



September 2016

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY
Adult Corrections - Reentry, Programs and Services
COMMUNITY VOLUNTEER PROGRAM

Acknowledgement of Community Volunteer Training Orientation and Refresher Form

VOLUNTEER COORDINATOR Tammy Milligan FACILITY NAME Foothills Correctional Institution

VOLUNTEER (Please Print)

ADDRESS (Please Print) Street City State Zip Code

HOME PHONE# CELL PHONE#

I have read (or have had it read to me) and understand the following NC Department of Public Safety, Adult Correction, Prisons policies on:

- PREA (Prison Rape Elimination Act)
• Non-Disclosure (Volunteer Privilege Community Form)
• Tobacco
• Cell Phone

I acknowledge that I must adhere to and support all policies and procedures of the Department and failure to abide by these rules and regulations may result in my termination from service.

I understand as a volunteer I will not receive any financial reimbursement or compensation from the Department for my services, time or expenses.

I have been informed of and accept in my status as an approved volunteer that I may not visit with an inmate in the facility on a social or personal basis, without the written approval of the Facility Head.

I understand I do not have the authority, express or otherwise to compel or restrict an inmate's conduct or participation in a particular program.

I understand any difficulty encountered must be immediately brought to the attention of the Volunteer Coordinator who will ensure the problem is resolved.

I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service and any information I give may be investigated.

I consent to the release my name to be used by the Department of Public Safety for awards and/or written articles related to my service as a volunteer.

(Please initial if you do not give consent to written articles without prior notification)

I certify to the best of my knowledge and belief, all the statements are true, correct, and complete and made in good faith.

Finally, I understand this completed and signed agreement will be maintained in my Official Volunteer file in a disclosed location at the facility.

Community Volunteer Signature Date

Volunteer Coordinator Signature Date

cc: File

20. Are you applying to be a Community Leave Sponsor? Yes _____ No _____

If yes, Inmate's Name and Opus #: _____

How do you know the inmate? _____

21. Would you serve as a Community Leave Sponsor for an inmate that you do not know? Yes _____ No _____

22. Have you ever been convicted of a crime other than a minor traffic violation? No _____

If yes, please explain: _____ Date: _____

23. Have you been or are you currently on Probation, Parole or Post Release Supervision? No _____

If yes, Date (s): _____

Please explain: _____

24. Would you have objections to the NCDPS, Prisons making inquiries necessary for the approval of your application? No _____

If yes, please explain: _____

I understand that I will not receive any compensation for serving as a volunteer, by the Department of Public Safety, Adult Corrections for an Inmate.

I understand that there are certain risks inherent in volunteering within the confines of a Correctional Facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. I am aware that my giving false information may result in the rejection of this application or termination of my volunteer status. The information will be used for a background check and/or investigation.

I have read (or have had it read to me) this application and understand the information contained in it.

Volunteer Signature: _____ Date: _____

DO NOT FILL IN SECTION BELOW - STAFF USE ONLY

Interviewer's Comments and Recommendations: _____

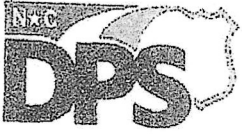
Community Volunteer Coordinator: _____ Date: _____
_____ Approved _____ Disapproved _____ On Site _____ Off Site

Comments: _____

Facility Head or Designee: _____ Date: _____

Date Applicant Notified of Decision: _____

(Do not discard original application)



North Carolina Department of Public Safety
Adult Correction, Reentry, Programs and Services
COMMUNITY VOLUNTEER APPLICATION

1. Name: _____

First	Middle	Last
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2. Home Address: _____

Street Address	City	State	Zip
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3. Mailing Address (if different from above): _____
4. Home Telephone #: _____ Cell #: _____
5. Date of Birth: ____/____/____ 6. Gender: _____ 7. SS # _____
8. Driver's License #: _____ State: _____ 9. Race: _____
10. Employer's Name: _____ Address: _____
11. Have you or do you currently work for the Department of Public Safety Adult Corrections, Prisons? No _____
 If yes, Facility: _____ Date: _____
12. Have you ever served as a Volunteer in the NCDPS, Prisons? No _____
 If yes, Facility Name: _____ Date: _____
13. Have you ever been dismissed as a Volunteer by the NCDP, Prisons? No _____
 If yes, Facility Name: _____ Date: _____
 Please list brief details: _____
14. Have you ever been dismissed as a Visitor by the NCDPS, Prisons? No _____
 If yes, Facility Name: _____ Date: _____
 Please list brief details: _____
15. Are you related to an inmate currently housed at this facility? No _____
 If yes, Inmate's Name & OPUS #: _____ Relationship: _____
16. Are you currently visiting any inmates assigned to this facility? No _____
 If yes, Inmate's Name & OPUS #: _____ Relationship: _____
17. Are you related to an employee who works at this facility? No _____
 If yes, Name: _____ Relationship: _____
18. In what area(s) are you interested in serving as a Volunteer? _____
19. Why do you wish to serve as a Volunteer? _____

NC Department of Public Safety, Prisons DCI RECORD REQUEST/VERIFICATION(AOC, Criminal, and DCI)

*In order to ensure the most accurate and complete investigation, please provide all information as requested.

Person(s) requesting information: _____ Date: _____

Title: Volunteer Coordinator Facility: Foothills Correctional Institution - 3720

(Please Check all that apply)

Community Volunteer: Work Release: Home Leaves: Transportation:

Visitation: Correctional Agent: Other:

(Please Print)

*Name _____
(Last) (First) (Middle Name) (Maiden Name)

Other Names used: _____

*Address _____
(Street) (City) (Zip Code)

Home Phone Number: (____) _____ - _____ Cell Phone Number: (____) _____ - _____

*Date of Birth: ____/____/____ *Social Security Number: ____-____-____

*Driver's License Number: _____ DL State: ____ *Race: ____ *Sex: ____

Other States lived in: _____

I, _____ (Signature & Date), authorize the NCDPS, prisons to obtain a DCI Record Request.

Staff Signature: _____ Date: _____

DCI search completed by: _____
Name Title Date

Final Disposition: Approved: Disapproved: Signature & Date: _____

Comments: _____