



Application to Volunteer or Intern

Status Requested

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| <input type="checkbox"/> Unit Volunteer | Limited to volunteering at a single unit; approved by the Organizational Unit Head |
| <input type="checkbox"/> Statewide Volunteer | One year volunteer experience or prior approval of Chief of Corrections Operations or designee required |
| <input type="checkbox"/> Researcher | Human Subject Research Review Committee recommendation required |
| <input type="checkbox"/> Re-entry Resource Volunteer | Limited to designated re-entry events in multiple facilities |
| <input type="checkbox"/> Intern | Unpaid Student or Personal Interest Internship |

Program Affiliation: _____ Point of Contact: _____

Briefly describe the volunteer/intern services you are requesting to provide: _____

Personal Information

Full Name _____				
Last	First	Middle		
Home Address _____				
Street Address	City/County	State	Zip Code	
Phone () _____	Email Address _____			
Education (years in school): 1-11 <input type="checkbox"/> 12 <input type="checkbox"/> 13-16 <input type="checkbox"/> 17+ <input type="checkbox"/>				
Occupation: _____		Present Employer: _____		
Have you ever been convicted of a law violation as an adult, including moving traffic violations?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently under active probation or parole supervision?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now or have you ever been a member or associated with any gang, motorcycle club, racial supremacy group, or other such group or organization as defined in COV §18.2-46.1?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever engaged or attempted to engage in sexual abuse in an institutional setting?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above questions, please explain: _____				
Have you ever been employed by the Virginia Department of Corrections or another agency or contractor to work in a Virginia DOC facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, please explain: _____				
Are you visiting, have you ever visited, or are you corresponding with an inmate or probationer/parolee confined in any Virginia Department of Corrections facility?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to the above question, please explain/identify the inmate/probationer/parolee(s): _____				





Please list any known family, friends or associates who are currently under supervision of the Virginia Department of Corrections (includes confined or paroled)

Do you agree to a background/reference check Yes No

- Background Investigation Unit (BIU) staff will conduct all full background investigations for volunteers and interns who will serve in sensitive positions. The Facility Unit Head may grant preliminary approval for volunteers and interns to in sensitive positions based on preliminary reports.
- Facility staff may conduct limited background investigations for volunteers and interns who will serve in non-sensitive positions and will forward these background investigations to the BIU for processing. The Facility Unit Head will approve all volunteers and interns who will serve in non-sensitive positions.
- P&P staff may conduct their own background investigations for the employing P&P Office with copies of the result forwarded to the BIU Supervisor.
- The following documents must be sent to the Backgrounds Investigations Unit for all volunteers and interns.

Non - Sensitive Positions

Application to Volunteer or Intern 027_F2
 Authority for Release of Information 102_F7
 Copy Driver's License or other government issued picture Identification
 Fingerprint Cards (if applicable) or provide Livescan TCN number

Sensitive Positions

Application to Volunteer or Intern 027_F2
 Authority for Release of Information 102_F7
 Background Investigation Questionnaire 102_F2
 Copy Driver's License or other government issued picture Identification
 Copy of License or Certification (if applicable)
 Fingerprint Cards (if applicable) or provide Livescan TCN number
 Confidential Summary Background Investigation Report 102_F10 (P&P only)
 Request for Background Investigation 102_F6 (Facilities, only)

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on this application is subject to verification, and I consent to such verification as may be necessary in reference to my volunteer/intern service.

Applicant Signature/Date

For office use only (applicant does not write in this space)

Application Received Date: _____ Interview Date: _____ Orientation Date: _____

Does volunteer/intern service require a license or certification? Yes No (if applicable, obtain a copy)

VCIN Conducted: Yes No Date Conducted: _____

Criminal Record: Yes No SID # (if applicable) _____

Fingerprint Cards or TCN Number: _____

(After review by the Volunteer or Internship Coordinator and Facility Unit Head, the VCIN must be destroyed)

VCIN destroyed by: _____ Date destroyed: _____

Visitation Record: Yes No (Please provide inmate/probationer/parolee name, number, facility, and date of last visit in space below)

Volunteer/Internship Coordinator: Approved Disapproved

Volunteer/Internship Coordinator Signature/ Date _____

Unit Head/Chief of Corrections Operations: Approved Disapproved

Unit Head/Chief of Corrections Operations Signature/ Date _____

***Chief of Corrections Operations or designee Approval Required for Statewide Volunteer**

