



# Corrections and Community Supervision

## REGULAR OCCASSIONAL VOLUNTEER APPLICATION

Division of Ministerial, Family & Volunteer Services

May 2017

### WENDE HUB REGION

Attica Correctional Facility, 639 Exchange St., Attica, NY 14011-0149  
*for Attica, Groveland, Livingston, Rochester & Wyoming Correctional Facilities*

Gowanda Correctional Facility, South Rd., P.O. Box 350, Gowanda, NY 14070-0350  
*for Collins, Gowanda & Lakeview Correctional Facilities*  
716-532-0177 Extension 4650  
[Ellen.Krall@Doccs.Ny.Gov](mailto:Ellen.Krall@Doccs.Ny.Gov)

Wende Correctional Facility, 3040 Wende Rd., Alden, NY 14004-1187  
*for Albion, Orleans & Wende Correctional Facilities*  
[www.doccs.ny.gov](http://www.doccs.ny.gov)



# Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

## **"Application for Volunteer Status" Form** (Instructions for completing and submitting this form)

### **Part I – Volunteer Information (Pages 1 – 3):**

1. Please complete the application electronically whenever possible. Print information neatly and answer all questions. If not applicable, please indicate "N/A".
2. Make sure to fill in the date at the top left corner of the form.
3. Make sure to fill in the name of the facility that you are applying to at the top right corner of the form. If you are applying to more than one facility, only list the name of the facility where you are submitting your application form.
4. Question 1 (b) – this question is only for those applying as a religious volunteer. Please mark "N/A" if you are not applying as a religious volunteer.
5. ~~Question #20 – This question asks if you are receiving telephone calls, on the telephone visiting list, corresponding with, or sending packages to any inmate presently incarcerated in a NYS correctional facility. Please be advised that if you have ever had this contact with an inmate, you must answer yes to this question.~~

### **Part II – Criminal History (Pages 4 & 5):**

1. If you answered "Yes" to Part A, B or C of Question #30 on Part I, please list all felony, misdemeanor and criminal violation convictions. If you require more space, please list your additional criminal history on a separate sheet of paper and submit with your application. Omission of information regarding your criminal history may result in your application being denied.
2. At the top of Page 4, print your name and date the form.
3. At the bottom of Page 5, please make sure you print and sign your name as well as date the form. Electronic signatures are accepted. However, you will need to sign the application when you attend your volunteer orientation.

**All volunteer applicants are required to provide a copy of a Government agency issued ID at the time of application (i.e., driver's license, passport, Sherriff's ID, non-driver ID). Please include a copy with your completed application.**

Revised 7-30-2016

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

APPLICATION FOR VOLUNTEER STATUS  
PART I – Volunteer Information

\_\_\_\_\_  
FACILITY APPLYING TO

**IMPORTANT:**

COMPLETE PAGES 1-5. IF A QUESTION DOES NOT APPLY, ANSWER N/A. YOU MUST SIGN AND DATE PAGE 5

1. a) Activity/Group/Program applying for: \_\_\_\_\_  
b) If religious program, please specify the religion: (e.g., Catholic, Protestant, Muslim, etc.) \_\_\_\_\_
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_
3. Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Current Mailing Address, if Different From Above: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. a) Home Telephone # w/Area Code: (\_\_\_\_) \_\_\_\_\_ b) Work Telephone # w/Area Code: (\_\_\_\_) \_\_\_\_\_ c) Cell Phone # w/Area Code: (\_\_\_\_) \_\_\_\_\_
5. Social Security #: \_\_\_\_\_ Any other Social Security #(s) you have had: \_\_\_\_\_
6. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, State, Country)
7. Person to contact in case of an emergency: Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_
8. Name exactly as it appears on your Driver's License: \_\_\_\_\_
9. Other names you have been known by: Aliases / Maiden / Prior Marriage: \_\_\_\_\_  
\_\_\_\_\_
10. Current Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_
11. States in which you have or ever had a Driver's License or Non-Driver ID: \_\_\_\_\_
12. Sex:  Female  Male
13. Race:  White  Black  Hispanic  Asian  Native American  Other/specify \_\_\_\_\_
14. Eyes:  Blue  Black  Brown  Green  Hazel  Other/Specify \_\_\_\_\_
15. Hair Color:  Black  Brown  Blonde  Gray  Bald  Other/Specify \_\_\_\_\_
16. Complexion:  Light  Medium  Dark
17. a) Height: Feet \_\_\_\_\_ Inches \_\_\_\_\_ b) Weight (lbs.): \_\_\_\_\_
18. List any scars, marks, or tattoos: \_\_\_\_\_  
\_\_\_\_\_

New York State Department of Corrections & Community Supervision  
Division of Ministerial, Family and Volunteer Services  
APPLICATION FOR VOLUNTEER STATUS  
PART I – Volunteer Information (continued)

19. Have you or any member of your family ever been the victim of or witness to a crime where the perpetrator(s) were sentenced to a period of incarceration in a Federal, State, or County Correctional Facility?  YES  NO

\* If "YES," please answer the following questions:

Victim's relationship to you: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Name(s) of perpetrator(s): \_\_\_\_\_

Location of Incident / City/Town: \_\_\_\_\_ County and State: \_\_\_\_\_

20. 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 in a NYS Correctional Facility?  YES  NO  
If "YES" to A or B, please provide the following information (attach additional sheets if necessary)

Inmate Name: \_\_\_\_\_ DIN: \_\_\_\_\_  
Facility: \_\_\_\_\_ Relationship: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ DIN: \_\_\_\_\_  
Facility: \_\_\_\_\_ Relationship: \_\_\_\_\_

21. Are you currently or have you been previously employed or had volunteer or contract service provider status with the New York State Department of Corrections & Community Supervision  YES  NO

a. If "YES," please check which one  Volunteer  Contract Service Provider  Employee

b. If "YES," please list the facilities: \_\_\_\_\_

Has status been revoked?  YES  NO If "YES," please list the facilities: \_\_\_\_\_

22. a. Name of the company or agency whom you represent as a volunteer: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_

b. If you are employed by a Government Agency and provide a service relevant to your function, do you have Peace or Police Officer status?  YES  NO

23. Is a Professional License required to perform your duties?  YES  NO

If "YES," please specify the following: License #: \_\_\_\_\_ State: \_\_\_\_\_  
Issuing Agency: \_\_\_\_\_

24. Are there any specific needs that you require to perform the assignment under the Americans with Disabilities Act?  YES  NO If "YES," please list: \_\_\_\_\_

25. (a) Are you a U.S. Citizen?  YES  NO (b) If "NO," provide Alien Registration #: \_\_\_\_\_

26. Do you possess a valid Passport?  YES  NO  
If "YES," please list issuing country & Passport Number: \_\_\_\_\_

New York State Department of Corrections & Community Supervision  
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**APPLICATION FOR VOLUNTEER STATUS**  
**PART I – Volunteer Information (continued)**

27. Have you traveled outside the continental United States in the past five years?  YES  NO

If "YES," please list destination and date of travel: \_\_\_\_\_

If "YES," please list reason for traveling to the destination: \_\_\_\_\_  
(Attach additional sheets if necessary)

28. List any previous volunteer experience outside Corrections: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

29. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group which advocated violence against individuals because of their ethnic origin, religion, political affiliation, nationality, gender, sexual orientation, or disability?  YES  NO

If "YES," please explain: \_\_\_\_\_  
\_\_\_\_\_

30. (a) Have you ever been convicted of any crime (felony, misdemeanor, or violation). Traffic infractions/violations need not be reported:  YES  NO

(b) Any Charges pending?  YES  NO

(c) Have you ever had an Order of Protection filed against you?  YES  NO

If you answered YES to questions A, B, or C you must fill out PART II – Criminal History of this application. This information will not necessarily preclude admission to a correctional facility if declared during the application process.

31. List full name(s), addresses, telephone numbers of two individuals who can verify your skills/ability to serve or perform your duties.

REFERENCE #1

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

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

City/State/ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

REFERENCE #2

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

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

City/State/ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

New York State Department of Corrections & Community Supervision  
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**APPLICATION FOR VOLUNTEER STATUS**  
**PART II – Criminal History**

COMPLETE NAME AND DATE, AND THEN ANSWER QUESTIONS 32-35 ONLY IF YOU ANSWERED "YES" TO PART A, B, OR C OF QUESTION #30 ON PART I – VOLUNTEER INFORMATION OF THIS APPLICATION FOR VOLUNTEER STATUS FORM.

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

32. Criminal History: (Please provide the following information for all of your convictions. If you served time in a New York State, Federal, or County Correctional Facility, please provide your Departmental Identification Number(s) and the names of the facilities in which you were incarcerated.

NOTE: REPORT CONVICTIONS FOR FELONY, MISDEMEANOR, AND VIOLATION OFFENSES. TRAFFIC INFRACTIONS/VIOLATIONS NEED NOT BE REPORTED.

A. Charge/Charges: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_  
Conviction Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sentence: \_\_\_\_\_ DIN: \_\_\_\_\_  
Facility(s) Where Incarcerated: \_\_\_\_\_ Time Served: \_\_\_\_\_  
Date Released From Incarceration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Released from Parole/Probation Supervision: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Parole or Probation Officer: \_\_\_\_\_  
Location: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

B. Charge/Charges: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_  
Conviction Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sentence: \_\_\_\_\_ DIN: \_\_\_\_\_  
Facility(s) Where Incarcerated: \_\_\_\_\_ Time Served: \_\_\_\_\_  
Date Released From Incarceration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Released from Parole/Probation Supervision: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Parole or Probation Officer: \_\_\_\_\_  
Location: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

If additional space is needed, please attach an additional sheet with the pertinent information.

33. Are you currently on active Probation or Parole Supervision?  YES  NO  
If "YES," please provide the following information:

A. Nature of Crime: \_\_\_\_\_ Arresting Agency: \_\_\_\_\_  
Conviction Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sentence: \_\_\_\_\_ DIN: \_\_\_\_\_  
Time Served: \_\_\_\_\_ Date Released from Incarceration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Anticipated Release Date From Parole or Probation Supervision: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name of Parole or Probation Officer: \_\_\_\_\_  
Location: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

APPLICATION FOR VOLUNTEER STATUS  
PART II – Criminal History

NOTE: PAROLE/PROBATION INFORMATION – IF YOU ARE CURRENTLY ON PAROLE/PROBATION, YOU WILL NEED TO OBTAIN WRITTEN APPROVAL FROM YOUR PAROLE/PROBATION OFFICER FOR EVERY FACILITY IN WHICH YOU WISH TO PROVIDE A SERVICE.

34. If charges are currently pending against you, please explain the nature of the charges:

Date of Arrest: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Police Agency: \_\_\_\_\_  
Crime: \_\_\_\_\_  Felony  Misdemeanor  Drug/Domestic Violence Violation  
Have you appeared in Court?  YES  NO Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Next court appearance: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Have you forfeited bail bond to guarantee your appearance in court to answer these charges?  YES  NO  
Give brief description of the circumstances: \_\_\_\_\_  
\_\_\_\_\_

35. Please include the following information regarding any Order of Protection filed against you:

Date Order of Protection was filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Court location where the Order of Protection was issued: \_\_\_\_\_  
Name of the person the Order was filed on behalf of: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Is the Order still in effect:  YES  NO If "NO", date ended: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*\*\*\*\*

I HEREBY ACKNOWLEDGE THAT THE STATEMENTS MADE ABOVE ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

NOTE: FALSE OR KNOWINGLY OMITTED STATEMENTS MAY BE GROUNDS FOR TERMINATION OF VOLUNTEER STATUS AND PERMANENT EXPULSION FROM A CORRECTIONAL FACILITY. FALSE AND KNOWINGLY OMITTED STATEMENTS MAY BE GROUNDS FOR PROSECUTION IN ACCORDANCE WITH PENAL LAW SECTION 210.45.

APPLICANT NAME: (PRINT) \_\_\_\_\_ DATE: \_\_\_\_\_  
APPLICANT'S SIGNATURE: \_\_\_\_\_

OFFICIAL USE ONLY

FACILITY(S) WHERE SERVICE WILL BE PROVIDED: \_\_\_\_\_  
FREQUENCY OF SERVICE (check one):  Regular  Ongoing  Occasional  One-time

STAFF REVIEW

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.

RECEIVING NYSDOCCS EMPLOYEE (PRINT): \_\_\_\_\_ TITLE: \_\_\_\_\_  
RECEIVING NYSDOCCS EMPLOYEE (SIGNATURE): \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FINGERPRINTS REQUIRED:  YES  NO



# Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

## Reference Guide for Volunteers

1. Each volunteer entering a correctional facility is required to:
  - Furnish Proof of Identity (all volunteer applicants are required to provide a copy of a Government agency issued ID at the time of application, i.e. driver's license, passport, Sherriff's ID, non-driver ID).
  - Present any items they are carrying with them (personal or program-related) for inspection by Security staff.
  - Be hand-stamped.
  - Sign the Visitor's Log Book, and if available, the Volunteer Services Log Book.
  - Pass through a metal detector and/or be scanned with a hand-wand.

Note: This is standard procedure for all volunteers entering any DOCCS facility.

2. Volunteers are not permitted to bring in any items that might be considered contraband. Such items may include, but are not limited to weapons of any sort, drugs of any kind, alcohol or any substance that may contain alcohol.

Note: Volunteers should make particular note that most electronic devices are considered to be contraband and are **STRICTLY PROHIBITED** inside a correctional facility. Such items may include, but are not limited to, cell phones, cameras, pagers, laptops, Fitbits, wristwatch-smartphone devices, Smartglasses, audio recording devices, personal data assistants, etc. Such items must be left in their vehicle, which is to be locked while parked on State-owned property.

3. Volunteers are to be advised that the taking of photographs while on State-owned property is prohibited.
4. Volunteers shall conduct themselves in an orderly and professional manner, and remain with their staff escort or staff supervisor at all times. They must also adhere to direction given to them by any staff member.
5. Due to facility program schedules, and because volunteers must be escorted, it is expected that volunteers be dependable and punctual. If volunteers are unable to arrive at the facility at their scheduled time, or if they are forced to cancel their visit, they must notify either their facility staff supervisor or the Watch Commander by telephone as soon as possible.



6. The recommended dress code is of a conservative nature; tight or revealing clothing is not allowed; and, open-toe shoes are not recommended. Shoes must be securely fastened to the foot. Apparel that offers personal information about oneself (i.e., their place of employment, college, name of their child's school, etc.) is also not recommended. Volunteers should avoid wearing the color green, as it is the color of the state-issued clothing worn by inmates. Do not wear expensive jewelry or carry large sums of money while participating in programs at the facility.
7. Volunteers are not permitted to bring in any items or materials that have not been reviewed and approved by appropriate staff. Approved items must also be listed on an approved facility gate clearance, which is coordinated through designated facility staff.
8. Dialogue with or around inmates must not be of a personal nature and kept only to the approved program content. The only personal information that is appropriate for volunteers to disclose is their name and the organization they represent, if asked.
9. DOCCS has a zero-tolerance for sexual abuse. Sexual conduct or contact with an inmate remanded to State custody is a crime punishable by law, even if the inmate is a "willing" participant. Should volunteers receive a report that an inmate has engaged in, or been the victim of, a sexual act, sexual threat or voyeurism involving another inmate, staff member, volunteer, intern or contract employee, volunteers are required to immediately notify either their program staff advisor or the facility Watch Commander.
10. Volunteers are not permitted to give, or receive, any items to inmates except those items and materials that have been approved and are part of the program content.
11. Per Directive #4750, "Volunteer Services Program", Volunteers, with the permission of the Superintendent or designee, may be allowed to bring food for their own consumption under certain circumstances. Such instances would include programs that run for a longer duration of time, or if the volunteer has certain dietary needs/restrictions. Only factory-sealed drinks are allowed.
12. Aside from a handshake greeting, there is to be no physical contact between volunteers and inmates (i.e., hugging).
13. Volunteers are only permitted to enter areas where their program takes place. All requests to visit other areas of the facility must be approved by the Superintendent or designee prior to the date of the visit.
14. All Volunteer Programs are subject to cancellation by the facility without notice due to a facility need or emergency. Should this occur, facility staff will make every effort to notify the volunteers or their organization in a timely fashion.