



# State of New Jersey DEPARTMENT OF CORRECTIONS



## VOLUNTEER APPLICATION

Please Type or Print

<b>Personal Information</b>		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 _____			

<b>Address</b>	<b>Birth Information</b>
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