



### Faith and Citizen Programs Volunteer Application

Check One:  *New Volunteer*  *Annual Update*

For DOC Use Only (Please leave this section blank)	Visiting: _____ Criminal Record Check By: _____ Date Investigation Completed: _____ Application Reviewed By: _____ Application Is:   Approved   Denied   Review Reason: _____
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Mail completed form to: **Colorado Department of Corrections**   Phone: (719) 583-5975  
 c/o Faith and Citizen Programs Coordinator  
 1250 Academy Park Loop  
 Colorado Springs, CO, 80910

**Please print or type your LEGAL name as it appears on your driver's license.**

Last Name	First Name	MI	Maiden

Birth Date (MM-DD-YYYY)	Gender

E-Mail Address

Address (Notify FCP of any change of address within 24 hours)	No. And Street or PO Box

City/Town	State	Zip Code

(Notify FCP of any change of phone number within 24 hours)

Area Code/Home Phone	Area Code/Work Phone/Extension

Social Security _____ - _____ - _____	Ethnicity (Optional) _____
Drivers License: State _____ # _____	

In Case of Emergency Notify:	
Name: _____	Phone: (    ) _____

Name of Approved DOC Program: _____ Address _____ Phone: _____ FAX: _____ E-Mail: _____ Name of Program Leader: _____ Signature of Program Leader: _____	Are you receiving any compensation/school credit for your volunteer service?   Yes   No If yes, please explain: _____ _____ _____
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Facility Preference: Please check one or more		<input type="checkbox"/> Any Facility
<input type="checkbox"/> Arkansas Valley Corr. Fac.	<input type="checkbox"/> Colo. Correctional. Cntr.	<input type="checkbox"/> Fremont Cor. Fac.
<input type="checkbox"/> Buena Vista Corr. Fac.	<input type="checkbox"/> Colo. State Penitentiary	<input type="checkbox"/> La Vista Cor. Fac.
<input type="checkbox"/> Canon Min. Cntrs.	<input type="checkbox"/> Delta Corr. Cntr.	<input type="checkbox"/> Limon Cor. Fac.
<input type="checkbox"/> ACC, FMCC, SCC	<input type="checkbox"/> Den. Women's Corr. Fac.	<input type="checkbox"/> Rifle Corr. Cntr.
<input type="checkbox"/> Centennial Corr. Fac.	<input type="checkbox"/> DRDC	<input type="checkbox"/> San Carlos Cor. Fac.
<input type="checkbox"/> Private Facilities:	<input type="checkbox"/> Bent County Corr. Fac.	<input type="checkbox"/> Cheyenne Re-Entry
		<input type="checkbox"/> Sterling Cor. Fac.
		<input type="checkbox"/> Territorial Corr. Fac.
		<input type="checkbox"/> Trinidad Corr. Fac.
		<input type="checkbox"/> Youthful Off. Sys.
		<input type="checkbox"/> Crowley County Corr. Fac.

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Offender Relationships - Please answer each question yes or no.	No	Yes
1. Are you related to any Colorado DOC offender (including probationer or parolee)?		
2. Within the last two years have you visited (outside of your volunteer program) with any DOC offender?		
3. Within the last two years have you written to or corresponded with any DOC offender?		
4. Have you, or someone you know, <i>EVER</i> been victimized by a current DOC offender?		
5. Do you currently have any legal action involving any DOC offender?		
<b>If yes explain below, including names, DOC #s relationship, facility, etc.</b>		

**Criminal History:** False or incomplete information on this application will be grounds for denial or termination. A Criminal record does not necessarily make you ineligible for volunteer service.

Please answer each question yes or no.	No	Yes			
1. Have you <i>EVER</i> been arrested, charged or convicted of any sex related offense?					
2. Have you <i>EVER</i> been arrested, charged or convicted of any felony?					
3. Within the last 10 years, have you been arrested, charged or convicted of any misdemeanor?					
4. Have you <i>EVER</i> been convicted and subsequently incarcerated in a correctional facility?					
5. Are there <b>ANY</b> charges pending against you for any criminal offense?					
<b>If yes complete the blanks below (attach additional explanation if necessary)</b>					
Month/Year	Offense or Charge	Disposition	Arresting Agency	City	State

New volunteers must attend the Basic Volunteer Training within six months of application approval. To remain active, please notify the DOC whenever your address changes. Thank you.

I understand this form is the first step in becoming a Colorado Department of Corrections volunteer. If approved I will be required to complete a basic volunteer training, and a specific orientation for each facility I am approved to access. I understand I will be required to adhere to all Colorado Department of Correction rules and regulations, including but not limited to those pertaining to security, searches, offender relations, contraband, PREA, and professional conduct. I understand each administrative head has final discretion to approve or deny my volunteer service at the facility level.

I authorize representatives of the Colorado Department of Corrections to make any and all appropriate inquires regarding my background and I release the Colorado Department of Corrections and its representatives from any liability which may result from such action.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_