

	BELKNAP COUNTY DEPARTMENT OF CORRECTIONS	OFFICE USE ONLY: Criminal Records Review Dated: _____ Completed By: _____ _____Approved _____Denied
	VOLUNTEER APPLICATION PLEASE PRINT 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)	
			PLACE OF BIRTH:	
			CITIZENSHIP: <input type="checkbox"/> USA <input type="checkbox"/> OTHER COUNTRY:	
LEGAL NAME: 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		STATE ISSUING ID:	DRIVER'S LICENSE # OR VALID GOVT. ISSUED PHOTO ID #	
CURRENT MAILING ADDRESS		TOWN	STATE	ZIP CODE
LIST ANY/ALL STATES YOU HAVE RESIDED IN?				
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

1. ANY CURRENT/PAST VOLUNTEER SERVICE IN CORRECTIONS? No, YES, WHERE/WHEN
2. ANY CURRENT/PAST CORRECTIONAL EMPLOYMENT OR APPLICATION FOR SAME? No, YES, WHERE/WHEN
3. DO YOU NEED ANY SPECIAL ACCOMMODATIONS? No, YES
4. HAVE YOU EVER BEEN **CONVICTED** OF **ANY CRIME** 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/ FRIEND 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 BCDOC 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 (ANSWERING YES TO ANY OF THE ABOVE QUESTIONS DOES NOT NECESSARILY DISQUALIFY THE APPLICANT):

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: _____

