

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

____/____/____
DATE

APPLICATION FOR VOLUNTEER STATUS
PART I – Volunteer Information

FACILITY APPLYING TO

IMPORTANT:

COMPLETE PAGES 1-5. IF A QUESTION DOES NOT APPLY, ANSWER N/A. YOU MUST SIGN AND DATE PAGE 5

1. a) Activity/Group/Program applying for: _____
b) If religious program, please specify the religion: (e.g., Catholic, Protestant, Muslim, etc.) _____
2. Last Name: _____ First Name: _____ Full Middle Name: _____
3. Current Address: _____
City: _____ State: _____ Zip: _____ E-mail: _____
Current Mailing Address, if Different From Above: _____
City: _____ State: _____ Zip: _____
4. a) Home Telephone # w/Area Code: (____) _____ b) Work Telephone # w/Area Code: (____) _____ c) Cell Phone # w/Area Code: (____) _____
5. Social Security #: _____ Any other Social Security #(s) you have had: _____
6. Date of Birth: ____/____/____ Place of Birth: _____
(City, State, Country)
7. Person to contact in case of an emergency: Name: _____
Relationship: _____ Telephone: (____) _____
8. Name exactly as it appears on your Driver's License: _____
9. Other names you have been known by: Aliases / Maiden / Prior Marriage: _____

10. Current Driver's License Number: _____ State: _____
11. States in which you have or ever had a Driver's License or Non-Driver ID: _____
12. Sex: Female Male
13. Race: White Black Hispanic Asian Native American Other/specify _____
14. Eyes: Blue Black Brown Green Hazel Other/Specify _____
15. Hair Color: Black Brown Blonde Gray Bald Other/Specify _____
16. Complexion: Light Medium Dark
17. a) Height: Feet _____ Inches _____ b) Weight (lbs.): _____
18. List any scars, marks, or tattoos: _____

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19. Have you or any member of your family ever been the victim of or witness to a crime where the perpetrator(s) were sentenced to a period of incarceration in a Federal, State, or County Correctional Facility? YES NO

* If "YES," please answer the following questions:

Victim's relationship to you: _____ Date of Incident: _____

Name(s) of perpetrator(s): _____

Location of Incident / City/Town: _____ County and State: _____

20. A) Are you receiving telephone calls, on the telephone or visiting list, corresponding with, or sending packages to any inmate presently incarcerated in a NYS Correctional Facility? YES NO

B) Do you reside with anyone who was previously incarcerated in a NYS Correctional Facility? YES NO
If "YES" to A or B, please provide the following information (attach additional sheets if necessary)

Inmate Name: _____ DIN: _____

Facility: _____ Relationship: _____

Inmate Name: _____ DIN: _____

Facility: _____ Relationship: _____

21. Are you currently or have you been previously employed or had volunteer or contract service provider status with the New York State Department of Corrections & Community Supervision YES NO

a. If "YES," please check which one: Volunteer Contract Service Provider Employee

b. If "YES," please list the facilities: _____

Has status been revoked? YES NO If "YES," please list the facilities: _____

22 a. Name of the company or agency whom you represent as a volunteer: _____

Supervisor: _____ Phone Number: _____

Address: _____

b. If you are employed by a Government Agency and provide a service relevant to your function, do you have Peace or Police Officer status? YES NO

23. Is a Professional License required to perform your duties? YES NO

If "YES," please specify the following: License #: _____ State: _____

Issuing Agency: _____

24. Are there any specific needs that you require to perform the assignment under the Americans with Disabilities Act? YES NO If "YES," please list: _____

25. (a) Are you a U.S. Citizen? YES NO (b) If "NO," provide Alien Registration #: _____

26. Do you possess a valid Passport? YES NO

If "YES," please list issuing country & Passport Number: _____

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27. Have you traveled outside the continental United States in the past five years? †YES †NO

If "YES," please list destination and date of travel: _____

If "YES," please list reason for traveling to the destination: _____
(Attach additional sheets if necessary)

28. List any previous volunteer experience outside Corrections: _____

29. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group which advocated violence against individuals because of their ethnic origin, religion, political affiliation, nationality, gender, sexual orientation, or disability? †YES †NO

If "YES," please explain: _____

30. (a) Have you ever been convicted of any crime (felony, misdemeanor, or violation). Traffic infractions/violations need not be reported: †YES †NO

(b) Any Charges pending? †YES † NO

(c) Have you ever had an Order of Protection filed against you? †YES †NO

If you answered YES to questions A, B, or C you must fill out PART II – Criminal History of this application. This information will not necessarily preclude admission to a correctional facility if declared during the application process.

31. List full name(s), addresses, telephone numbers of two individuals who can verify your skills/ability to serve or perform your duties.

REFERENCE #1

REFERENCE #2

Name: _____

Name: _____

Address: _____

Address: _____

City/State/ZIP: _____

City/State/ZIP: _____

Phone #: _____

Phone #: _____

E-mail Address: _____

E-mail Address: _____

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PART II – Criminal History**

COMPLETE NAME AND DATE, AND THEN ANSWER QUESTIONS 32-35 ONLY IF YOU ANSWERED "YES" TO PART A, B, OR C OF QUESTION #30 ON PART I – VOLUNTEER INFORMATION OF THIS APPLICATION FOR VOLUNTEER STATUS FORM.

Name: _____ Date: ____/____/____

32. Criminal History: (Please provide the following information for all of your convictions. If you served time in a New York State, Federal, or County Correctional Facility, please provide your Departmental Identification Numbers(s) and the names of the facilities in which you were incarcerated.

NOTE: REPORT CONVICTIONS FOR FELONY, MISDEMEANOR, AND VIOLATION OFFENSES. TRAFFIC INFRACTIONS/VIOLATIONS NEED NOT BE REPORTED:

A. Charge/Charges: _____ Arresting Agency: _____
Conviction Date: ____/____/____ Sentence: _____ DIN: _____
Facility(s) Where Incarcerated: _____ Time Served: _____
Date Released From Incarceration: ____/____/____ Date Released from Parole/Probation Supervision: ____/____/____
Name of Parole or Probation Officer: _____
Location: _____ Telephone Number: _____

B. Charge/Charges: _____ Arresting Agency: _____
Conviction Date: ____/____/____ Sentence: _____ DIN: _____
Facility(s) Where Incarcerated: _____ Time Served: _____
Date Released From Incarceration: ____/____/____ Date Released from Parole/Probation Supervision: ____/____/____
Name of Parole or Probation Officer: _____
Location: _____ Telephone Number: _____

If additional space is needed, please attach an additional sheet with the pertinent information.

33. Are you currently on active Probation or Parole Supervision? †YES †NO

If "YES," please provide the following information:

A. Nature of Crime: _____ Arresting Agency: _____
Conviction Date: ____/____/____ Sentence: _____ DIN: _____
Time Served: _____ Date Released from Incarceration: ____/____/____
Anticipated Release Date From Parole or Probation Supervision: ____/____/____
Name of Parole or Probation Officer: _____
Location: _____ Telephone Number: _____

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NOTE: PAROLE/PROBATION INFORMATION – IF YOU ARE CURRENTLY ON PAROLE/PROBATION, YOU WILL NEED TO OBTAIN WRITTEN APPROVAL FROM YOUR PAROLE/PROBATION OFFICER FOR EVERY FACILITY IN WHICH YOU WISH TO PROVIDE A SERVICE.

34. If charges are currently pending against you, please explain the nature of the charges:

Date of Arrest: _____ / _____ / _____ Police Agency: _____
Crime: _____ Felony Misdemeanor Drug/Domestic Violence Violation
Have you appeared in Court? YES NO Date: _____ / _____ / _____
Next court appearance: _____ / _____ / _____
Have you forfeited bail bond to guarantee your appearance in court to answer these charges? YES NO
Give brief description of the circumstances: _____

35. Please include the following information regarding any Order of Protection filed against you:

Date Order of Protection was filed: _____ / _____ / _____
Court location where the Order of Protection was issued: _____
Name of the person the Order was filed on behalf of: _____
Relationship: _____
Is the Order still in effect: YES NO If "NO", date ended: _____ / _____ / _____

I HEREBY ACKNOWLEDGE THAT THE STATEMENTS MADE ABOVE ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

NOTE: FALSE OR KNOWINGLY OMITTED STATEMENTS MAY BE GROUNDS FOR TERMINATION OF VOLUNTEER STATUS AND PERMANENT EXPULSION FROM A CORRECTIONAL FACILITY. FALSE AND KNOWINGLY OMITTED STATEMENTS MAY BE GROUNDS FOR PROSECUTION IN ACCORDANCE WITH PENAL LAW SECTION 210.45.

APPLICANT NAME: (PRINT) _____ DATE: _____

APPLICANT'S SIGNATURE: _____

OFFICIAL USE ONLY

FACILITY(S) WHERE SERVICE WILL BE PROVIDED: _____
FREQUENCY OF SERVICE (check one): Regular – Ongoing Occasional One-time

STAFF REVIEW

I have reviewed this application to ensure that it has been completed in its entirety and the individual has provided government issued identification to verify his or her identity. I also affirm that the signature herein is the signature of the applicant.

RECEIVING NYSDOCCS EMPLOYEE (PRINT): _____ TITLE: _____

RECEIVING NYSDOCCS EMPLOYEE: (SIGNATURE): _____

TELEPHONE #: _____ E-MAIL: _____ FINGERPRINTS REQUIRED: YES NO