



Corrections and Community Supervision

REGULAR

VOLUNTEER APPLICATION

Division of Ministerial, Family & Volunteer Services

2022

WENDE HUB REGION

Collins Correctional Facility ~ Middle Road ~ Collins New York, 14034

Collins, Groveland, and Lakeview Correctional Facilities

716-532-4588 – Extension 1105 ** 4551

Ellen.Krall@Doccs.Ny.Gov



Corrections and Community Supervision


KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

Dear Volunteer Applicant,

Thank you very much for your interest in volunteering for the New York State Department of Corrections and Community Supervision. Volunteering in a correctional facility is a noble act which enhances the lives of hundreds of incarcerated individuals statewide. The goal of the Volunteer Services Office is to ensure you have a positive experience. As you read through the information below, please be aware that it may take up to 60 days to complete the entire registration/approval process.

To begin your journey, you will need to complete the attached 5-page application. This application should be completed electronically and will accept a digital signature. Be sure to complete each question fully paying close attention to questions #19, #20, #21, #29, #30, and #33. Please note that question #20 includes that **ANY** interaction with a New York State incarcerated individual must be reported despite the time frame. An affirmative response to these questions will not negate your opportunity for volunteer status; however, this response may require additional information or action. For questions that do not apply, note "N/A" in the answer box. Do not leave any answers blank. Applications with missing information will be returned, which will delay the process. Most importantly be sure to electronically sign page #5.

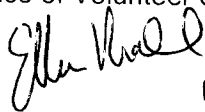
 All volunteer applicants are required to provide a copy of a government issued **photo** identification at the time of application (i.e. driver's license, passport, Sherriff's ID, or non-driver ID.) Please include a copy with your completed application.

Along with the application, you will receive attachments which include the Volunteer Standards of Conduct and All Applicable Policies. We strongly encourage you to read the packet to ensure you have a clear understanding of the expectations when you volunteer in a New York State Correctional Facility. Should you feel uncomfortable or are unable to abide by the policies, please advise staff that you no longer wish to pursue volunteering with our agency.

All volunteer applicants are subject to a comprehensive background check. Please note that you must report **ALL** arrests (regardless of the disposition) and convictions with the exception of traffic infractions or violations. Feel free to include a rap sheet if you are unclear of your history. Any questionable criminal activity that results from the background check, and has not been reported by you on the application, will be cause for further review and possible denial of your application.

Once your application has been approved, you will be invited to attend a volunteer orientation which will thoroughly prepare you for your volunteer experience. You will need to plan for 2.5 to 3 hours for the orientation. At this time, you will be required to have your fingerprints taken at a New York State Correctional Facility. Documentation of a current (within 1 year) TB test is required prior to beginning your service. Again, thank you for your interest and we look forward to hearing from you soon. In the meantime, should you have any questions; feel free to contact the Supervisor for Volunteer Services in your region or the person who sent you this letter.

Thank you,
Office of Volunteer Services



Ellen.Krall@DOCCS.NY.Gov

716-532-4588 - 4551

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: _____ 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. 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: _____

New York State Department of Corrections & Community Supervision
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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) Have you ever, either personally or professionally, received telephone calls, secure messaging (e-mail), packages, from, visited or corresponded with, or sent packages to any inmate currently or previously incarcerated in any 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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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 violation)?
Traffic infractions/violations (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: _____

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

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 VIOLATION OFFENSES. TRAFFIC VIOLATIONS 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: _____

New York State Department of Corrections & Community Supervision
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APPLICATION FOR VOLUNTEER STATUS
PART II – Criminal History

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: _____ / _____ / _____

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 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): _____

**New York State Department of Corrections and Community Supervision
Office of Ministerial, Family and Volunteer Services**

**Acknowledgement of “Standards of Conduct for Volunteers” and
All Applicable Policies**

Volunteer Name: _____

I hereby acknowledge receipt of the most current versions of the following standards and policies for volunteers. I understand the training that I have received and that I will be held accountable for, and act in accordance with, these standards and policies. I further understand that any violation may result in my termination as an approved volunteer.

- Standards of Conduct for Volunteers
- Policy on the Prevention of Sexual Abuse & Sexual Harassment of Incarcerated Individuals & Parolees
- Copies of Directives #4027A and #4028A
- List of Allowable Items for Volunteers
- Suicide Prevention Memorandum
- NYS DOCCS Policy Statement on Sexual Harassment in the Workplace
- Non-discrimination in Employment Based on Sexual Orientation & Gender Identity
- Policy on Writing Letters of Recommendation for Inmates
- Language Access Memorandum
- Contraband Memorandum on Wrist Watches/Devices
- Contraband Memorandum on Smartglasses
- Contraband Memorandum on Smart Rings
- Received a copy of the most current “Volunteer Information Packet.” If not applicable, please check this box. “N/A”:

Signature of Volunteer

Date

For Official Use Only

Initial Orientation

Refresher Orientation

Occasional Application

Counseling Session

One-Time Application

Signature of Staff & Title

Date