

Department of Public Safety and Correctional Services
VOLUNTEER/UNPAID STATUS
JOB FORM

INMATE'S NAME: _____ ID #: _____

INSTITUTION/FACILITY: _____ SID # _____

() I understand I am volunteering for the following activity: _____
and that I will not be paid nor will I be eligible for or receive diminution of confinement credits for performing this job.

() I accept assignment to _____.
I understand I will not be paid for this assignment. However, I will receive diminution credits in accordance with established procedures as long as I remain assigned to the job/program by case management staff.

INMATE'S SIGNATURE

DATE

WITNESS TITLE

DATE

cc: Detail Supervisor
Case Management Supervisor or Manager
Case record, Section III