

CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please type the following information. Enter N/A in any space that does not apply. All information will be maintained confidentially, but **must be provided in order to complete a clearance check.** Falsification or omission of pertinent information will be considered as justification for disapproval or possible criminal prosecution. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

SECTION "A" (CANDIDATE)

Have you ever worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No
 Have you ever been adjudicated, convicted, or otherwise disciplined for committing an act of sexual abuse or sexual harassment in the workplace or community? Yes No

- Type of Clearance:** Initial Clearance Request Renewal Request
- Category:** Agency Temp Services Contract Service Provider Intern/Extern Organization
 Reentry Services Vendor Volunteer Program
 Official Visitor (please select one):
 Government PA Prison Society
 Public Visitor (please select one):
 Ministry Criminal Justice Agency Entertainment, Sports, Activities, Guest Speaker
 Other (please explain):

Purpose of Visit: Recreation				Primary Facility: N/A			
Organization/Agency/Company/Program Name: Saints Prison Ministry				Abbreviation (if applicable): N/A			
Subcontracted to: N/A				Title or Position: N/A			
Last Name:		First Name:		Middle Name:			
List all previous names:							
Date of Birth:				Social Security Number:			
Passport #:		Alien Registration #: N/A		Visa #: N/A			
Sex:	Race:	Height: ft in	Weight:	Eye Color:	Hair Color:		
Current Address:			City:	State:	Zip Code:		
Prior Address:			City:	State:	Zip Code:		
Place of Birth:				Email Address:			
Home Phone:				Alternate Phone (cell):			
Current Driver's License Information:		State:	Operator: <input type="checkbox"/>	ID Only license: <input type="checkbox"/>		OLN Number:	Valid: Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous Licenses (List all states & #'s that apply):		State:	Operator/Non-Operator #:				
Professional/Medical Licenses: N/A			DEA Number: N/A		NPI Number: N/A		
Identify names, relationships, and locations of any relatives or close friends in any DOC facility:							
N/A		N/A		N/A			

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department facility.

Signature:	Date:
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SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member:	Employee #:	Date of Request:
Describe Specific Event or Access:		Specific Period of Access Required:

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
CONTRACTORS/VOLUNTEERS/PUBLIC VISITORS/NON-DEPARTMENT EMPLOYEE
PREA Training Acknowledgement of Understanding and Duty to Report (28 C.F.R. §115.32)

POLICY STATEMENT

The Prison Rape Elimination Act (PREA) Standards were enacted into law in 2003 to study and address prison sexual violence. Sexual abuse is against the law. The concept of “zero tolerance” is the foundation of the PREA Standards. Every provision of the standards is rooted in the notion that even one incident of sexual abuse or sexual harassment in prison settings is too many. Zero tolerance means that no sexual abuse or sexual harassment is tolerated, including abuse by inmates and by staff. (28 C.F.R. §115.32[b])

- Anyone who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary action and may be subject to criminal prosecution.
- An inmate, employee, contract service provider, volunteer, and/or any individual who has business with or uses the resources of the Department is subject to disciplinary action and/or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found to have engaged in sexual harassment or sexual contact with an inmate.
- A claim of consent will not be accepted as an affirmative defense for engaging in sexual abuse or sexual harassment of an inmate.

DEFINITIONS

Sexual Abuse of an inmate by a staff member, contractor, or volunteer includes any of the following acts, with or without the consent of the inmate:

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however, slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4) Penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) 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;
- 6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraph (1) through (5) of this definition;
- 7) 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; and
- 8) Voyeurism by a staff member, contractor, or volunteer. Voyeurism means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate’s naked body or of an inmate performing bodily functions.

Sexual Harassment:

- 1) 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 directed toward another.
- 2) Repeated verbal comments or gestures of a sexual nature to an inmate 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.

PENNSYLVANIA DEPARTMENT OF CORRECTIONS
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PROHIBITIONS

Contractors or Volunteers who provide services to the Pennsylvania Department of Corrections, can be criminally charged for violating Pennsylvania State Law 18 PA. CONS. STAT. §3124.2 defines Institutional Sexual Assault as a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse, or indecent contact with an inmate, detainee, patient, or resident.

REPORTING REQUIREMENTS

Staff members, contract service providers, volunteers, and any other individual authorized to enter a facility, whether under escort or not, who will have sight or sound contact with inmates, (to include contract service providers, public visitors, or Non-Department Employees) are required to verbally report incidents or suspicions of sexual abuse or sexual harassment to the facility Shift Commander. All inmate reports of sexual abuse and sexual harassment shall be subsequently documented on a **DC-121 Part 3, Employee Report of Incident** prior to departing the facility. Private reports can also be submitted to the Sexual Abuse Reporting Address established by the Pennsylvania State Police; the address is BCI/PREA Coordinator, 1800 Elmerton Ave., Harrisburg, PA 17110. (28 C.F.R. §115.32[b])

FIRST RESPONDER DUTIES

When an inmate discloses that he/she has been sexually abused, via penetration of the mouth, anus, or genital opening within the past 96 hours, request that the alleged victim not take any actions that could destroy physical evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and then immediately notify security staff to protect the individual and any applicable crime scene. (28 C.F.R. §115.64[b])

ACKNOWLEDGEMENT OF UNDERSTANDING AND DUTY TO REPORT

Under DC-ADM 008, Section 11, all staff, contractors, volunteers, and any other individuals authorized to enter a facility, whether under escort or not, who will have sight or sound contact with inmates, (to include contract service providers, public visitors, or Non-Department Employees) are required to acknowledge their understanding and comprehension of prohibited sexually abusive and sexually harassing activity and PREA reporting requirements commensurate with the level of contact they have with inmates.

PRINT Name: _____ **Facility(ies):** _____

I acknowledge on this date _____, I received and understand the above training information on the Prison Rape Elimination Act (PREA). I understand that the Department of Corrections maintains a zero tolerance policy in regard to inmate sexual abuse, sexual harassment, and retaliation. I have an obligation to report ALL forms of sexual abuse, sexual harassment, and retaliation immediately to the facility's Shift Commander.

Participant Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

EMERGENCY INFORMATION & SECURITY CONSENT FORM

This form must be signed and submitted **ANNUALLY** by volunteers and public visitors to the Volunteer Coordinator at each facility in which the individual serves. Non-Governmental Official Visitors, Prison Society members, must sign and submit this form annually to the Centralized Clearance Unit. Completed forms may be duplicated for those who frequent multiple facilities.

1. <input type="checkbox"/> Volunteer <input type="checkbox"/> Public Visitor <input type="checkbox"/> Prison Society				2. Home Facility:	
3. Organization you represent: Saints Prison Ministry					
4. LAST Name		5. FIRST Name		6. MIDDLE Name	
7. HOME ADDRESS					
8. Home TEL			9. Alternate TEL		
10. EMAIL Address				11. DOB	
12. MOTOR VEHICLE(s) that you may drive on facility grounds	Year	Make	Model	Color	License #
13. I have a medical condition which requires ready access to emergency meds ▶					Yes No
14. I have a metal implant that may trigger the metal detector ▶					Yes No
15. EMER. CONTACT	Name	Relationship	TEL	TEL (Alternate)	

SECURITY CONSENT. I attest that I have been fully advised and clearly understand that:

1. The property which I will enter in the above capacity is under the supervision and control of the Pennsylvania Department of Corrections; and that many inmates who are confined in this facility are permitted to move freely, without restraints, in some areas in which I may be present and that I may not always be in the immediate presence of a correctional officer/staff member;
2. I assume all risks which may result from the normal operation of the facility;
3. No cameras, weapons, recording devices, alcohol, drugs, etc., are permitted on Department property and that my vehicle is subject to being searched;
4. I must lock my wallet/purse/handbag, home keys, attaché case, cell phone, etc. in my locked vehicle and completely close all vehicle windows;
5. I should only bring one vehicle key into the facility and I must register my vehicle type and license plate number in the lobby;
6. I must successfully pass through a metal detector and am subject to being pat searched and searched with an electronic drug ion scanner;
7. Advance written permission must be obtained to bring any item into a facility (e.g. books, medication, etc.);
8. Failure to bring a Department-issued ID Badge (Volunteers), a Photo ID (Public Visitors) or an Official Prison Office Visitor Identification Card (Prison Society Non-Governmental Official Visitors) and/or to wear Department-issued ID visibly on my clothing will result in my being denied access to the facility;
9. I am forbidden to enter any area of the facility other than the designated area for my area of service;
10. I must carefully monitor keys, musical and athletic equipment, etc., reporting lost items immediately;
11. I must wear conservative, non-revealing clothing;
12. I may not discriminate with regard to age, race, color, ancestry, creed, sex, sexual orientation or identity, marital status, national origin, non-job related handicap, or religious or political beliefs;
13. At no time may I give any item to an inmate, no matter how small or trivial it may seem to be;
14. I am forbidden to hug inmates or to strike or lay hands on inmates unless it is in self-defense;
15. I am not permitted to visit, correspond or converse by phone with any inmate confined in a State Correctional Institution or the Boot Camp (Prison Society Non-Governmental Official Visitors excluded);

16. I am forbidden to contact an inmate's family or give an inmate my contact information (Prison Society Non-Governmental Official Visitors excluded);
17. I am required to report if an inmate attempts to make outside contact with me by any medium (Prison Society Non-Governmental Official Visitors excluded);
18. I may not serve as a foster parent to an inmate's child while the inmate parent is in custody;
19. I am not permitted to directly or indirectly solicit, accept, or agree to accept any gift of money or goods, loans or services for personal benefit from an inmate or a Department employee or contractor;
20. I am not permitted to accept or perform favors or accept or distribute any gifts, money, or loans to or from inmates or members of an inmate's family;
21. I am not permitted to trade, barter, or receive or deliver gifts, money, and favors from or to an inmate or an inmate's friends, relatives, or representative;
22. I must inform my immediate supervisor/respective staff if an inmate is disrespectful toward me or the group I represent or if I encounter any problems during my visit to the facility;
23. I must immediately report any unusual situations or information that could threaten inmates, staff, visitors or volunteers, as well as facility property, or could compromise and safety and security of the facility;
24. I am always to be respectful of and courteous to correctional staff and immediately obey their directives.
25. If I am not sure if I am permitted to do something, I will ASK a staff member FIRST. I will not make assumptions regarding what I think should be allowed in a correctional environment;
26. I may assist offenders and ex-offenders with community reintegration needs, provided these individuals are NOT confined in a State Correctional Facility or the Boot Camp, and I:
 - i. Disclose on the name(s) of the offender(s) and ex-offender(s) that I seek to assist with community reintegration needs before I begin to relate to this individual(s) and provide this information to the Volunteer Coordinator
 - ii. Assume all risks involved relating to individuals with a criminal history, with an awareness that many offenders have been convicted of violent crimes and that while the Department attempts to impact and change criminal behavior and thought processes while inmates are confined in its facilities, that it cannot guarantee that offenders or ex-offenders will not manipulate, abuse, or victimize those who, with good intentions, seek to assist them in their reintegration process;
 - iii. Maintain professional boundaries in relating to an offender or an ex-offender;
 - iv. Am aware that if an offender or ex-offender is recommitted to a State Correctional Institution or the Boot Camp, I must report this to my Volunteer Coordinator and the privilege of communicating with this individual outside approved programing opportunities available in the institution will cease (Prison Society Non-Governmental Official Visitors excluded);
27. I am not permitted to divulge confidential information about an inmate outside the facility without authorized release;
28. I am subject to the laws of the Commonwealth of Pennsylvania and understand that crimes committed on facility grounds will be prosecuted, and that the failure to adhere to Department rules may result in my permanently being barred from entering a Department facility;
29. If I engage in, or knowingly condone sexual harassment or sexual contact with inmates, I shall be subject to disciplinary action;
30. I am required to inform the Department immediately if an immediate family member, significant other or close friend, who, since I last completed a Centralized Clearance Information Request Form, has since been incarcerated in the Department or if an immediate family member, significant other or close friend now works in the Department;
31. I am required to inform the Department of any changes to the information disclosed above and on file with the Department.
32. By my signature below, I agree to abide by the rules and regulations of the Department as outlined in the **Security Orientation for Non-Department Employees (1.1.6. Attachment 3-E)** and about which I have otherwise been informed.

SIGNATURE _____ DATE _____



Department of Public Safety and Correctional Services Volunteer Program Application

Personal and Contact Information

Name: _____
Last First Middle

Address: _____
Number, Street and Apt.

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____
Home Work Mobile

Email Address: _____

How do you prefer to be contacted? _____ Are messages OK? _____

First and last name at birth, nicknames or any other names you have been known by:

How did you hear about the Volunteer Program? _____

What made you want to apply to be a volunteer? _____

Are you receiving class credit for volunteer activity ___ Yes ___ No

If so, name of the College/University: _____

Course Name _____ Major _____

Advisor/Counselor: _____ Phone: _____

Volunteer Status

Have you ever volunteered for the Department of Public Safety and Correctional Services or the State of Maryland No ___ Yes ___ Dates _____

Will volunteer service be in addition to current employment? ___ Yes ___ No

Hours of Volunteer Service

What days and hours are you available to Volunteer? _____

Volunteer Program Application

How long are you willing to commit to the Volunteer Program? Years ___ Months ___

What type of volunteer service are you interested in providing? _____

Do you have a valid Driver's license? ___ Yes ___ No

Do you have a means of travel for the purpose of volunteer service? ___ Yes ___ No

Are you willing to travel in relation to volunteer service assignments? ___ Yes ___ No

Volunteer Locations

In which jurisdictions (counties) are you willing to provide volunteer services? _____

Are you willing and able to work from home (if appropriate for position)? ___ Yes ___ No

Veteran's Information

Have you ever been in the armed services? ___ Yes ___ No

Education and Training

Do you have a high school diploma or GED? ___ Yes ___ No If no, highest grade completed: _____

Do you have a college degree? ___ Yes ___ No If No, college credits completed: _____

If you attended a College/University: School: _____

Dates Attended: From: _____ To: _____ Major Course of Study: _____

Did you perform post college/graduate work? ___ Yes ___ No

If "Yes", do you have a graduate degree? ___ Yes ___ No If "Yes", Dates Attended: From: _____

To: _____ Major Course of Study: _____

Have you participated in specialized training relevant to the position? ___ Yes ___ No If "Yes" please explain: _____

Please submit a copy of any relevant professional or trade licenses, or certificates.

What language(s), other than English, do you:

Speak: _____ Write: _____ Read: _____

Volunteer Program Application

Work Experience

Occupation: _____ Current or Last Place of Employment: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Supervisor: _____ Phone: _____

Organization Affiliation

If you are affiliated with an organization, please provide the following information:

Name of the organization: Saints Prison Ministry

Street Address: PO Box 681

City: Moorestown State: NJ Zip code: 08057

Contact Person: Jimmy Cochran Phone: 770-286-2812

If your volunteer service is faith-based, provide an ecclesiastical endorsement letter from your faith based organization or, if applicable, ordination certificate.

Volunteer Experience

Location: Correctional Facility _____ Jail _____ Other
(explain) _____

Name of Site: _____

Supervisor: _____ Phone: _____

Length of Service _____ Position/Capacity _____

Location: Correctional Facility _____ Jail _____ Other
(explain) _____

Name of Site: _____

Supervisor: _____ Phone: _____

Length of Service _____ Position/Capacity _____

Volunteer Program Application

References: If you have received substance abuse treatment, please use a counselor as a reference; no more than one reference may be a DPSCS volunteer.

May your employer be contacted as a reference? No

Other references:

1. Name: Frank Zeidler Relationship: Ministry Colleague

Street Address: PO Box 681

City, State, and Zip: _____ Phone: (856) 304-8262

2. Name: Jimmy Cochran Relationship: Friend

Street Address: PO Box 681

City, State, and Zip: Moorestown, NJ 08057 Phone: (609) 845-3197

Background Information (Please respond to the following questions)

If you have been convicted of a violation of law other than a minor traffic violation, provide the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from being a volunteer. Other information that you feel relevant to a response to any of the following items should be provided as part of this application. This information will be used in conjunction with other elements of the application process to determine suitability for participation in the Volunteer Program. (Please use additional sheets of paper to provide additional information or requested explanations and submit as part of the application. Please identify by the item number)

(1) Are you: ___ Between 18 and 20 years old or ___ 21 years old or older?

(2) Are you a: ___ U.S. Citizen ___ Legal Alien ___ Other?

(3) Are you currently addicted to: ___ Alcohol ___ Illegal Drugs ___ Legal Prescription medication? ___ N/A

(4) Are there open arrest warrants or detainers on file for you? ___ Yes ___ No (If Yes, explain)

(5) Are there unresolved criminal charges against you? ___ Yes ___ No (If Yes, explain)

(6) Have you been convicted of a crime involving (Please explain each "Yes" response):

___ Yes ___ No Sexual abuse ___ Yes ___ No Sexual harassment ___ Yes ___ No Physical force or violence

(7) Are you associated with a gang or security threat group? ___ Yes ___ No (If Yes, explain)

(8) Are you currently under an active restraining, protective or peace order? ___ Yes ___ No (If Yes, explain)

Volunteer Program Application

- (9) Are you currently involved in civil litigation involving the federal, state or local government? Yes
 No (If Yes, explain)
- (10) Are you currently under supervision by a federal, state, or local criminal justice agency? Yes
 No (If Yes, explain providing supervising agency, reason for supervision, conditions of supervision, dates supervision began and ends)
- (11) Are you a fugitive from a federal, state, or local government? Yes No (If Yes, explain)
- (12) Have you been incarcerated in a federal, state, or local government correctional facility? Yes
 No (If Yes, explain)
- (13) Do you have a family member, friend, or other relationship with an individual who is currently incarcerated under the authority of a federal, state, or local criminal justice agency? Yes No (If Yes, explain providing the relationship and the location where the individual is incarcerated)
- (14) Are you on an offender's visiting card or list? _____ If yes, what is the offender's name and what correctional facility is the offender housed?

- (15) Are you living in a household with an individual in a home detention program? Yes No

Do you have limitations that may prevent you from safely performing as a volunteer? Please explain.

I understand that the Department is under no obligation to accept me into the Volunteer Program and, if accepted, my participation in the Volunteer Program may be terminated for any reason.

I agree to hold harmless the Department of Public Safety and Correctional Services and officials and employees for any claims arising from the course of my provision of volunteer services to the Department.

Date

Applicant's Signature

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and that I will not be approved for placement in the Volunteer Program. I am aware that a false statement is punishable under law by fine or imprisonment or both.

Date of Application

Applicant's Signature

PLEASE PRINT CLEARLY

WHO SHOULD COMPLETE THIS FORM:

- i. Applicants requesting one-time access or occasional access (whether for one facility or multiple facilities)
- ii. Applicants requesting a badge for access to one or more facilities (frequent access for period of 1 year or more)
Note: These applicants will be directed to Human Resources after this form is approved
- iii. Individuals requesting to schedule an offender visit may be asked to complete this form.

Volunteers, interns and professional service visitors must attach a letter from their sponsoring organization. Letter must be on agency letterhead, signed by the agency's director and include the name and title/role of the applicant and the name of the program.

WHO SHOULD NOT COMPLETE THIS FORM:

- (1) Attorneys
- (2) Employees of DOC's contracted medical/behavioral health provider (please contact DOC's Human Resources directly)

SECTION 1: PERSONAL INFORMATION & CRIMINAL HISTORY

NAME: _____
(LAST) (FIRST) (MIDDLE)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED INCLUDING MAIDEN, NICKNAMES AND RELIGIOUS NAMES:

DOB: _____ PLACE OF BIRTH: _____ SSN#: _____

SEX: MALE / FEMALE RACE: _____ DRIVER'S LICENSE #: _____ STATE: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: (____) _____ WORK: (____) _____

EMAIL: _____

PLEASE LIST WHICH FACILITY(IES) YOU ARE REQUESTING ACCESS TO:

PLEASE SELECT TYPE OF ACCESS REQUESTED

- Offender Visit
- One Time Access (i.e. single event) *No badge issued
- Occasional Volunteer or Service Provision (Less than 3 days per week or less than 165 days per year for a period of one year or less) * No badge issued
- Frequent/Long Term Volunteer or Service Provision (At least 3 days per week or 165 days per year for a period of one year or more) * You will be directed to HR to fill out a badge application packet after this form has been approved by the respective DOC Bureau Chief

DO YOU HAVE ANY ARRESTS FOR CHARGES OTHER THAN TRAFFIC TICKETS (WHETHER CONVICTED, DISMISSED, NOLLE PROSSED, OR PARDONED)? NO/YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.

COUNTRY: _____ DATE: _____

OFFENSE: _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC TICKET? NO /YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.

COUNTRY: _____ **DATE:** _____

OFFENSE: _____ **SENTENCE:** _____

ARE YOU PRESENTLY UNDER DEPT. of CORRECTION SUPERVISION: NO/YES (IF YES, WHAT): _____

ARE YOU RELATED TO OR KNOW ANYONE INCARCERATED AT A DOC FACILITY; NO/ YES

IF YES, NAME OF INMATE AND YOUR RELATIONSHIP TO THEM: _____

SECTION 2: JUSTIFICATION FOR SECURITY CLEARANCE REQUEST *DO NOT COMPLETE THIS SECTION IF APPLYING FOR AN OFFENDER VISIT. IF REQUESTING ONE-TIME PRISON ACCESS FOR A SINGLE EVENT, ONLY ANSWER THE QUESTIONS MARKED WITH AN ASTERISK (*).*

***REASON FOR CLEARANCE:** Recreation _____

***DATE(S) OF ACTIVITY:** _____ ***ORGANIZATION:** Saints Prison Ministry _____

***PROGRAM NAME:** _____

***JOB TITLE:** _____ ***HOW LONG EMPLOYED/VOLUNTEERING:** _____

ORGANIZATION ADDRESS, PHONE NUMBER, AND EMAIL:

Saints Prison Ministry, PO Box 681, Moorestown, NJ 08057
(609) 845-3197
info@saintsprisonministry.org

WHAT TYPE OF VOLUNTEER OR PROFESSIONAL SERVICES WILL YOU BE PROVIDING?

DESCRIBE YOUR QUALIFICATIONS FOR PROVIDING PROFESSIONAL OR VOLUNTEER SERVICES:

LIST ANY PAST OR PRESENT PROFESSIONAL OR VOLUNTEER ORGANIZATIONS YOU PARTICIPATED IN (INCLUDE NAME, LENGTH OF SERVICE, CONTACT PERSON, AND PHONE NUMBER OR EMAIL):

SECTION 3: PLEASE READ AND SIGN ALL APPLICANTS MUST COMPLETE THIS SECTION

I understand that DOC authorities will verify my criminal record information. I also understand that my application may be rejected for any reason.

SIGNATURE: _____ **DATE:** _____

DOC USE ONLY:

The following is the result of the DELJIS and NCIC records checks:

DELAWARE WANTS/WARRANTS _____ DELWARE CRIMINAL HISTORY _____

NCIC WANTS/WARRANTS _____ NCIC CRIMINAL HISTORY _____

DELJIS/NCIC
INVESTIGATOR _____ SIGNATURE _____ DATE _____

APPROVED _____ APPROVAL EXPIRES ON: _____

DENIED _____

IF DENIED, PLEASE INDICATE REASON BELOW:

- (1) Dishonest/incomplete application;
- (2) Active pending charges/warrants/capiases;
- (3) Any criminal conviction within the past two years;
- (4) Any incarceration in a Delaware correctional facility within the past three years;
- (5) Pending litigation against DOC involving applicant, arrest for escape, conviction for smuggling prison contraband, affiliation with confirmed security threat group, or previous institutional misconduct relating to the security, life, safety, and health of the facility while incarcerated;
- (6) Other (See Investigation for info).

REVIEWER'S SIGNATURE: _____ DATE: _____

A GUIDE TO THE PREVENTION AND REPORTING OF SEXUAL ABUSE AND MISCONDUCT WITH OFFENDERS

PREA Information for Contractors, Vendors, and Volunteers with Limited Contact with Offenders

Please Read, Sign, and Return this Acknowledgement Form with the Security Clearance Application

Staff Sexual Misconduct

Delaware Department of Correction (DDOC) policy 8.60 specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between offenders and DOC staff. In this definition, “staff” includes: contractors, vendors and volunteers of the DOC. An “offender” means someone incarcerated in a correctional facility or under supervision in the community. DDOC policy 8.60 contains detailed descriptions of what constitutes sexual misconduct and staff misconduct of a sexual nature (Policy 8.60 is available on the DDOC website at: http://www.doc.delaware.gov/downloads/policies/policy_8-60.pdf)

Forms of sexual misconduct include, but are not limited to:

1. Any behavior of a sexual nature directed toward an offender by a Department staff, contract staff, or volunteer.
2. Inappropriate touching between offenders and staff.
3. All completed, attempted, threatened, or requested sexual acts between Department staff and the offender.
4. Sexual comments and conversations with sexually suggestive innuendos or double meanings.
5. Display or transmittal of sexually suggestive posters, objects, or messages.

Depending on the investigation findings of an alleged incident, the outcome may result in the loss of your job/assignment and the possibility of criminal charges. In addition, persons accused of sexual harassment in civil or criminal proceedings may be held personally liable for damages to the person harassed.

An Abuse of Power

Due to the imbalance of power between offenders and staff in correctional settings, sexual interactions between staff (who have power) and offenders (who lack power) are unprofessional, unethical and illegal. Some offenders who lack power may become sexually involved with staff in an effort to equalize the imbalance of power. Occasionally an offender may try to use sex to improve his/her standing or circumstances (e.g., better job, avoid disciplinary action, affect a release plan, gain privileges, etc.). As a DOC contractor, vendor or volunteer, your designated assignments place you in a position of authority over the offenders with whom you interact in a professional capacity. It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect release dates, return to prison, or other sanctions.

Because of the imbalance of power between offenders and staff, vendors, contractors and volunteers, there can never be a consensual relationship between staff and offenders. In fact, the law states “consent” is not a defense to prosecution. Here are some factors to consider.

Some staff don't think of offenders as 'victims' of staff sexual misconduct, especially when the offender appears to be a willing participant or even initiated the sexual or 'romantic' interactions with a staff member. The offender is always the victim because of the imbalance of power. The consent or willingness of an offender to participate may be a survival strategy or a learned response to previous or current victimization. Many offenders have a history of victimization (physical and/or sexual abuse), which may make them especially vulnerable to the sexual overtures of persons in positions of authority. Their perception of affection/love may be skewed by this background of abuse, making it impossible for them to refuse advances of a staff member.

In some instances, particularly for female offenders, their survival in the community has been directly related to using their sexuality to obtain the means to survive. Coupled with low self-esteem, this carries over into their conduct in prison and while under community supervision.

As the person in authority, it is your responsibility to discourage, refuse and report any overtures as well as maintain professional boundaries at all times. Boundaries in relationships can be difficult. If you question your professional boundaries with an offender or feel uncomfortable with his/her actions or advances toward you, talk to another person you respect and/or bring this matter to the attention of a DOC employee before it gets out of control.

Red Flags:

The following are behaviors or 'red flags' that may signal you or someone you work with is in danger of engaging in sexual misconduct with an offender:

- Spending a lot of time with a particular offender
- Change in appearance of an offender or staff member
- Deviating from agency policy for the benefit of a particular offender
- Sharing personal information with an offender
- Horseplay
- Overlooking infractions of a particular offender
- Doing favors for an offender
- Consistently volunteering for a particular assignment or shift
- Coming to work early/staying at work late
- Flirting with an offender

Some Other Things to Consider:

Amorous or sexual relationships with an offender are seldom a secret. Such behavior will subject you to disrespect and manipulation from other offenders that may be aware of your situation. Once in a relationship, professional judgment becomes clouded and the normal defenses that exist to protect you will be compromised. When acting on emotions, you may take actions that would otherwise be considered inappropriate in a correctional environment (either in custody or in the community).

Amorous or sexual relationships are inappropriate and illegal when they occur between an offender and any staff member, contractor, vendor or volunteer. Offenders depend upon staff to provide for their board and care, ensure their safety, address their health care needs, supervise their work and conduct, and act as role models for socially acceptable conduct. Your conduct and the decisions you make reflect not only on your own reputation, but also on that of your peers and the agency you represent.

How to Maintain Appropriate Boundaries:

Most staff/offender sexual misconduct occurs only after seemingly innocent professional boundaries have been crossed. The following behaviors will assist you in maintaining appropriate boundaries:

- Maintain professional distance
- Focus behavior on duties and assignments
- Do not become overly close with offenders
- Do not share your own or other staff person’s personal information with or around offenders
- When speaking to offenders about other staff, refer to the staff by their title or as Ms. or Mr.
- When speaking to offenders refer to them as Ms. or Mr. and their last name
- Do not accept gifts or favors from offenders
- Be knowledgeable of Departmental policy and procedure, rules of conduct and laws regarding sexual misconduct and sexual harassment.

A Duty to Report

Staff must report any inappropriate staff/offender behavior immediately. The presence of illegal and unethical behavior by staff compromises the security and safety of the agency. Staff that fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member.

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED IN THIS DOCUMENT.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

ORGANIZATION / COMPANY Saints Prison Ministry

PROGRAM NAME: _____



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: ft in

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:

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: 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 as a 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:

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:

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 _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

____/____/____
DATE

APPLICATION FOR VOLUNTEER STATUS
PART I – Volunteer Information

FACILITY APPLYING TO

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: Recreation
 b) If religious program, please specify the religion (e.g., Catholic, Protestant, Muslim, etc.): Protestant
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: _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

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: **Saints Prison Ministry**

Supervisor: **Frank Zeidler** Phone Number: **(609) 845-3197**

Address: **PO Box 681, Moorestown NJ, 08057**

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: _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

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)?
Traffic infractions/violations (e.g. speeding or parking tickets) need not be reported: YES NO

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

REFERENCE #2

Name: Frank Zeidler

Name: Jeff Marthins

Address: PO Box 681

Address: PO Box 681

City/State/ZIP: Moorestown, NJ 08057

City/State/ZIP: Moorestown, NJ 08057

Phone #: 609-845-3197

Phone#: 609-845-3197

Email Address:

Email Address:

fzeidler@saintsprisonministry.org

jmarthins@comcast.net

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

**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: _____ DIN: _____

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: _____ DIN: _____ Name: _____ DIN: _____
Name: _____ DIN: _____ Name: _____ DIN: _____

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: _____ DIN: _____

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: _____ DIN: _____

Time Served: _____ Date Released from Incarceration: ____/____/____

Anticipated Release Date from Parole or Probation Supervision: ____/____/____

Name of Parole or Probation Officer: _____

Location: _____ Telephone Number: _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

**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

- | | |
|--|---|
| <input type="checkbox"/> Initial Orientation | <input type="checkbox"/> Refresher Orientation |
| <input type="checkbox"/> Occasional Application | <input type="checkbox"/> Counseling Session |
| <input type="checkbox"/> One-Time Application | |

Signature of Staff & Title

____/____/_____
Date



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

Date: ____ / ____ / ____

COVID-19 Safety Protocols & Training Materials Acknowledgment

The below is to be signed by the volunteer acknowledging receipt and review of the COVID-19 Safety Protocols & Training Materials.

"I, _____ (print), hereby acknowledge receipt of the COVID-19 Safety Protocols & Training Materials. I understand this information that I have received and that I will be held accountable for, and act in accordance with, all established COVID-19 safety measures. I further understand that my failure to adhere to these protocols may result in the suspension or termination of my approved volunteer status."

CANNABIS PROHIBITION MEMO ACKNOWLEDGMENT

The below is to be signed by the volunteer acknowledging receipt and review of the Cannabis Prohibition Memo.

"I, _____ (print), have reviewed and acknowledge receipt of the Cannabis Prohibition memo dated 4/8/21. I will adhere to the guidelines regarding cannabis possession, consumption, or being under the influence of, for the duration of time in which I am acting in the capacity of my registered volunteer service duties. I understand that if I do not adhere to the guidelines of the memo that I may be suspended or terminated from such duties, and that violation may result in arrest."

Name _____ (sign)

Program **Saints Prison Ministry** _____

Facility _____



Corrections and Community Supervision

KATHY HOCHUL
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

DIVISION OF MINISTERIAL, FAMILY & VOLUNTEER SERVICES

I hereby acknowledge receipt of Acting Commissioner Anthony Annucci's Policy on the Prevention of Sexual Victimization (Revised) dated August 19, 2022. I understand the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents under DOCCS's sexual victimization prevention, detection and response policies and procedures. I also understand that I will be held accountable for, and act in accordance with, this policy as a registered volunteer in the New York State Department of Corrections and Community Supervision.

Name of Volunteer (please print)

Signature of Volunteer

/ /
Date

~~~~~

## DIVISIÓN DE SERVICIOS RELIGIOSOS, PARA LA FAMILIA Y VOLUNTARIOS

De esta manera, acuso recibo de la Política sobre la Prevención del Victimización Sexual (revisada), fechada el 19 de agosto de 2022, del Comisionado Interino Anthony Annucci. Entiendo la política de cero-tolerancia del Departamento acerca del abuso sexual y el acoso sexual y cómo reportar tales incidentes bajo las políticas y procedimientos de DOCCS sobre la prevención del victimización sexual, detección y respuesta. Además, entiendo que se me encontrará responsable de y actuaré de acuerdo con, esta política como un voluntario registrado con el Departamento de Correcciones y Supervisión Comunitaria del Estado de Nueva York.

\_\_\_\_\_  
Nombre del Voluntario (en letra de molde)

\_\_\_\_\_  
Firma del Voluntario

\_\_\_\_\_  
Fecha

Rev. 8-19-22 mmk