

SPECIAL INVESTIGATIONS DIVISION
CENTRAL OFFICE

REQUEST FOR CRIMINAL HISTORY BACKGROUND INFORMATION
(OTHER THAN PRE-EMPLOYMENT)

BACKGROUND CHECK REQUESTED BY: _____

REASON FOR REQUEST: _____

FULL NAME (LAST FIRST MIDDLE SS #

MAIDEN AKA () YES () NO U.S. CITIZEN RACE SE

DOB PLACE OF BIRTH (CITY/ STATE/ COUNTY)

EYE COLOR WEIGHT HEIGHT HAIR COLOR

SCARS

Tattoos or other distinguishing marks or physical characteristics? () NO () YES, DESCRIBE:

*Have you ever been arrested or, convicted of a crime or disorderly offense. () No If yes, list the following:

NATURE OF OFFENSE (S): _____

NAME/ADDRESS OF POLICE AGENCY & COURT: _____

DISPOSITION: _____

I HEREBY AUTHORIZE ALL PERTINENT AGENCIES TO FURNISH THE NEW JERSEY DEPARTMENT OF CORRECTIONS WITH ANY AND ALL INFORMATION REGARDING ME, AT THEIR REQUEST.

APPLICANT'S SIGNATURE

INSTITUTION

PART II

1. Have you ever been convicted of a crime? yes no
If yes, please give details. _____
-
2. Do you have any relatives (by blood or marriage) incarcerated in any New Jersey correctional facility?
 yes no
3. Are you currently an approved visitor or currently on the visit list of any inmate incarcerated in any New Jersey correctional facility? yes no
4. If you answered yes on questions 2 or 3 above, please provide name(s), state number(s), and correctional facilities. _____

5. Do you have any physical limitations? no yes. Give details _____

PART III

Prior to being approved as a volunteer, photographs shall be taken for identification 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

FOR OFFICE USE ONLY

Area assigned _____ I.D. card _____ date _____

Special conditions _____ S.B.I. Check on _____ date _____ CCH? _____ date _____

Printed name and signature of Coordinator of Volunteer Services

date

Printed name and signature of Area Supervisor

date

Printed name and signature of Superintendent

date

STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS
VOLUNTEER APPLICATION

Please Print of Type
PART I

Correctional Facility

Name _____ Date _____
Last First Initial Maiden Name

Address _____
Street City State Zip Code

Date of Birth _____ Place of Birth _____
Month Day Year City State Country

Sex _____ Female _____ Male Social Security Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Home Phone () _____ Business Phone () _____

U. S. Citizen _____ Yes _____ No Years of Residence in N. J. _____

Car License Plate Number _____ State Issue _____

Diver's License Number _____ State Issue _____

Car Make _____ Model _____ Color _____ Year _____

Person to notify in case of an emergency:

Name _____ Address _____

Relationship _____ Phone () _____

Education:

Completed High School _____ Yes _____ No- Highest Grade Completed _____ G. E. D. _____ Yes _____ No

College _____ Major _____ Degree _____

Special Training _____

License(s), Certificate(s) _____

List skills, interest, hobbies _____

Organization(s) to which you belong _____

Volunteer work preference: _____ Counseling _____ Religious Counseling _____ Teaching _____ Tutoring
_____ Help in Volunteer Office _____ Other _____

List days and times available to work _____

Briefly state why you wish to perform volunteer work _____

Please indicate any previous volunteer work:

Agency Name _____ Address _____ Phone # _____

Type of Service _____ Days worked _____

1. Have you ever been convicted of a crime? _____ Yes _____ No

If yes, please give details _____

2. Do you have any relatives (by Blood or marriage) incarcerated in any New Jersey correctional facility? _____ Yes _____ No

3. Are you currently an approved visitor or currently on the visit list of any inmate incarcerated in any New Jersey correctional facility? _____ Yes _____ No

4. If you answered yes on questions 2 or 3 above, provide name(s), State number(s) and correctional facility(ies).

5. Do you have any physical limitations? _____ No _____ Yes Give details _____

PART III

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 regulation governing this program.

Signature of Volunteer

Date

FOR OFFICE USE ONLY

Area assigned _____

I. D. Card _____

Date _____

Special conditions _____

S. B. I. Check on _____

CCH? _____

Date

Date

Printed Name and Signature of Coordinator of Volunteer Services

Date

Printed Name and Signature of Area Supervisor

Date

Printed Name and Signature of Superintendent

Date

VOLUNTEER RULES AND RESPONSIBILITIES

_____ Date

The following rules and regulations apply to you as a volunteer at _____
Correctional Facility

1. I agree that I shall abide by all the rules and regulations set forth by the correctional facility and shall not engage in any activities which threaten the order and security of the correctional facility.
2. I agree that my services shall be on a strictly volunteer basis for which I shall not receive any money, gifts or compensation.
3. I agree to abide by my attendance schedule.
4. I understand that all information relative to the affairs of the correctional facility and to the individual inmates must be given out through the Administrator/Superintendent's office and shall not be discussed outside the correctional facility or the Department of Corrections.
5. I understand that N.J.S.A. 2C:29-8, New Jersey Code of Criminal Justice makes it a criminal offense to introduce within a correctional institution any weapon or other thing which may be useful for escape; or to provide an inmate with any other thing which the person knows or should know it is unlawful for the inmate to possess.
6. I understand that I shall not exchange any gifts, monies, personal services or other favors with any inmate or an inmate's friend or representative.
7. I agree that I shall notify the authorities at the correctional facility of any unusual situations, gatherings, conversations or events that may occur.
8. I agree that I shall not enter the correctional facility while under the influence of alcohol, narcotics or illicit drugs.
9. I agree that I shall not give any type of medication (over-the-counter or prescribed) to any inmate.
10. I agree that I shall not indulge in undue familiarity with inmates or permit inmates to be unduly familiar with me.
11. I understand that I shall wear my correctional facility I.D. tag at all times while in the correctional facility.
12. I agree that I shall not extend the period of volunteer service without the approval of the Coordinator of Volunteer Services.
13. I understand that I shall keep confidential information regarding inmates.
14. I understand that I must not take anything out of the correctional facility for an inmate(s) such as, but not limited to mail or other material.
15. I understand that I shall not visit the correctional facility on unauthorized days.

I certify that I have read and I understand the rules and responsibilities governing my participation as a volunteer. I understand that if I violate any of these rules and responsibilities, I may be removed from the Volunteer Program. I also acknowledge receipt of a copy of these rules and regulations.

(Please sign 2 copies)

Printed Name and Signature of Volunteer

Date

Printed Name and Signature of Witness

Date