STATE OF NEW HAMPSHIRE — DEPARTMENT OF CORRECTIONS

CITIZEN INVOLVEMENT APPLICATION

PLEASE PRINT – ATTACH STATEMENTS OF EXPLANATION AS NEEDED.

Allow 15 Business Days for Processing.

REQUIRED PERSONAL INFORMATION

STRINGENT PERSONAL DATA CONFIDENIALITY MAINTAINED

GENDER		LEGAL NAME: First Name MI Last Name Suffix	Title
❑ Female ❑ Male	❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Rev. ❑ _____	Social Security Number - -	Date of Birth mm/dd/yyyy

Driver License # or valid government issued photo ID#	State Issuing DL/ID	Place of Birth: Citizenship [ ] USA; [ ] Other Country:

Mailing Address	Town	State	Zip Code+4

List any other address used in the last 5 years	

** **ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE ANSWER BELOW; USE ADDITIONAL PAGES AS NEEDED** **

ANY CURRENT/PAST CITIZEN INVOLVEMENT OR VOLUNTEER SERVICE IN CORRECTIONS?	[ ] NO, [ ] YES, WHERE & WHEN
ANY CURRENT/PAST CORRECTIONAL EMPLOYMENT OR APPLICATION FOR SAME?	[ ] NO, [ ] YES, WHERE & WHEN
FORMER NAMES IN PAST, PRIOR TO MARRIAGE, ADOPTION, OR RELIGIOUS CONVERSION?	[ ] NO, [ ] YES
HAVE ANY MEDICAL CONDITION OR DISABILITY THAT MAY RESTRICT INVOLVEMENT?	[ ] NO, [ ] YES
EVER CONVICTED OF ANY CRIME AT ANY TIME IN YOUR PAST?	[ ] NO, [ ] YES
ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY?	[ ] NO, [ ] YES
BEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS?	[ ] NO, [ ] YES
ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?	[ ] NO, [ ] YES
ANY FAMILY MEMBER AN INMATE WITH THE NH DOC?	[ ] NO, [ ] YES, WHO
ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF NH DOC?	[ ] NO, [ ] YES, WHO
DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST?	[ ] NO, [ ] YES, WHO
CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE?	[ ] NO, [ ] YES, WHO

AFFILIATION - CORRECTIONS INVOLVEMENT OFFERED ON BEHALF OF THIS ENTITY, ORGANIZATION, AGENCY, GROUP, CAMPUS, OR HOUSE OF FAITH:

Organization/Group
Name, Address
Phone #

ALL SECTIONS ABOVE MUST BE COMPLETED IN FULL FOR COMPLIANCE WITH STATE OF NH ADMINISTRATIVE RULES & DEPARTMENTAL POLICIES

OTHER PERSONAL INFORMATION

Telephone Home #	Work #	Work Ext. #	Cell or mobile #
Email address			
Language Skills: Are you multilingual? ___ No ___ Yes	If yes, list language(s) other than English:		
Emergency Contact Information: Name	Relationship	Contact Phone	

Applicant Employment History: List current or most recent first

Occupation	Employer & Town	Start	End

ALL PERSONS AND VEHICLES ARE SUBJECT TO SEARCH WITHOUT PRIOR WARNING AT NH DEPARTMENT OF CORRECTIONS FACILITIES {RSA 622: 24, 25}

Persons intending to be on any property of or in contact with an Offender under the supervision of the NH DOC are subject to Criminal History Records Review

I do hereby certify that all information I have provided the department is accurate and complete. I agree to abide by all applicable New Hampshire laws, and New Hampshire Department of Corrections rules and regulations governing persons within a state correctional facility, especially those policies relating to confidentiality. I hereby authorize a review of and full disclosure of any and all records, including criminal records, concerning myself to any duly authorized agent of the New Hampshire Department of Corrections, whether said records are of a public, private or confidential nature. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall be held harmless for releasing said information, and I do hereby release said persons, agencies or businesses from any and all liability which may be incurred as a result of furnishing such information. I understand such review is required before I am allowed to enter/serve at NH DOC facilities and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of volunteer/contract status. This authority shall continue for one year from date signed unless revoked by me in writing. A photocopy or facsimile of this release form will be valid as an original, even though said copy does not contain an original signature. I recognize the potential risks with, and assume personal responsibility for, my involvement with felony offenders. I will inform the NH DOC 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. **This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.**

SIGN HERE _____ DATE: _____

Complete both pages of this application

PLEASE PRINT

APPLICANT NAME

INSTRUCTIONS: **Complete Page 1 in full**. Complete Page 2 only for the section or subsection applicable to the involvement you seek.

THERE IS A 12-MONTH SEPARATION OF STATE CORRECTIONAL INVOLVEMENT REQUIRED WHEN CHANGING DESIGNATION BETWEEN VOLUNTEER AND VISITOR.

❑ VOLUNTEER, GUEST, OR ACADEMIC INTERN

Personal References: List persons who may attest to your character and/or hold a leadership role in the organization for which you intend to offer your service

Reference Name	Address	Phone

VOLUNTEER ORIENTATION is required before assignment of any person anticipating more than six (6) hours of voluntary service per year with the NHDOC for any event or combination of events. Family member of inmate or offender under the supervision of the NHDOC may not be designated as a volunteer. Applicant must be 20 years or older. Volunteers are not authorized to be on the personal visiting or phone list of any inmate or to correspond with an inmate.

WHERE SERVICE TO BE OFFERED (check all that may apply)

State Prisons & Institutions	Transitional Housing/Work Centers & Field Services
❑ NH State Prison for Men (Concord)	❑ Calumet Transitional Housing (Manchester) [males]
❑ NH State Prison for Women (Goffstown)	❑ North End Transitional Housing (Concord) [males]
❑ Lakes Region Re-Entry Facility (Laconia)	❑ Transitional Work Center (Concord) [males]
❑ Northern NH Correctional Facility (Berlin)	❑ Shea Farm Transitional Housing (Concord) [females]
❑ Residential Treatment/Secure Psych. Units	Probation-Parole District Office:
❑ Central Office/HQ (Concord)	Office Locations:

WHEN AVAILABLE

	Morning	Afternoon	Evening
Monday	❑	❑	❑
Tuesday	❑	❑	❑
Wednesday	❑	❑	❑
Thursday	❑	❑	❑
Friday	❑	❑	❑
Saturday	❑	❑	❑
Sunday	❑	❑	❑

CATEGORY OF VOLUNTEER SERVICE - Certification and/or Experience Required for most volunteer positions. Not All Service Opportunities available at every facility.

SPIRITUALITY
__Pastoral Counseling
Inter-Faith/Ecumenical
__Kairos NH
__Prison Fellowship Ministries
Faith Traditions
__Group religious study
__Corporate worship & ritual
Specify your House of Worship _____

ADMINISTRATIVE & INSTITUTIONAL SERVICES
__Citizen Advisory Board
__Business & Industry Consultant
__Educational Consultant
__Victim-Witness Advocate
__Clerical/Office Support

HEALTH & WELLNESS
__Diet & Nutrition
__Fitness/Yoga/Crafts/Arts/Hobbies/Sports
__Stress Management
__Addiction Recovery
Period of Sobriety ____ years with
___AA____NA_____Other Fellowship or local group
__Gender issues

LIFESTYLE CHANGE & ACCOUNTABILITY
__Communications skills
__Cognitive skills workshops
__Alternative to Violence Project workshops
__Cultural Awareness/Diversity
__Parenting & Family Connections
__Mentoring of released offender
__Victim Impact

EDUCATION – ADULT ACADEMIC, CAREER/TECHNICAL & WORKFORCE RE-ENTRY
__HS/GED Instruction
__ESOL __Translation Services
__Trades & Technology Instruction
__Job Search/Interview Coach
__Money/Banking/Credit Counseling
__Identity Restoration & Protection
__Work-Release Site Supervision

PROFESSIONAL-TECHNICAL SKILL: please specify:

(if applying for position requiring license or certificate, attach current document photocopy & liability rider)

o **REGULAR VOLUNTEER** – FOLLOWING ORIENTATION, AUTHORIZATION UP TO A 3-YEAR RENEWABLE TERM.
New regular volunteers may be invited to attend a Review Seminar, completing 4 hours of training, during the first year.

o **ONETIME GUEST OR SINGLE EVENT VOLUNTEER** – authorization terminates at conclusion of event. New application required for future participation
Description of Event/Guest Activity & Location Date(s) Time

o **ACADEMIC INTERNSHIP** – authorization valid only during the term/course of post-secondary academic study. Applicant may be 18 years or older.

Student of Campus_____ Course/Class_____ Internship Start Date _____ End Date _____

Campus Advisor/Instructor _____ Phone # _____ Internship Day(s) _____ Hours _____

Objective of Internship Project:

❑ OCCASIONAL OUTSIDE CONSULTANT OR SOCIAL SERVICES AGENT

(if applying for position requiring license or certificate, attach current document photocopy & professional liability rider)

Agency/Employer:	Address:	Phone #
Contract Administrator	Nature of Services	DOC Service Locations

OFFICIAL VISITOR - CLERGY OR RELIGIOUS DELEGATE FOR PERSONAL INMATE SPIRITUAL CARE – GRANTED **PRIVILEGES** OF **PASTORAL CARE VISITATION** IN **VISITING ROOM ONLY** FOR **INDIVIDUAL INMATE** CONTACT DURING ESTABLISHED VISITATION SCHEDULE AT STATE PRISONS, TRANSITIONAL FACILITIES OR CORRECTIONAL CENTERS. Do Not complete this application form – Obtain and submit an **OFFICIAL VISITOR REGISTRATION** form. *Special Notes*: Any group religious study, corporate worship, or secular activity with offenders must be conducted as an authorized Volunteer. A person may not be designated as both an OFFICIAL VISITOR and an AUTHORIZED VOLUNTEER by the NH DEPARTMENT OF CORRECTONS.

Submit completed form, with attachments as needed, to: Office on Citizen Involvement & Volunteers, NH State Prison, PO Box 14, Concord, NH 03302-0014