**THE CORRECTIONS WAY TEAM MEMBER APPLICATION**

To be considered as an ambassador or an influencer, you must be in good standing with a minimum of one year of experience in your current role with the Missouri Department of Corrections. In addition, you must have completed either the 4-hr frontline staff TCW training or the 8-hr TCW supervisor training. Please return your completed application to the following address or email:

Missouri Department of Corrections

Attn: Melissa Davison, Assistant Division Director

P.O. Box 236

Jefferson City, MO 65109

Email: [Melissa.davison@doc.mo.gov](mailto:Melissa.davison@doc.mo.gov)

**Check one**: I am interested in becoming an:  Ambassador  Influencer

**Type or Print clearly**:

**\*\*EMPLOYMENT\*\***

Name (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Worksite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How long have you been with the Department? Years \_\_\_\_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been in your current position? Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you completed either the 4-hr frontline staff training or the 8-hr supervisor training? Yes No

Have you discussed becoming an ambassador/influencer with your direct supervisor or another ambassador at your worksite? Yes No

**\*\*GENERAL INFORMATION\*\***

Why do you want to be an ambassador/influencer at your worksite?

What do you hope to achieve by becoming an ambassador/influencer?

Describe two ways you demonstrate using The Corrections Way skills/tools/concepts in your everyday role at your worksite.

Describe two qualities/characteristics you possess that will help guide you in this role.

**\*\*FOR AMBASSADORS ONLY\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **REFERENCES** | | | |
| NAME (PRINT) | SIGNATURE | TITLE | PHONE NUMBER |
| NAME (PRINT) | SIGNATURE | TITLE | PHONE NUMBER |

Provide two current references from your worksite, making sure that one of the references is a supervisor at your worksite.

**\*\*AMBASSADORS AND INFLUENCERS\*\***

**Initial Each Statement**:

\_\_\_\_\_ I have attended The Corrections Way training.

\_\_\_\_\_ I have been in my current role for one year.

\_\_\_\_\_ I have spoken with my direct supervisor or another ambassador at my worksite, and understand the time commitment needed for this role.

\_\_\_\_\_ I will commit to being a good role model and will continue using TCW skills/concepts at my worksite and with my peers.

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Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Supervisor’s Printed Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Supervisor’s Signature Date

**\*\*CAO USE ONLY\*\***

This section is for CAOs only. Check the appropriate box below, sign, and date the application. Return all approved and denied applications to Melissa Davison at [Melissa.davison@doc.mo.gov](mailto:Melissa.davison@doc.mo.gov) or mail to the address above.

I have reviewed this application and I approve. I notified the applicant of my approval, and let them know that upon receipt of the application, the TCW team will send an email with boot camp information within two weeks.

I have reviewed this application and I do not approve. I notified the applicant and discussed with the applicant why I did not approve this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAO Printed Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAO’s Signature Date

Should you have questions regarding this application please contact:

Ashley Golden email: [Ashley.golden@doc.mo.gov](mailto:Ashley.golden@doc.mo.gov) or phone: 573-291-8297

Jamie Jepsen email: [Jamie.jepsen@doc.mo.gov](mailto:Jamie.jepsen@doc.mo.gov) or phone: 573-291-7421

Carissa Mitchell email: [Carissa.mitchell@doc.mo.gov](mailto:Carissa.mitchell@doc.mo.gov)

**For Office Use Only (Initials of recording staff person must accompany each entry):**

|  |  |  |
| --- | --- | --- |
| Application Received Date | Placed on Eligibility List | Boot Camp Date |
|  |  |  |