REGULAR VOLUNTEER APPLICATION
Division of Ministerial, Family & Volunteer Services

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
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

[Signature]

APPLICATION FOR VOLUNTEER STATUS

PART I – Volunteer Information

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: ________________________________________________

Parts I & II
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: ____________________________________________________________

Parts I & II
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)? □ YES □ NO
   Traffic infractions/violations (e.g. speeding or parking tickets) need not be reported.

   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

   Name: __________________________________________
   Address: _______________________________________
   City/State/ZIP: _________________________________
   Phone #: ________________________________
   Email Address: _________________________________

   REFERENCE #2

   Name: __________________________________________
   Address: _______________________________________
   City/State/ZIP: _________________________________
   Phone #: ________________________________
   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 VIOLATION OFFENSES. TRAFFIC VIOLATIONS NEED NOT BE REPORTED.

a) Charge/Charges: ___________________________ Arresting Agency: ___________________________

Conviction Date: __/__/___ Sentence: ___________________________ D/N: ___________________________

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: ___________________________ D/N: ___________________________ Name: ___________________________ D/N: ___________________________

Name: ___________________________ D/N: ___________________________ Name: ___________________________ D/N: ___________________________

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: ___________________________ D/N: ___________________________

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: ___________________________ D/N: ___________________________

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

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