

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services
APPLICATION FOR VOLUNTEER STATUS
ONE-TIME VOLUNTEER

1. Full Name (Last, First & Full Middle): _____
2. Current Address: _____
3. City: _____ State: _____ Zip Code: _____ - _____
4. Phone: (____) ____ - ____ E-Mail: _____ SS #: _____
5. Date of Birth: ____/____/____ Place of Birth: _____
6. Gender: _____ Race: _____ Eyes: _____ Hair Color: _____
7. Are you a U.S. Citizen? _____ Yes _____ No
If "No", provide Alien Registration # _____
8. Person to Contact in Case of an Emergency: _____
Contact Number: (____) ____ - ____
9. Are there any specific needs that you require to perform the assignment under the Americans with Disabilities Act? _____ Yes _____ No
10. Are you receiving telephone calls, on the telephone or visiting list, corresponding with or sending packages to any inmate presently incarcerated in a NYS Correctional Facility?
_____ Yes _____ No
11. Have you ever been convicted of any crime (felony, misdemeanor or violation)? Traffic infractions/violations need not be reported: _____ Yes _____ No
12. Any charges pending? _____ Yes _____ No
If you answered "Yes" to question #11 or #12, please attach a detailed description to include conviction(s), date(s) and disposition(s).

Applicant's Name (Print): _____ **Date:** _____

Applicant's Signature: _____

OFFICIAL USE ONLY

Facility Where Service Will Be Provided: _____

Program: _____

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/her identify. I also affirm that the signature herein is the signature of the applicant.

Receiving NYSDOCCS Employee (Print): _____ Title: _____

Receiving NYSDOCCS Employee Signature: _____ Date: _____

Telephone Number: (____) ____ - ____ E-Mail: _____