

	<b>BELKNAP COUNTY</b> <b>DEPARTMENT OF CORRECTIONS</b>	<b>OFFICE USE ONLY:</b>  Criminal Records Review Dated: _____  Completed By: _____  _____ Approved      _____ Denied
	<b>CITIZEN INVOLVEMENT/VOLUNTEER APPLICATION</b> <b>PLEASE PRINT</b> AS NEEDED OR REQUIRED, ATTACH STATEMENTS OF EXPLANATION OR CREDENTIALS. ALLOW 15 BUSINESS DAYS FOR PROCESSING	

**REQUIRED PERSONAL INFORMATION - STRINGENT CONFIDENTIALITY MAINTAINED FOR ALL PERSONAL DATA**

<input type="radio"/> MRS.  <input type="radio"/> MS.  <input type="radio"/> MR.	<input type="radio"/> DR.  <input type="radio"/> REV.  <input type="radio"/> _____	GENDER  <input type="radio"/> FEMALE  <input type="radio"/> MALE	DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER:
PLACE OF BIRTH:				
CITIZENSHIP: <input type="checkbox"/> USA <input type="checkbox"/> OTHER COUNTRY:				
<b>LEGAL NAME:</b> LAST NAME      FIRST NAME      MI      SUFFIX				
CHECK TYPE OF PHOTO IDENTIFICATION <small>(must be surrendered to enter correctional facility)</small> <input type="checkbox"/> VALID DRIVER LICENSE FROM STATE OF RESIDENCE <input type="checkbox"/> VALID MILITARY ID CARD (ACTIVE DUTY ONLY) <input type="checkbox"/> VALID PHOTO ID CARD FROM STATE OF RESIDENCE <input type="checkbox"/> VALID PASSPORT (IF FOREIGN NATIONAL)		STATE ISSUING ID:	DRIVER'S LICENSE # OR VALID GOVT. ISSUED PHOTO ID #	
CURRENT MAILING ADDRESS      TOWN      STATE      ZIP CODE				
LIST ANY/ALL OTHER ADDRESSES USED IN PAST 5 YEARS				
LIST ANY/ALL FORMER NAMES <small>(i.e., prior to marriage, adoption, religious conversion)</small>				

**ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE (YES) ANSWER**

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| 1. ANY CURRENT/PAST CITIZEN INVOLVEMENT OR VOLUNTEER SERVICE IN CORRECTIONS?           | [ ] No, [ ] Yes, WHERE/WHEN |
| 2. ANY CURRENT/PAST CORRECTIONAL EMPLOYMENT OR APPLICATION FOR SAME?                   | [ ] No, [ ] Yes, WHERE/WHEN |
| 3. HAVE ANY MEDICAL CONDITION OR DISABILITY THAT MAY RESTRICT INVOLVEMENT?             | [ ] No, [ ] Yes             |
| 4. HAVE YOU EVER BEEN <b>CONVICTED</b> OF <b>ANY CRIME</b> AT ANY TIME IN YOUR PAST?   | [ ] No, [ ] Yes             |
| 5. ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY?              | [ ] No, [ ] Yes             |
| 6. HAVE YOU BEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS?                 | [ ] No, [ ] Yes             |
| 7. ARE YOU NOW UNDER CRIMINAL CHARGES FOR ANY VIOLATION OF LAW?                        | [ ] No, [ ] Yes             |
| 8. ANY FAMILY MEMBER AN INMATE WITH THE BCDOC OR ANY CORRECTIONAL FACILITY?            | [ ] No, [ ] Yes, WHO        |
| 9. ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF BCDOC OR ANY CORRECTIONAL AUTHORITY?    | [ ] No, [ ] Yes, WHO        |
| 10. DURING THE PAST 2 YEARS, ON ANY INMATE VISITING LIST AT ANY CORRECTIONAL FACILITY? | [ ] No, [ ] Yes, WHO        |
| 11. CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE?                            | [ ] No, [ ] Yes, WHO        |

**COMMENT ON EACH AFFIRMATIVE(YES) ANSWER; USE ADDITIONAL PAGES AS NEEDED:**

I do hereby certify that all information I have provided the department on this form, and any attachments, is accurate and complete and 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. I agree to abide by all applicable New Hampshire laws, and Belknap County Department of Corrections rules and regulations governing persons within a county correctional facility, especially those policies relating to confidentiality. I hereby authorize and consent to a review of and full disclosure of any and all records, including criminal/motor vehicle records, concerning myself to any duly authorized agent of the Belknap County Department of Corrections. I also certify that any persons, agencies, schools, employers, organizations or businesses who may furnish such information concerning me shall be held harmless for releasing said information. I understand such review is required before I am allowed to enter/serve at any BCDOC facility and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of certification. This authority shall continue until the end of the calendar year unless revoked by me in writing. I recognize the potential risks with, and assume personal responsibility for, my involvement with BCDOC inmates. I will inform the BCDOC of any changes to the information furnished on this application, once approved, including change of address and phone, location or area of service, and will report any ensuing criminal arrest, conviction or related justice system matter. I understand as a volunteer I will not receive any financial reimbursement or compensation from the BCDOC for my services, time, or expenses. I certify to the best of my knowledge and beliefs, all of my statements are true, correct, complete, and made in good faith. **This application is signed under penalty of un-sworn falsification pursuant to RSA 641:3.**

**SIGNATURE**

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

<b>TELEPHONE:</b>		<b>HOME #</b>		<b>WORK #</b>		<b>CELL #</b>			
<b>EMAIL ADDRESS:</b>									
<b>PREFERRED METHOD(S) OF CONTACT:</b>		Home # [ ]		Work # [ ]		Cell # [ ]			
		Email [ ]		Other [ ]		_____			
<b>LANGUAGE SKILLS:</b>		If Yes, list language(s)							
Are you multilingual? [ ] No [ ] Yes		Other than English:							
<b>EMERGENCY CONTACT:</b>				<b>RELATIONSHIP</b>		<b>CONTACT PHONE</b>			
<b>AFFILIATION</b> - Corrections involvement as a member, representative, or student of, this Entity, Agency, Organization, Group, Campus, or Faith Community Name of Organization: Address:  Phone #:				<b>AVAILABILITY:</b> indicate all days/times available					
				Morning (8am-12pm)		Afternoon (12-4pm)		Evening (4-9pm)	
				Monday					
				Tuesday					
				Wednesday					
				Thursday					
				Friday					
				Saturday					
				Sunday					
				Contact:					

All volunteer services provided to persons in the custody of, or under community supervision of, the Belknap County Department of Corrections shall be for a specified term, at the direction and authority of the Superintendent, and as delegated to a designated staff supervisor.

Before entrance into the facility, you **MUST** attend orientation (or equivalent training at recertification). Certification is one year with continued recertification (authorization for records check and orientation). Maintain close communications and accountability with staff development.

- **VOLUNTEER LEVEL 1 – privileges for limited or infrequent service or one-time event:**
    - \_\_\_ **ORDAINED CLERGY** - seeking only visiting room privileges with individual incarcerated adherent or inmate-relative of faith community member as a BCDOC “Official Visitor”. Must attach a letter from affiliated ecclesiastic authority specifying an endorsement of religious qualifications, preparation, experience, competence for spiritual care and pastoral counseling of a criminal offender incarcerated.
    - \_\_\_ **OCCASIONAL CONSULTANT** – expertise shared with BCDOC staff and/or clients.
    - \_\_\_ **SOCIAL SERVICES AGENT** – for visiting privileges in official capacity for the organization cited in “Affiliation”
    - \_\_\_ **SPECIAL EVENT VOLUNTEER OR GUEST** - certification up to 6 hours in 12 mos.
  - **VOLUNTEER LEVEL 2 – privileges for extended, recurring, or regular service or group activity.**
    - \_\_\_ **ADMINISTRATIVE, CONSULTANT, INSTITUTIONAL SERVICES**
    - \_\_\_ **LIFE SKILLS** – cognitive & social learning; parenting
    - \_\_\_ **EDUCATION** – academic, career/technical, library services
    - \_\_\_ **HEALTH, WELLNESS AND RECREATION**
    - \_\_\_ **INTERNSHIP** – post-secondary academic study within BCDOC
    - \_\_\_ **RECOVERY** – 12 step fellowships, support groups& relapse prevention
    - \_\_\_ **RE-ENTRY PREPARATION AND COMMUNITY CORRECTIONS** – pre- & post-release transition; mentoring
    - \_\_\_ **SPIRITUAL CARE** – faith tradition corporate worship, sacred ritual, and education; cultural enrichment

Personal inmate visitor, or family member of inmate or person under the supervision of the BDOC, may not be certified as a volunteer. Send completed Application with additional pages/parts and supporting documents to:

Attn: Lieutenant Patrick O'Reilly  
76 County Drive  
Laconia, NH 03303



**BELKNAP COUNTY  
DEPARTMENT OF CORRECTIONS**

76 COUNTY DRIVE  
LACONIA, NEW HAMPSHIRE 03246-2922

[www.belknapcounty.org](http://www.belknapcounty.org)

TELEPHONE: 603.527.5480

FAX: 603.524.2574



Records Check of: \_\_\_\_\_

Records Checked:

- ☐ SPOTS
- ☐ Local Records
- ☐ Inmate Visitation / Account Records
- ☐ Residence
- ☐ References
- ☐ Employers
- ☐ Social Media

Records check **did** / **did not** produce adverse information.

Explanation:

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Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Clearance Approved by: \_\_\_\_\_

Date: \_\_\_\_\_