

VOLUNTEER APPLICATION AND SERVICE AGREEMENT COVER SHEET

Incomplete applications, including failure to disclose accurate information regarding any/all criminal convictions, will be **automatic grounds for denial** of your application. If you have any questions or need assistance with this application packet, please contact the Community Resources Manager prior to submission.

Please provide all information requested below

New Volunteer

Renewal

Gate Clearance

Brown Card

Volunteer Applicant: _____

Institution: _____

Service Group Name(s): _____

For Renewals, include length of continuous volunteer service (example, 1 yr. 5 yr. etc.) _____

Attachment A: CDCR 966 (Rev. 01/21) Volunteer Application and Service Agreement

Shall include the following attachments: Resumes, Employment History, Academic Enrollments, Community Participation Certifications, Licenses, Ordination Documents, or Reference Letters to Wardens.

Attachment B: CDCR 181 (Rev. 10/14) Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates.

Attachment C: CDCR 894 (09/19) Emergency Notification Information

Attachment D: CDCR 7336 (Rev. 03/20) Employee Tuberculin Skin Test (TST) and Evaluation

Attachment E: CDCR 7354 (Rev. 07/15) TB Infectious Free Staff Certification

Attachment F: CDCR 1049 (08/08) Certification of Volunteer Participation

Attachment G: CDCR 8019 (06/20) Nepotism and Fraternization Policy Acknowledgment

Attachment H: CDCR 2301 (Rev. 05/20) PREA Policy Information for Volunteers and Contractors Part A

Attachment I: STD 910 (Rev. 10/2019) Essential Functions Health Questionnaire

Attachment J: CDCR 1887 (Rev. 08/08) Parent Consent for Participation (if applicable)

All of the above forms must be submitted with this packet.

Volunteer Signature: _____ Date: _____

****Please note specific additional information/forms may be required at various Institutions****

ADA Accessible

Volunteer Applicant: _____

Institution: _____

INSTITUTION USE ONLY

NEW VOLUNTEER

RENEWAL

VOLUNTEER APPLICATION AND SERVICE AGREEMENT

READ CAREFULLY. Please **PRINT** or **TYPE**. The information requested will be used by the officials of the California Department of Corrections and Rehabilitation (CDCR) to determine whether your application will be approved or disapproved.

In accordance with the Privacy Act of 1974 (PL93579), providing your Social Security number is **optional**. However, any omission or falsification on the questionnaire may be cause for denial of volunteering. Please mail this form directly to the community Resources Manager of the institution where you wish to volunteer.

SECTION I: To be Completed by Applicant (PRINT CLEARLY)

Name _____ Date of Birth: _____
First MI Last (MM/DD/YYYY)

Address: _____
Number and Street Apt. # City State Zip

Email (**optional**): _____

SSN# (**optional**): _____ State Driver's License or Identification # (**required**): _____ Exp.: _____

Passport# _____ (If applicable) Exp. Date: _____

Phone # (required): () _____ - _____ Cell #: () _____ - _____ Fax # (optional): () _____ - _____

Gender: Male Female Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Occupation: _____

Special Skills/Certificates: _____

Name and address of company/church/organization you will represent as a volunteer (If applicable):

1. Have you submitted Live Scan fingerprints to CDCR in the past? No Yes (If yes, provide date and location/institution.)

2. Do you provide volunteer service at any other CDCR institution? No Yes (If yes, provide date and location/institution.)

3. Do you visit and/or correspond with any inmates at any other CDCR institution? No Yes (If yes, explain fully and provide inmate name(s), CDCR number(s) and institution(s), attach additional sheets, as needed).

4. Are you related to any inmate(s) at any CDCR institution? No Yes (If yes, explain fully and provide inmate(s) name(s), CDCR number(s) and institution(s) include additional sheets as necessary).

Volunteer Applicant: _____

Institution: _____

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5. Have you ever been arrested and/or convicted of any offense? No Yes *(If yes, list all detentions, arrests, and/or convictions. Attach additional sheet(s), if necessary.)*

Offense	Approx. Date	Disposition (Dismissed, Probation, Jail, Prison, etc.)	County	State	Country

6. Are you currently on parole or probation? No Yes *(If yes, shall be one year free of illegal activity, submit approval letter from RPA or designee, list name, telephone number and county of parole agent/probation officer)*

7. Are you discharged from prison or parole? No Yes *(If yes, shall be one year free of illegal activity, list date of discharge, name of institution, and attach letter addressed to the Warden outlining the circumstances below.)*

(If information is not disclosed or inaccurate information is provided, your application may not be approved)

I certify that:

- No salaries, wages, or unemployment benefits are to be paid for volunteer services.
- There is no Worker's Compensation provided.
- Use of State supplies may be permitted when directed to do so.
- I must attend any required training as directed.
- I have read and understand the CDCR Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates (CDCR Form 181).
- I authorize CDCR to obtain information from law enforcement sources regarding my criminal history.
- I understand that I must notify the Community Resources Manager immediately in the event there is any change to any of the information I have provided.

The information you provide is entered and stored in a secure electronic database for a minimum of three years. By signing this application, you acknowledge and agree to this process.

Applicant's Signature

Date

VOLUNTEERS WITH DISABILITIES: If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Volunteers with guide dogs will need to provide the dog's certification paperwork upon visit check-in. The CDCR will make every effort to provide reasonable accommodations for all qualified/eligible volunteers with disabilities in keeping with the safety and security of the institution and the public. If you have any questions and/or concerns, please contact the Community Resources Manager.

Volunteer Applicant: _____

Institution: _____

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SECTION II: To be Completed by CDCR Staff

Purpose of Entry (*Check specific program*): Activity Group Religious

Name of Program: _____

Location of Volunteer Service (*List institution and location, example: chapel, Facility A, classroom #, etc.*):

Duration of volunteer service (i.e., one, two or more months): _____

Day(s) of Week (*Check*): M T W Th F S Su Hours _____ Escort: No Yes

TB Test Required: No Yes (*Annual TB Testing is required for all volunteers with more than 6 months of volunteer service*)

Print Name/Classification

Signature

Date

COMMUNITY RESOURCES MANAGER

Reviewed and submitted for background clearance

Signature

Date

CUSTODY STAFF

NLETS Cleared No Yes

NLETS Cleared Date: _____

Needs further review

Signature

Date

WARDEN/WARDEN'S DESIGNEE SIGNATURE:

APPROVED

DISAPPROVED

Signature

Date

FOR USE BY CRM ONLY

GATE CLEARANCE ONLY

Background clearance (NLETS) Date: _____

Live Scan Date/Location: _____

(*Required after six months of volunteer service*)

Verification of TB Test provided:

Yes No N/A (*If less than 6 months*):

Date: _____

Copy of Volunteer Emergency Notification (CDC-894) sent to:

Control	No	Yes
Watch Office	No	Yes

FOR USE BY PERSONNEL ONLY

VOLUNTEER IDENTIFICATION CARD (ID CARD)

Title: **VOLUNTEER** (*For all volunteer ID Cards*)

Live Scan: _____

(*Date/Location required after six months of volunteer service*)

Date ID Card Issued: _____

ID Card Expiration Date: _____

Thumb Print Date: _____

ID Picture Date: _____

Copy of Volunteer Emergency Notification (CDC-894) sent to:

Control	No	Yes
Watch Office	No	Yes

Comments: