



State of New Jersey  
DEPARTMENT OF CORRECTIONS



VOLUNTEER APPLICATION

Please Type or Print

**Personal Information**

Correctional Facility \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Birth Name: \_\_\_\_\_  
Last First Middle

Soc. Sec. #: \_\_\_\_\_ Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: ☐ M ☐ F Eye Color: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Hair Color: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**Address**

**Birth Information**

Street Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_

City of Birth: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State: \_\_\_\_\_

Resident of State: \_\_\_\_\_ Years

Country: \_\_\_\_\_

Passport # \_\_\_\_\_ (if any)

U.S. Citizen: ☐ Yes ☐ No

**Vehicle Information**

Veh. Lic. Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Veh. Make: \_\_\_\_\_ Year: \_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Veh. Model: \_\_\_\_\_ Color: \_\_\_\_\_

**Person to notify in case of emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last First

Street Address \_\_\_\_\_ Phone: \_\_\_\_\_

City \_\_\_\_\_ 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): \_\_\_\_\_

Organization you represent: \_\_\_\_\_  
Name of organization Contact person and Telephone number

**Previous volunteer work history**

Agency name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of service: \_\_\_\_\_ Days volunteered: \_\_\_\_\_

**Volunteer work preferences**

Check days and indicate times available to volunteer:

<input type="checkbox"/> Teaching	<input type="checkbox"/> Sunday	Time - _____
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Monday	Time - _____
<input type="checkbox"/> Counseling	<input type="checkbox"/> Tuesday	Time - _____
<input type="checkbox"/> Mentoring	<input type="checkbox"/> Wednesday	Time - _____
<input type="checkbox"/> Religious Services / Studies	<input type="checkbox"/> Thursday	Time - _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Friday	Time - _____
_____	<input type="checkbox"/> Saturday	Time - _____

Briefly state why you wish to perform volunteer work: \_\_\_\_\_

**Criminal History**1. Have you ever been convicted of a crime? ☐ Yes ☐ No

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

2. Do you have any relatives, by blood or marriage, incarcerated  
in any New Jersey Correctional Facility? ☐ Yes ☐ No3. Are you currently an approved visitor or currently on the visit list of any inmate  
incarcerated in any New Jersey Correctional Facility? ☐ Yes ☐ No4. If you answered "Yes" to question 2 or 3 above, provide name(s), State numbers and Correctional facility(ies):  
\_\_\_\_\_  
\_\_\_\_\_5. Do you have any physical limitations? ☐ Yes ☐ No If yes, provide details \_\_\_\_\_**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**OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY**

Area assigned: \_\_\_\_\_ I.D. Card: \_\_\_\_\_ Date: \_\_\_\_\_

Special Conditions \_\_\_\_\_ S.B.I. Check: \_\_\_\_\_ CCH: \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Coordinator of Volunteer Services\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name and Signature of Area Supervisor\_\_\_\_\_  
Date\_\_\_\_\_  
Printed Name and Signature of Administrator\_\_\_\_\_  
Date