Date of last visit:

Reason for offender association:

Emergency Contact Name: Phone:

OFFENDER ASSOCIATION DISCLOSURE FORM

Date: _____ Name: _____
Employee/Student Worker/Volunteer/Intern/Contractor's Full Name

Please list in the space provided any personal and/or professional association you have or had with any of the following:

- **Current offender(s)** - individual(s) who are incarcerated, or on supervised release, parole, or probation under the jurisdiction of the Minnesota Department of Corrections or any other federal, state, or local law enforcement jurisdiction in the United States;
- **Former offender(s)** - individual(s) who, have previously been incarcerated, or on supervised release, parole or probation under the jurisdiction of the Minnesota Department of Corrections or any other federal, state or local law enforcement jurisdiction in the United States and have been discharged from their sentence less than two years (i.e., two years or less "off paper").
- **Family of current or former offender(s) -offender's spouse, biological children, wards, step children, foster children, grandchildren, parents, step parents, grandparents, guardian and siblings. The offenders spouse's parents, grandparents, or other family members living in the same household of the former offender.**

Please check one:

- To the best of my knowledge I have no known personal and/or professional associations with current or former offender(s) or with the family of current or former offender(s).**
- The personal and/or professional associations I have are identified below.**

If you checked you have a personal or professional association(s) please complete section below:

Identify the name of the offender and/or family member of the offender, nature of the association/relationship (e.g., relative, ex-spouse, family friend, victim of the offender's crime, etc.), whether you have/had contact, including but not limited to phone contact, visiting, and/or mail contact, depositing funds in offender(s) account, etc. Add any comments you feel are necessary to explain the circumstances. If you are unsure of the need to disclose, list the individual or ask for clarification from HRM personnel.

OFFENDER ASSOCIATION DISCLOSURE FORM (CONT.)

(Full name of offender and/or family member of offender)

(Location of offender and/or family member of offender)

(Association with offender and/or family member of offender)¹

Do you have contact with the offender or family member? ____ Yes ____ No

If yes, please explain the type of contact you have including how often below:

Appointing Authority/Field Services Manager: _____ Approved _____ Disapproved

Signature

Date:

OSI USE ONLY

OID

Facility

Release Date

Date entered into COMS:

By:

RETURN COMPLETED FORM TO THE WARDEN IF YOU WORK IN A FACILITY AND TO THE DESIGNATED APPOINTING AUTHORITY OF YOUR DIVISION IF YOU WORK IN CENTRAL OFFICE, COMMUNITY SERVICES, OR FIELD SERVICES

**Cc: Facility or Central Office Special Investigation Unit
Regional Human Resource Office**

OFFENDER ASSOCIATION DISCLOSURE FORM (CONT.)

(Full name of offender and/or family member of offender)

(Location of offender and/or family member of offender)

(Association with offender and/or family member of offender)

Do you have contact with the offender or family member? ___ Yes ___ No

If yes, please explain the type of contact you have including how often below:

Appointing Authority/Field Services Manager: _____ Approved _____ Disapproved

Signature

Date:

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