



APPLICATION FOR SPECIAL GUEST

State Form 33062 (R2 / 4-18)
DEPARTMENT OF CORRECTION

The following person(s) is (are) applying as Special Guests for a special (one-time or infrequent) program.

Name of person responsible for group volunteers		Date (month, day, year)
Name of organization (if applicable)		
Address of individual or organization (number and street, city, state, and ZIP code)		
Primary telephone number ()	Secondary telephone number ()	E-mail address
Description of program		
Equipment / supplies to be furnished by facility		
Equipment to be furnished by group (All equipment / supplies brought into the facility must be approved in advance. Please attach separate sheet with detailed list.)		

Everyone involved in providing this special volunteer program agree to abide by all IDOC policies and procedures. These rules include but are not limited to: (a) individuals are at least eighteen (18) years of age; (b) must present valid, government-issued identification; (c) everyone is subject to search; (d) cannot be under the influence of alcohol or illegal drugs; (e) trafficking with offenders is prohibited; (f) all Prison Rape Elimination Act (PREA) guidelines must be followed; and (g) individuals enter the facility at their own risk.

Each individual must write their name and check the appropriate boxes.

- Column 1: Print names of group members.
- Column 2 (C2): Check if group member has a prior felony conviction.
- Column 3 (C3): Check if group member is currently on parole or probation.
- Column 4 (C4): Check if group member has ever been a volunteer, visitor, or employed at any IDOC facility.

If more space is needed, use additional sheets. Return completed copy together with any additional sheets.

Names of Group Members	C2	C3	C4
Group leader			

Date application received by facility (month, day, year)	Application is: ☐ Approved ☐ Denied
If denied, reason for denial	
Signature of facility representative	Date applicant notified (month, day, year)