



Application Form for Volunteers & Professional Partners.

Connecticut Department of Correction

CN100401
Rev. 06/29/2018

SECTION 1 – Applicant Instructions

Acknowledgement:

- All questions must be fully answered in its entirety to have the document processed.
- The Connecticut Department of Correction reserves the right to remove or deny a VIP's access to an institution without provocation or cause.
- Applicant must forward the completed application to the facility coordinator that they wish to attend (attached)
- Beginning with your PRESENT or MOST RECENT employment please include your **Resume or Curriculum Vitae** that clearly describes the work (duties/responsibilities) you personally performed.

SECTION 2 – Applicant Information - Applicants must be at least 18 years old

Check Box Below:

<input type="checkbox"/> Regular Volunteer	<input type="checkbox"/> Professional Partner	<input type="checkbox"/> Researcher	<input type="checkbox"/> Other:
Applicant's full name:			
Applicant's home address:			
City/Town:		State:	Zip Code:
Home telephone:		Work telephone:	Email:
Date of birth:		Social security number:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White
		<input type="checkbox"/> Native American	<input type="checkbox"/> Asian
			<input type="checkbox"/> Other (specify):
Drivers license:	<input type="checkbox"/> Yes <input type="checkbox"/> No	State:	Operators license number:
Primary vehicle registration tag:		Make/Model/Year of vehicle:	

SECTION 3 – Qualifications

Do you speak, read or write a language other than English? Yes No Specify:

Education (check):	<input type="checkbox"/> GED	<input type="checkbox"/> Bachelors	Subject:
	<input type="checkbox"/> Graduated High School	<input type="checkbox"/> Masters	Subject:
	<input type="checkbox"/> Associates Subject:	<input type="checkbox"/> Post-Graduate	Subject:

SECTION 4 – Conviction Information (REQUIRED)

(Your answer to the following question will be considered for volunteer services purposes only)

Have you ever been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you (exclude minor traffic violations or any offense settled in Juvenile Court or under a Youth Offender Law)? Yes No (If yes, attach a detailed explanation)

SECTION 5 – References

Name:	Name:
Address:	Address:
Telephone number:	Telephone number:
Relationship:	Relationship:

SECTION 6 – Medical/Emergency Contact Information

Medical Information:	Emergency Notification:
Physician:	Name:
Telephone Number:	Telephone number:
Insurance Company:	Relationship:

If you have questions, please contact the Volunteer Services Unit at: DOC.VolunteerServices@ct.gov



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SECTION 7 – Employment Information

Are you an employee or ever been employed by the CT-DOC or any other Criminal Justice Agency? Yes No

If yes, attach a separate sheet describing your role & duties, date(s) of service and your Supervisor's name and contact number.

Job Title:	Company name:	
Type of business:	Department where assigned:	
Supervisor's name:	Telephone number:	
Employed from (date)	Total time (yrs/mos):	Hours per week: FT PT

Duties/responsibilities:

SECTION 8– Previous/Present Volunteer Experience

Instructions: Beginning with your PRESENT or MOST RECENT volunteer experience please clearly describe the work (duties/responsibilities) you personally performed.

Previous/Present volunteer service (title):	Name of organization:
Contact person:	Telephone number:

Duties/responsibilities:

SECTION 9 – Volunteer/Professional Partner Selection of Desired Involvement

Program/Activity desired: (Check only one location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Addiction Services	Basic Educational Services	Chaplaincy Services
		<input type="checkbox"/> Professional Partner <input type="checkbox"/> Research Project #	Protestant Jewish: Catholic:

Section 10- Requested Location Placement for Volunteers and Professional Partners

Location Requested: (check only one location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bridgeport CC	Cheshire CI	Enfield CI	Hartford CC	Manson YI	Manson YI	Robinson CI	York CI
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Brooklyn CI	Corr/Rad CI	Garner CI	MacDougall/Walker CI	New Haven CC	Osborn CI	Willard-Cybulski CI	Central Office

Parole and Community Services:	<input type="checkbox"/> Halfway House	<input type="checkbox"/> Non-Residential Program
Region:	<input type="checkbox"/> Bridgeport	<input type="checkbox"/> Hartford
	<input type="checkbox"/> New Haven	<input type="checkbox"/> Norwich-New London
	<input type="checkbox"/> Waterbury	

SECTION 11 – Certification

I certify that the statements made by me on this application are true and complete to the best of my knowledge, and are made in good faith. I understand that any mis-statement of fact may result in termination. All statements made on this application, including employment information are subject to verification as a condition for Volunteer and Professional Partner service. By affixing my signature below, I give the Dept. of Correction authorization to conduct a criminal history and contact personal references and employers as a condition of approval for service. I further understand that as a Volunteer or Professional partner I may be exposed to danger, including, hostage situations, injury or assault by inmates.

Applicant signature:	Date:
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VIP Memorandum of Understanding Connecticut Department of Correction

CN100403
Rev. 6/29/18

I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, willingly provide the information below as part of my application to volunteer with the Connecticut Department of Correction.

1. Take nothing, including cell phones or other materials in or out of any correctional facility. Cameras, recording or electronic devices are prohibited.
2. Respect the integrity and confidentiality of records and other privileged information.
3. Communicate clearly and appropriately. Respect staff. Follow instructions carefully.
4. If you change address or phone numbers, report new contact information to the facility VIP Coordinator in a timely manner.
5. Agree to report to the Director of Volunteer Services any inappropriate behavior or act of a sexual nature directed towards an inmate by any other inmate, any employee, contractor or volunteer, intern or professional partner.
6. Park appropriately. Lock all personal items in vehicle or leave in lockers provided at facility entrance.
7. Refrain from giving anything to offenders, including personal information, telephone numbers or addresses. No gifts, books, candies, etc.
8. Materials or supplies may be given to offenders by staff only. Any resources needed will be procured or authorized by a facility supervisor.
9. Refrain from personal relationships with offenders:
 - A. Are you related to anyone who is currently incarcerated? Yes No If yes, complete below
Name of offender: _____ Offender number: _____
 - B. Are you on any offender's visiting list? Yes No If yes, complete below
Name of offender: _____ Offender number: _____
10. Not act in the capacity of a sponsor for an offender for any type of community release (i.e., any parole, transitional supervision, transitional placement, halfway house and/or any furlough, including reentry furlough) unless the offender is an immediate family member as defined by Administrative Directive 9.8, Furloughs AND when authorized by the Commissioner of Correction or designee.
11. Have you been known by any other name in the past, including maiden name, or a different name prior to religious conversion?
 Yes No If yes, name: _____
12. If approved to transport offenders, only transport offenders to authorized destination.
13. If arrested or experiencing a significant personal hardship, I agree to report it to my facility supervisor.
14. If approved as a correctional VIP, I agree to read the VIP Handbook and participate in required orientation or training. I further agree to act in good faith and within the scope of the duties and responsibilities as defined by Department of Correction staff.

Applicant name (print):

Applicant signature:

Date:

E-Mail Address: