

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

If \_\_\_\_/\_\_\_\_/\_\_\_\_  
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.): \_\_\_\_\_  
c) Does your role with this Program/Organization require you to provide additional services to incarcerated individuals upon their release?  YES  NO
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_
3. Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
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: \_\_\_\_\_  
a) Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_
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. Gender:  Female  Male  X  Other/specify \_\_\_\_\_
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: \_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR VOLUNTEER STATUS**  
**PART I – Volunteer Information (continued)**

19. Have you or any member of your family ever been the victim of or witness to a crime where the perpetrator(s) was 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) CHECK ALL THAT APPLY: Have you ever, either personally or professionally, received telephone calls from , communicated with via secure messaging (email)  or mail correspondence , sent packages to  or visited any incarcerated individual currently or previously incarcerated in any NYS Correctional Facility?

If "YES," please provide the following information (attach additional sheets if necessary):

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

Facility: \_\_\_\_\_ Relationship: \_\_\_\_\_

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):

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: \_\_\_\_\_

c) 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 or Certification 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: \_\_\_\_\_

**APPLICATION FOR VOLUNTEER STATUS**  
**PART I – Volunteer Information (continued)**

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 arrested and/or convicted of any crime (felony, misdemeanor, or criminal violation)?  
Traffic infractions (e.g., speeding or parking tickets) 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, not relatives, who can verify your skills/ability to serve or perform your duties. By providing this information, you give permission for DOCCS to contact the below listed individuals.

REFERENCE #1

REFERENCE #2

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

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

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

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

City/State/ZIP: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

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

**APPLICATION FOR VOLUNTEER STATUS**  
**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 name(s) of the facilities in which you were incarcerated.

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

a) Charge/Charges: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_

Conviction Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sentence: \_\_\_\_\_ DIN: \_\_\_\_\_

Facility(s) where incarcerated: \_\_\_\_\_ Time Served: \_\_\_\_\_

If you were incarcerated in NYS did you have any documented enemies? If yes, please enter information below:

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

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

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: \_\_\_\_\_

**APPLICATION FOR VOLUNTEER STATUS**  
**PART II – Criminal History (continued)**

**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 charge(s):

\_\_\_\_\_

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**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**

**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 their identity. I also affirm that the signature herein is the signature of the applicant.

RECEIVING NYSDOCCS EMPLOYEE (PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_

RECEIVING NYSDOCCS EMPLOYEE (SIGNATURE): \_\_\_\_\_