

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.

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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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<p>Emergency Contact:</p> <p>Name:</p> <p>Home Phone Number:</p> <p>Cell Phone Number:</p> <p>Address:</p>

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 _____