

CRIMINAL HISTORY CHECK

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

AUTHORIZATION FOR RELEASE OF INFORMATION CRIMINAL HISTORY CHECK

I hereby authorize a representative of the Federal Bureau of Prisons to obtain information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at any Bureau facility. I also understand that refusal to provide all necessary information may result in (1) denial of entry into a Bureau facility and (2) denial of volunteer/contract status.

1. Name (Last, First, Middle)

2. Address (Street address — City, State, County, Zip Code)

3. Home Telephone Number (Area Code, Number):

4. Aliases/Nickname:

5. Citizenship (List the country you are a citizen of):

6. Social Security Number:

7. Date of Birth (Month, day, year):

8a. Sex:

8b. Race:

8c. Height:

8d. Weight:

8e. Color of Eyes:

9f. Color of Hair:

9. Place of Birth (City, State, County) List city, county, and country if outside the U.S.A.

10. The above-listed information is true and correct.
Applicant's Signature

10a. Date

PRIVACY ACT NOTICE

Authority for Collecting Information: E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301

Purposes and Uses: Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Non-Disclosures: Furnishing the requested information is voluntary, but failure to provide all or of part the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.

CERTIFICATION FOR RELEASE OF INFORMATION

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

You must sign this application. Please read the following carefully before you sign.

I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.

I understand any information I give may be investigated, as allowed by Law or Presidential Order.

I consent to the release of information about my ability and fitness as a volunteer by employers, schools, law enforcement agencies and other individuals and organizations to investigators making inquiries on behalf of the Federal Bureau of Prisons.

I consent to the release of my name to be used by the Department of Justice and the Federal Bureau of Prisons for awards and/or written articles related to my service as a volunteer. I understand that some of these awards and/or articles in official publications may be placed on the Department of Justice and/or the Federal Bureau of Prisons Internet web site.

I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

I agree to provide volunteer services with the full understanding that BOP and the United States cannot and will not compensate, provide any financial benefit to, or reimburse me in any manner for providing those services.

I agree and declare that I have no expectation of receiving any compensation, financial benefit, or reimbursement of any kind from BOP or the United States for providing services as a volunteer.

I agree to make no claim for compensation, financial benefit, or reimbursement of any kind against BOP or the United States for my services as a volunteer.

I understand and agree that it would be unlawful for BOP to accept voluntary services if I had any expectation of compensation, financial benefit, or reimbursement from BOP or the United States.

I will not endorse, practice or use language that will support violence or terrorism, nor discriminate against or exclude others based on race, color, religion, gender, or national origin.

Signature:	Date:
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Level I Volunteer Application/Training

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Thank you for offering your services as a volunteer within the Federal Bureau of Prisons. Please complete the following questions, clearly print or type your answers.

Institution:	Department:	Date:
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Name (Last, First, Middle Initial):	Email Address:
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Cell Phone Number:	Work Phone Number:
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Emergency Contact: Name: Home Phone Number: Cell Phone Number: Address:
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Do you currently know or have you ever known anyone incarcerated in the Bureau of Prisons? If so, provide the following information:

Name of Inmate:	Inmate Number:	Dates of Incarceration:
Relationship:	Institution:	

Have you ever endorsed, practiced or use language that will support violence, terrorism, discriminate against others or exclude others based upon race, color, religion, gender, or national origin? Yes ____ No ____

This portion must be signed in the presence of the Bureau of Prisons program manager.

Acknowledgement of Training

I am entering the institution as a Level I volunteer (four days or less per year). I affirm the Program Manager, of the department I am providing services for, advised me of conduct, safety and security issues, and general instructions of being in a correctional setting, and on my responsibilities under the Federal Bureau of Prisons' sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

I am aware and understand the Federal Bureau of Prisons zero tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment.

Volunteer's Printed Name:	Volunteer's Signature:	Organization:	Date:
		Saints Prison Ministry	

Program Manager Signature: _____ Date: _____ Time: _____

Volunteer Letter of Reference

For: _____

(Name of Volunteer)

Contact Information (may not be family member)

Name: Jeff Marthins
Street Address: 2407 Fostertown Rd
City, State, Zip: Hainesport, NJ 08036
Home Phone: 609-220-0695
Work Phone: 215-221-8671
Email: jmarthins@comcast.net

Length and Nature of Relationship

I have known this volunteer for:

6-12 months
 1-3 Years
 More than 3 Years

The nature of this relationship has been ministry colleague

Character and Skills

Tell us in which areas this volunteer is qualified to offer services (check all that apply):

Integrity
 Credibility
 Knowledgeable
 Willingness to Serve
 Dependability
 Follows Instruction/Response to Supervision
 Skilled
 Aware of Surroundings

Additional Information

Please list any additional information that would attest to the skills, credibility, and integrity of the volunteer.

Signature:



Date:

Volunteer Letter of Reference

For: _____

(Name of Volunteer)

Contact Information (may not be family member)

Name: Frank Zeidler
Street Address: 2407 Fostertown Rd
City, State, Zip: Hainesport, NJ 08036
Home Phone: 856-304-8262
Work Phone: 609-845-3197
Email: fzeidler@saintsprisonministry.org

Length and Nature of Relationship

I have known this volunteer for:

- 6-12 months
 1-3 Years
 More than 3 Years

The nature of this relationship has been ministry associate

Character and Skills

Tell us in which areas this volunteer is qualified to offer services (check all that apply):

- Integrity
 Credibility
 Knowledgeable
 Willingness to Serve
 Dependability
 Follows Instruction/Response to Supervision
 Skilled
 Aware of Surroundings

Additional Information

Please list any additional information that would attest to the skills, credibility, and integrity of the volunteer.

Signature:



Date:

Prison Rape Elimination Act (PREA) Training
for Level I Volunteers

The Foundation of PREA

- PREA is the Federal law of 2003 that seeks to eliminate sexual assaults and sexual misconduct in correctional environments
- PREA sets mandatory standards for the detection, prevention, and punishment of sexual abuse in prisons
- The Bureau of Prisons (BOP) is compliant with PREA

Definitions related to sexual abuse

- Sexual abuse of an inmate includes abuse by another inmate or by a staff member, contractor, or volunteer. It includes the following acts:
 - Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
 - Contact between the mouth and the penis, vulva, or anus
 - Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument
 - Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation (for inmate-on-inmate abuse)
 - Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire (for staff-on-inmate abuse)
 - Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above
 - Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident
 - Voyeurism by a staff member, contractor, or volunteer
- Sexual harassment includes:
 - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or

actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another

- o Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures

Zero Tolerance

- The BOP has maintained a zero tolerance position on sexual abuse and sexual harassment for many years
- Procedures are in place to detect and prevent sexually abusive behavior and sexual harassment
- Victims of this behavior receive timely and effective responses to their physical, psychological, and security needs
- Allegations receive timely intervention upon report
- Perpetrators are disciplined and, when appropriate, are prosecuted in accordance with BOP policy and Federal law

How to Report Incidents

- If you observe sexually abusive behavior and/or sexual harassment of inmates by anyone, report it immediately to your staff escort or to any staff member
- If the staff escort is the individual you observed engaging in the behavior, you may report the behavior to any staff member
- You may also make a report to the National PREA Coordinator at BOP-CPD/PREACoordinator@BOP.GOV

If you have additional questions related to PREA, particularly the zero tolerance policy and how to report incidents, please ask your staff escort and/or the Institution PREA Compliance Manager to clarify these issues before you enter the institution.

Your signature on the Level I Volunteer Application/Training form is your acknowledgement for having received this training and that you understand the material presented.

Signature _____

Date _____

**VOLUNTEER SERVICES
GCIC/NCIC CONSENT FORM**

I, _____, hereby authorize the Georgia Department of Corrections (GDC) to receive any criminal or driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

Full Name Printed: _____

Address: _____

City and State

Zip Code

Place of Birth

Weight

Height

Hair

Eyes

Sex

Race

DOB

SSN

Applicant's Signature

Date

Approved/Disapproved (circle one) Comments: _____

Appointing Authority's Signature

Date

Institution/Center/Office

Date

For Ex-offenders ONLY: Approved/Disapproved by Regional Director

Signature

Date

(To be placed in personnel file at Facility)

**Georgia Department of Corrections
Recreation Program
Visiting Volunteer Waiver of Liability**

Name: _____ Date of Birth: _____

Address (Street): _____

City, State, Zip Code: _____

Telephone (Home: _____ (Work): _____

Name of Group and Activity in Institution/Center Saints Prison Ministry

Date _____ Time In _____

In consideration of having been accepted as a volunteer for the above listed activity, and with the knowledge that I will be working, directly and indirectly, with offenders, I recognize fully that my presence may involve some element of risk.

I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature which may exist or accrue in the future against the State of Georgia, the Georgia Department of Corrections, (Name of Institution/Center), its personnel, employees, staff or agents because of, as a result of, or in connection with the duties, responsibilities and work which I will undertake.

In making this application, I hereby give the Georgia Department of Corrections authority to make inquiries with police records as may be deemed necessary to ascertain my suitability as a volunteer.

Signature of Volunteer

Date Signed

Have you ever been convicted of a criminal offense? _____ If yes, explain briefly: _____

Are you currently on parole or probation? _____ If yes, explain briefly: _____

GEORGIA DEPARTMENT OF CORRECTIONS
SEXUAL ABUSE/SEXUAL HARASSMENT
PRISON RAPE ELIMINATION ACT (PREA) EDUCATION
ACKNOWLEDGEMENT STATEMENT

Employee Type (Check one):

Employee

Contractor/Volunteer

I have received the appropriate training for my employee status in accordance with SOP 208.06, *Sexually Abusive Behavior Prevention and Intervention Program*. I understand the Department's zero-tolerance for sexual abuse of offenders. I understand that I am not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if I witness such conduct or if someone reports such conduct to me. I further understand that my authorization to enter, visit, or work at a correctional institution where there are offenders is based on my agreement to comply with the Department's policy on sexual abuse, and sexual harassment. I also understand that any violation of the policy will result in disciplinary action, including termination, or that I will be banned from entering any correctional institution. Finally, I understand that that engaging in sexual contact with an offender is a felony offense punishable by imprisonment of not less than one, nor more than 25 years, and a fine of \$100,000, or both (O.C.G.A. §16-6-5.1.) I further understand that under O.C.G.A. §16-6-5.1, an offender cannot consent to sexual activity with staff, contractors, or volunteers.

This is to acknowledge I understand the Department's policy on Zero Tolerance of Sexual Abuse and Sexual Harassment of offenders. As a condition of employment I will abide by the terms and conditions of this policy.

Saints Prison Ministry

Agency/ Company Name

Signature

Date

Typed or printed name

GEORGIA DEPARTMENT OF CORRECTIONS
CRIMINAL/DRIVER HISTORY CONSENT FORM

I hereby authorize the Georgia Department of Corrections to receive all criminal history information pertaining to me **anytime** during the course of my employment with the Department.

I understand that convictions revealed from these background investigations may impact my certification with P.O.S.T. and my employment with the Department.

Please Print

Full Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

(City) (State) (Zip)

Telephone #: (Where you can be reached between 8:00 am and 4:00 pm) _____

Social Security #: _____ **Driver's License # & State:** _____

Date of Birth: _____ **Place of Birth** _____
(mm/dd/yy) (City) (State) (Country)

Race: _____ **Sex:** _____ **Height:** _____ **Weight:** _____ **Eyes:** _____
Hair: _____

Signature: _____

Date: _____

One of the following must be checked:

This authorization is valid for 90/180/**365** (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the **duration** of my employment with this agency.



CORRECTIONS CORPORATION OF AMERICA

COFFEE CORRECTIONAL FACILITY
1153 NORTH LIBERTY STREET
NICHOLLS, GA 31554
PHONE: 912-345-5058
FAX: 912-345-5086

BACKGROUND INVESTIGATION
AUTHORIZATION FORM

Please fill in the information requested below. Print or write legibly.

Full Name

Current Address: Street

City, State, Zip Code

Date of Birth Social Security #

Driver's License # State of Issue

If you have been at your current address less than six months, please indicate previous address:

Street

City, State, Zip Code

I authorize Corrections Corporation of America (CCA) to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, CCA has my permission to contact persons who may have information relating to my suitability for employment and to secure consumer reports (including consumer credit reports and investigative consumer reports). I understand that information obtained by CCA in accordance with this authorization may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, driving record, judgments, liens, arrests and convictions.

I authorize, without reservation, any party or agency contacted by CCA, to furnish the above information. I further authorize CCA to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes.

Date Applicant's Signature

For Internal Use Only

MV STATUS CRIMINAL RECORD

Date Signature



CORRECTIONS CORPORATION OF AMERICA

APPLICANT SELF-DECLARATION OF DOMESTIC VIOLENCE CONVICTION

In accordance with 18 USCA § 921 and 922 (1996), "it is unlawful for any person who has been convicted in any court of a misdemeanor crime of domestic violence to possess a firearm." For purposes of employment with Corrections Corporation of America (CCA), an individual convicted of misdemeanor crime of domestic violence as defined below cannot carry a firearm in the course of his/her employment.

"Misdemeanor crime of domestic violence means an offense that -

- 1. is a misdemeanor under Federal or state law; and
- 2. has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated or a spouse, parent or guardian of the victim.
- 3. A person shall not be considered to have been convicted of such an offense for purposes of this chapter, unless:
 - a. the person was represented by counsel in the case, or knowingly and intelligently waived the right to counsel in the case; and
 - b. in the case of a prosecution for an offense described herein for which a person was entitled to a jury trial in the jurisdiction in which the case was tried, either:
 - i. the case was tried by a jury, or
 - ii. the person knowingly and intelligently waived the right to have a case tried by a jury, by guilty plea or otherwise.
 - c. A person shall not be considered to have been convicted of such an offense for purposes of herein if the convicted has been expunged or set aside, or is an offense for which the person has been pardoned or has had civil rights restored (if the law of the applicable jurisdiction provides for the loss of civil rights under such an offense) unless the pardon, expungement or restoration of civil rights expressly provides that the person may not ship, transport, possess or receive firearms."

I hereby certify that, to the best of my knowledge and belief, all of the information I provide in this form is true, complete and made in good faith. I understand that false and fraudulent information provided herein may disqualify me from further consideration for employment and, if employed, may result in termination of employment if discovered at a later date.

Have you ever been convicted of a misdemeanor crime of domestic violence as defined above? Yes No

If your answer is yes to the above, please provide the following information with respect to the conviction:

Court/Jurisdiction _____ Docket/Case No. _____

Statute/Charge _____

Date Sentenced _____

Applicant's Full Name (please print) _____

Date _____ Signature _____

GEORGIA DEPARTMENT OF CORRECTIONS

Criminal/Driver History Consent Form

I hereby authorize the Georgia Department of Corrections to receive all criminal history record information pertaining to me that may be in the files of any criminal justice agency on the National Crime Information Center/Georgia Crime Information Center (NCIC/GCIC) network anytime during the course of my employment with the Department. I understand that convictions revealed from these background investigations may impact my certification with POST and my employment with the Georgia Department of Corrections.

I do solemnly state that the below information is true and correct to the best of my knowledge and belief.

Full name: _____
Last First Middle (Maiden)

Address: _____
P.O. Box or Street

City State Zip Code County

Social Security #: _____ DOB: _____

Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Skin Tone: _____ Race: _____ Sex: _____

Driver's License#, State of Issue and Expiration Date: _____

Former Names: _____
Include Nicknames and former marriages

Former States Resided in: _____
List all states (including state of birth)

Signature

Date

Notary Signature and Seal Affixed Here

Applicant Contact Numbers: Home/Work

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the _____ to conduct an
Criminal Justice Agency
 inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 90/180/**365** (circle one) days from date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Signature

Date

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____

Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) – Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) – Provides <i>Georgia Felony Convictions</i> Only

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	
Agency Telephone:	

Agency Designee Signature and Title

Date