



## Application for Volunteer/Intern Services

### Status Requested

- Unit Volunteer Will be limited to volunteering at a single unit
- Statewide Volunteer One year volunteer experience or prior approval of Chief of Corrections Operations or designee required
- Researcher Human Subject Research Review Committee recommendation required
- Re-entry Resource Will be selected only for designated re-entry events in multiple facilities
- Internship 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  12  13-16  17+

Occupation \_\_\_\_\_ Present Employer \_\_\_\_\_

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** to the above question, 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 102.3, *Background Investigation Program*, volunteers and interns serving in sensitive positions must have a Full Background Investigation conducted. Full Background Investigations for facilities 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 and interns serving in non-sensitive positions and grant preliminary approval for volunteers and interns serving in sensitive positions in facilities. The following documents must be sent to the Backgrounds Investigations Unit for all volunteers and interns.

**Non -sensitive Positions**

*Application for Volunteer/Intern Services 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 for Volunteer/Intern Services 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 101\_F12 (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) \_\_\_\_\_

Finger Print 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 offender 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**