



# VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Organization (if applicable): \_\_\_\_\_ Role/Occupation: \_\_\_\_\_

EMAIL: \_\_\_\_\_ \*BEST PHONE NUMBER: \_\_\_\_\_

Please answer the questions below:

How did you learn about us? \_\_\_\_\_

Are You Over 21 Years of Age? Yes  No

Which Partakers Program(s) are You Interested in Volunteering for?

- College Behind Bars Mentoring Program\*
- Partakers Empowerment Program Mentoring
- Partakers Reading Circle

**\*Partakers' Mentors must meet the official Massachusetts Department of Corrections requirements. Please answer the questions below:**

## \*Interested in College Behind Bars please complete this section:

Have you ever been convicted of a felony or sentenced and incarcerated in a correctional facility?  
 Yes  No

Do you currently visit any individual housed inside a correctional facility in Massachusetts?  
 Yes\*  No

\*If Yes, which facility?  
\_\_\_\_\_

Do you currently, within the past 12 months, serve as a volunteer for the MA Department of Corrections?  
 Yes  No

Do you drive and have access to a car?  
 Yes  No

## \*Interested in Partakers Empowerment Program (PEP) please complete this section:

Have you ever been convicted of a felony or sentenced and incarcerated in a correctional facility?  
 Yes  No

Do you have any experience with incarcerated or formerly incarcerated individuals?  
 Yes\*  No

Are you comfortable using Zoom?  
 Yes  No

Thank you for your interest in Partakers. We will be in touch soon. If there is any other information you would like us to know such as why you are interested in volunteering for Partakers please feel free to include that here.

Signature \_\_\_\_\_

Date \_\_\_\_\_