



**New York City Department of Correction  
Office of Volunteer Services**

120 Mandanici Road  
New York, NY 11370  
<http://www.nyc.gov/boldest>



Renewal: No  Yes   
If yes, current card # \_\_\_\_\_

**APPLICATION FOR VOLUNTEER SERVICE**

The information asked on this form is needed to initiate the applicant review process determining eligibility for volunteer service with the New York City Department of Correction (NYCDOC). The data will be used by the agency only for that purpose. 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. For more information call (718) 546-8321.

Please answer all application questions carefully and completely (both pages). Print in ink or type.

**Identification Data**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
City St. Zip Code

Home Telephone: ( ) \_\_\_\_\_ Alternate Telephone: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_ Work Title: \_\_\_\_\_

Work Address: \_\_\_\_\_  
City St. Zip Code

Name of a person to contact in case of an emergency: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

**Group/Sponsor Information**

Group Name: \_\_\_\_\_ Group Leader: \_\_\_\_\_

Address: \_\_\_\_\_  
City St. Zip Code

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Availability**

Please indicate the hours scheduled by Group Leader that you have been cleared to come in.

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

## Background

A background check is required: please provide the following information for that purpose:

|   |
|---|
| Drivers License #: _____ Date of Birth: _____ Gender: _____   |
| Race: _____ Social Security #: _____ Height: _____ Weight: _____  |
| Hair Color: _____ Eye Color: _____  |
| Have you ever been arrested or convicted on a misdemeanor or felony charge? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:<br>_____<br>_____ |
| Do you have criminal charges pending? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:<br>_____  |

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 \_\_\_\_\_

## Guidelines for Ethical Behavioral

In consideration of the opportunity to serve in the Department of Correction as a Volunteer, I agree to abide by the following Ethical Behavioral guidelines:

- Work in cooperation with staff.
- Honor the civil and legal rights of all inmates.
- Not utilize the volunteer position to promote any partisan political purpose.
- Report unethical behavior or rule violations.
- Not to discriminate against any inmate or employee on the basis of race, sex, creed, nationality, or religious preference.
- Keep scheduled hours as agreed.
- Dress appropriately for the correctional environment.
- Abide by the rules, regulations, policies, and procedures of the NYCDOC.
- Acknowledge the drug-free workplace policy of the Department of Correction.
- Without appropriate approval will not buy, give, exchange, etc., gifts, messages, money, or contraband with any individual under the custody of the Department of Correction or with anyone else acting on behalf of anyone under custody.
- Avoid undue familiarity with any individual under the custody of the Department of Correction.
- Abide by the policies and procedures regarding confidentiality of information.

**I CONFIRM THAT ALL INFORMATION PROVIDED IS ACCURATE AND COMPLETE.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*