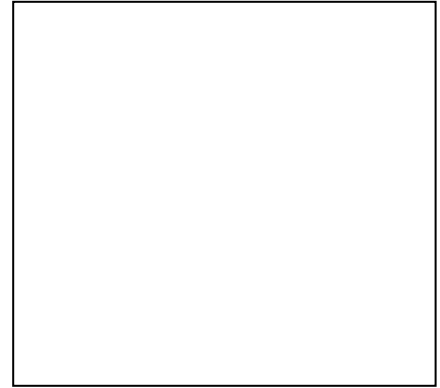


IDAHO DEPARTMENT OF CORRECTION  
Volunteer Job Description



Photograph

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

Name of organization/affiliation: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Volunteer job title: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose of Position: \_\_\_\_\_

Specific duties: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Benefits to the IDOC: \_\_\_\_\_

Training and experience: \_\_\_\_\_

Time commitment and hours: \_\_\_\_\_

Supervisor: \_\_\_\_\_

I \_\_\_\_\_ (Volunteer) agree to the duties listed above.

The Idaho Department of Correction agrees to provide relevant training and appropriate supervision.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_