

New York City Department of Correction Volunteer Application

Please answer all application questions carefully and completely. Print in ink or type. Incomplete applications will not be processed.

The information provided by you on this form is recognized as being private and confidential. Such information will not be used for any purpose other than in the course of verifying and confirming your eligibility for the New York City Department of Correction (NYCDOC) volunteer program. All statements will be subject to verification. Eligibility for volunteer service with NYCDOC is considered without regard to race, color, religion, gender, nationality, age, marital or veteran status, sexual orientation, disability or any other legally protected status. NYCDOC reserves the right to deny applications based on security concerns.

Name: _____ Renewal: No__ Yes __ (Card # _____)

Home Address: _____

City State Zip Code
Home Telephone: () _____ Cell phone: () _____

Group Name: _____ Title: _____

Group Leader/Supervisor: _____ Telephone: () _____

Group Address: _____
City State Zip Code

Work Address: _____

City State Zip Code
Work Telephone: () _____

Email Address: _____

Name of a person to contact in case of an emergency: _____

Telephone: () _____ Relationship _____

Are you bilingual? Yes ___ No ___ If yes, list the languages that you speak _____

FAILURE TO COMPLETE THE BELOW INFORMATION COMPLETELY AND ACCURATELY WILL RESULT IN THE VOLUNTEER APPLICATION BEING DENIED. Criminal justice involvement within the last two years will result in a denial.

Drivers License State/#: _____ Date of Birth: _____ Gender: _____

Race: _____ Social Security #: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Have you ever been arrested OR convicted on a violation, misdemeanor, or felony charge? Yes ___ No ___ If yes, explain ALL history including dates, charges, and dispositions. Additional sheets can be added if necessary.

Are you presently on Parole or Probation? Yes ___ No ___

Do you have criminal charges pending? Yes ___ No ___ If yes, explain:

Have you been denied volunteer status by NYCDOC or any other organization? ___ If yes, which organization?

Have you ever worked for the NYCDOC? Yes ___ No ___ If yes, specify the facility/office, location, and dates. _____

Do you have any friends/relatives in custody of the NYCDOC? Yes ___ No ___ If yes, specify the Name _____ Relationship _____ Facility _____

Do you have any relatives employed by NYCDOC? If yes, specify the Name _____ Relationship _____ Facility _____

Indicate Facility, day and time of volunteer's service:

	S	M	T	W	T	F	S
FACILITY							
TIME IN							
TIME OUT							

Volunteer Declaration

I declare that:

- I am at least 18 years of age.
- I am not under the influence of any form of drugs or alcohol. I acknowledge the drug-free workplace policy of NYCDOC.
- I will not take any items of personal property into the jails. I will not damage, deface or remove any property of the NYCDOC.
- I will immediately inform Volunteer Services at (718) 546-8321 if I become aware that a friend or relative is housed in any NYCDOC facility.
- I will work in cooperation with staff.
- I will honor the civil and legal rights of all inmates.
- I will not utilize my volunteer position to promote any partisan political purpose.
- I will immediately report unethical behavior or rule violations to the Department of Investigation (DOI).
- I will not discriminate against any inmate or employee on the basis of any federal, state or local law.
- I will keep scheduled hours as agreed.
- I will dress appropriately for the correctional environment.
- I will abide by the rules, regulations, policies, and procedures of the NYCDOC, and to that end, comply with all search procedures and understand that cellular phones and other electronic devices are strictly prohibited.
- Without appropriate approval I will not buy, give, exchange, etc., gifts, messages, money, or contraband with any individual under the custody of NYCDOC or with anyone else acting on behalf of anyone under custody.
- I will avoid undue familiarity with any individual in the custody of the Department of Correction.
- I will abide by the policies and procedures regarding confidentially of information.
- I will be removed and excluded from entering NYCDOC facilities as a volunteer if I fail to comply with any of these requirements.

I have entered and remain on the premises and property of New York City Department of Correction at my one risk. New York City Department of Correction will not be responsible for any loss, damage or injury arising from any pre-existing medical, physical or psychological condition (s). If I disobey any safety instructions given to me by New York City Department of Correction and as a consequence I suffer loss, damage or injury, I will not hold the New York City Department of Correction, the City of New York and its servants and agents liable. I hereby release and discharge the New York City Department of Correction, the City of New York and its servants and agents to the extent permitted by law from all claims which I now or at any time have in connection with my participation in the Volunteer program. The decision to participate in the Volunteer program is my own.

I CONFIRM THAT ALL INFORMATION PROVIDED IS ACCURATE AND COMPLETE.

Signature

Date

For Volunteer Services Use Only

DOC Staff Sponsor

Volunteer Supervisor: _____ Title: _____

Unit Supervisor: _____ Title: _____

Applicant Type:

Contracted Provider _____

Service Provider _____

Religious Volunteer _____