



State of New Jersey

DEPARTMENT OF CORRECTIONS



VOLUNTEER APPLICATION

Please Type or Print

Personal Information	Correctional Facility _____	Date _____
Name: _____	Last _____ First _____	Middle _____
Birth Name: _____	Last _____ First _____	Middle _____
Soc. Sec. #: _____	Email address: _____	
Home Phone: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Eye Color: _____
Cell Phone: _____	Height: _____ Ft. _____ In.	Hair Color: _____
Work Phone: _____		
Do you have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details _____		

Address	Birth Information
Street Address: _____	Date of Birth: _____
City: _____	City of Birth: _____
State: _____ Zip Code: _____	State: _____
Resident of State: _____ Years	Country: _____
Passport # _____ (if any)	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Information

Veh. Lic. Plate #: _____ State: _____ Veh. Make: _____ Year: _____

Driver's Lic. #: _____ State: _____ Veh. Model: _____ Color: _____

Person to notify in case of emergency

Name: _____ Relationship: _____

Last _____ First _____

Street Address _____ Phone: _____

City _____ State _____ Zip Code _____

Education / Training / Organizations

High School Diploma / GED: Yes No College degree: Yes No

University / College: _____ Degree / Major: _____

Name

Special Training: _____

License(s) / Certificate(s): _____

Organization you represent: _____

Name of organization _____ Contact person and Telephone number _____

Previous volunteer work history

Agency name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Type of service: _____ Days volunteered: _____

Volunteer work preferences

Check days and indicate times available to volunteer:

- | | | |
|---|------------------------------------|--------------|
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Sunday | Time - _____ |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Monday | Time - _____ |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Tuesday | Time - _____ |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Wednesday | Time - _____ |
| <input type="checkbox"/> Religious Services / Studies | <input type="checkbox"/> Thursday | Time - _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Friday | Time - _____ |
| | <input type="checkbox"/> Saturday | Time - _____ |

Briefly state why you wish to perform volunteer work: _____

Tuberculosis Testing

All Volunteers are required to undergo annual testing for tuberculosis.

Criminal History

1. Have you ever been convicted of a crime? Yes No

If yes, please provide details on a Criminal History Background Check (SID Form 12)

2. Do you have any relatives, by blood or marriage, incarcerated in any New Jersey Correctional Facility? Yes No

3. Are you currently an approved visitor or currently on the visit list of any inmate incarcerated in any New Jersey Correctional Facility? Yes No

4. If you answered "Yes" to question 2 or 3 above, provide name(s), State numbers and Correctional facility(ies):

Right to Privacy / State Police Check

Prior to being approved as a volunteer, photographs shall be taken for I.D. purposes, and a State Police Bureau of Identification (S.B.I.) check shall be made by this correctional facility. Fingerprints may also be taken.

I hereby waive my right to privacy of records and allow a check on my background to be made with law enforcement authorities. I further understand that all information will be kept confidential and I certify that the information contained in this application is true and accurate. If I am approved as a volunteer, I will abide by all rules and regulations governing this program.

Signature of Volunteer

Date

OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Area assigned: _____ I.D. Card: _____ Date: _____

Special Conditions _____ S.B.I. Check: _____ CCH: _____

TB Testing: _____ Date: _____ Results: _____

Printed Name and Signature of Coordinator of Volunteer Services Date

Printed Name and Signature of Area Supervisor Date

Printed Name and Signature of Administrator Date