



State of New Jersey

DEPARTMENT OF CORRECTIONS



VOLUNTEER APPLICATION

Please Type or Print

Personal Information

Correctional Facility _____

Date _____

Name: _____
Last First Middle

Birth Name: _____
Last First Middle

Soc. Sec. #: _____ Email address: _____

Home Phone: _____ Gender: ☐ M ☐ F Eye Color: _____

Cell Phone: _____ Height: _____ Ft. _____ In. Hair Color: _____

Work Phone: _____

Do you have any physical limitations? ☐ Yes ☐ No If yes, provide details _____

Address

Street Address: _____

City: _____

State: _____ Zip Code: _____

Resident of State: _____ Years

Passport # _____ (if any)

Birth Information

Date of Birth: _____

City of Birth: _____

State: _____

Country: _____

U.S. Citizen: ☐ Yes ☐ No

Vehicle Information

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

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

Person to notify in case of emergency

Name: _____ Relationship: _____
Last First

Street Address _____ Phone: _____

City _____ State _____ Zip Code _____

Education / Training / Organizations

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

University / College: _____ Degree / Major: _____
Name

Special Training: _____

License(s) / Certificate(s): _____

Organization you represent: _____
Name of organization Contact person and Telephone number

Previous volunteer work history

Agency name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Type of service: _____ Days volunteered: _____

Volunteer work preferences

Check days and indicate times available to volunteer:

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

Briefly state why you wish to perform volunteer work: _____

Tuberculosis Testing**All Volunteers are required to undergo annual testing for tuberculosis.****Criminal History**1. Have you ever been convicted of a crime? ☐ Yes ☐ No

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

2. Do you have any relatives, by blood or marriage, incarcerated
in any New Jersey Correctional Facility? ☐ Yes ☐ No3. Are you currently an approved visitor or currently on the visit list of any inmate
incarcerated in any New Jersey Correctional Facility? ☐ Yes ☐ No4. If you answered "Yes" to question 2 or 3 above, provide name(s), State numbers and Correctional facility(ies):

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

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

Signature of Volunteer_____
Date**OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY**

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

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

TB Testing: _____ Date: _____ Results: _____

Printed Name and Signature of Coordinator of Volunteer Services_____
Date_____
Printed Name and Signature of Area Supervisor_____
Date_____
Printed Name and Signature of Administrator_____
Date