



Application for Volunteer Services

Date: _____

Organizational Unit

*Statewide

One year volunteer experience or prior approval of Chief of Corrections Operations or designee required for Statewide Volunteer

Statewide Resource

Program Affiliation: _____

Point of Contact: _____

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

Full Name	_____					
	<i>Last</i>	<i>First</i>	<i>Middle</i>			
Home Address	_____					
	<i>Street Address</i>		<i>City/County</i>	<i>State</i>	<i>Zip Code</i>	
Phone () _____	Education (years in school)		1-11 <input type="checkbox"/>	12 <input type="checkbox"/>	13-16 <input type="checkbox"/>	17+ <input type="checkbox"/>
Email Address	_____					
Occupation	_____		Present	Employer _____		

Have you served on jury duty for an offender currently housed in VADOC? **Yes** **No**

Have you ever been convicted of a law violation as an adult, including moving traffic violations? **Yes** **No**

Are you currently under active parole or probation supervision? **Yes** **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 Code of Virginia §18.2-46.1? **Yes** **No**

Have you ever engaged or attempted to engage in sexual abuse in an institutional setting? **Yes** **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? **Yes** **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? **Yes** **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? **Yes** **No**

If **yes** to the above question, please explain:



Are you visiting, have you ever visited, or are you corresponding with an offender confined in any institution of the Virginia Department of Corrections? **Yes** **No**

If **yes**, please explain/identify the offender(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**

In accordance with Operating Procedure 101.8, *Background Investigation Program*, volunteers serving in sensitive positions must have a Full Background Investigation conducted. Full Background Investigations for institutions shall be forwarded to the Background Investigations Unit for processing. P&P Offices may conduct their own Background investigations in accordance with procedure. The Unit Head will approve all volunteers serving in non-sensitive positions and grant preliminary approval for volunteers serving in sensitive positions in institutions. The following documents must be sent to the Backgrounds Investigations Unit for all volunteers.

Non -sensitive Positions	Sensitive Positions
Application for Volunteer Services 027_F2 Authority for Release of Information 101_F13 Copy Driver's License or other government issued picture Identification Fingerprint Cards (if applicable)	Application for Volunteer Services 027_F2 Authority for Release of Information 101_F13 Background Investigation Questionnaire 101_F14 Copy Driver's License or other government issued picture Identification Copy of License or Certification (if applicable) Fingerprint Cards (if applicable) Confidential Summary Background Investigation Report 101_F16 (P&P only) Request for Background Investigation 101_F12 (Institutions 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 service.

Applicant Signature/Date

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

Application Received Date: _____ Interview Date: _____ Orientation Date: _____
 Does volunteer 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) _____
 Finger Print Cards or TCN Number: _____
 (After review by the Volunteer Coordinator and Facility Unit Head, the VCIN must be destroyed)
 VCIN destroyed by: _____ Date destroyed: _____
 Visitation Record: Yes No (Please provide offender name, number, facility, and date of last visit in space below)

Volunteer Coordinator: _____ Approved Disapproved

Volunteer Coordinator Signature/ Date

Unit Head/Chief of Corrections Operations: _____ Approved Disapproved

Unit Head/ Chief of Corrections Signature/Title/Date

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