

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

APPLICATION FOR ONE-TIME VOLUNTEER STATUS

Facility: _____ Program: _____

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 (City, State, Country): _____

6. Gender: _____ Race: _____ Eyes: _____ Hair Color: _____ Complexion: _____

Height: _____ Weight: _____ Scars/Marks/Tattoos: _____

7. Are you a U.S. Citizen? Yes No If "No", provide Alien Registration # _____

8. Current Driver's License Number: _____ State: _____

9. States in which you have or ever had a Driver's License or Non-Driver ID: _____

10. Other Names you have been known by (Aliases, Maiden, Prior Marriage): _____

11. Person to Contact in Case of an Emergency: _____

Relationship: _____ Contact Number: (____) _____ - _____

12. Are there any specific needs that you require to perform the assignment under the Americans with Disabilities Act? Yes No If "Yes," please list: _____

13. a.) 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

b.) Do you reside with anyone who was previously incarcerated at a NYS Correctional Facility? Yes No If "Yes" to A or B, please provide the following information:

Inmate Name: _____ DIN: _____

Facility: _____ Relationship: _____

(attach additional sheet, if necessary)

14. Have you ever been convicted of any crime (felony, misdemeanor or violation)? Traffic infractions/ violations need not be reported: Yes No

15. Any charges pending? Yes No

If you answered "Yes" to question #14 or #15, please attach a detailed description to include conviction(s), date(s) and disposition(s).

Applicant's Signature: _____ **Date:** _____

OFFICIAL USE ONLY

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.

SCFVS Signature: _____ **Date:** _____