



State of New Jersey
 DEPARTMENT OF CORRECTIONS
VOLUNTEER APPLICATION



Please Type or Print

Personal Information	Correctional Facility _____	Date _____
Name: _____	_____	_____
	Last	First
Birth Name: _____	_____	_____
	Last	First
Soc. Sec. #: _____	Email address: _____	Middle _____
Home Phone: _____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Eye Color: _____
Cell Phone: _____	Height: _____ Ft. _____ In.	Hair Color: _____
Work Phone: _____		
Do you have any physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details _____		

COVID-19

In accordance with Executive Order #283, I hereby verify having received a primary series, consisting of either a 2-dose series of an MRNA COVID-19 vaccine or a single dose COVID-19 vaccine, and a booster dose(s). YES NO

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: _____ Model: _____ Color: _____

Driver's Lic. #: _____ State: _____

Person to notify in case of emergency

Name: _____

_____ Last _____ First _____ Relationship _____

Street Address _____ Phone: _____

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): _____

Volunteer work preferences

Check days and indicate times available to volunteer:

- Teaching
- Tutoring
- Counseling
- Mentoring
- Religious Services / Studies
- Other _____

- Sunday Time - _____
- Monday Time - _____
- Tuesday Time - _____
- Wednesday Time - _____
- Thursday Time - _____
- Friday Time - _____
- Saturday Time - _____

Briefly state why you wish to perform volunteer work: _____

Organization you represent:

 Name of organization Contact person and Telephone number

Previous volunteer work history

Agency name: _____ Phone: _____

Street address: _____

_____ State: _____ Zip Code: _____

Type of service: _____ Days volunteered: _____

Criminal History

Have you ever been convicted of a crime? Yes No

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

Do you have any relatives, by blood or marriage, incarcerated in any New Jersey Correctional Facility? Yes No

Are you currently an approved visitor or currently on the visit list of any inmate incarcerated in any New Jersey Correctional Facility? Yes No

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

