



## **Faith and Citizen Programs Volunteer Application**

Check One: New Volunteer $\square$ Annual Update $\square$																		
Mail completed form to: Colorado Depar							(71	9) 2	26-4	429	1							
c/o Faith and Citizen Programs Administrator																		
1250 Academy Park Loop																		
Colorado Springs, CO, 80910																		
Or email completed form to: doc_volunteering	g@state.	co.us	3															
Please print or type your LEGAL name as it appear	rs on you	ır dri	ver's l	licens	e.													
Last Name		Fi	rst Na	me								N	MΙ		(	Gen	ıder	
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Other Names Used (Maiden, Alias, Etc.)		<u> </u>							1	Rir	th I	l L Date	(N	лл	DL	V	J VV	V)
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E-Mail Address									,									
Address (please notify FCP of any change of address)		l	<u> </u>			<u> </u>												
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City/Town			1 1	1 1		1 6	Sta	te	$Z_1$	рC	ode	<del>)</del>		<del></del>			_	
(Notify FCP of any change of phone number or a	address	withi	n 24 ł	nours	to st	tay c	curr	ent	in o	ur s	syst	em)	)					
Area Code/Home Phone Area Cod						•					•	,						
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Social Socurity		Б	thniai	<b>4x</b> 7														
Social Security			thnici															
Driver's License: State	_ #																	
In Case of Emergency Notify:																		
Name: Phone: ( )																		
Name of Approved DOC Program:								Are you receiving any school credit/compensation for your										
								volunteer service? Yes No										
Address	<del></del>								IN	U								
Phone								If yes, please explain:										
E-Mail:																		-
Name of Program Leader:							-											-
Signature of Program Leader: /s/							.											-
Facility Preference: Please check one or more	A F 1	1.,														—		_
Arkansas Valley Corr. Fac. ACC, FMCC,(CMC)	Any Facil		Den W	omen's	Corr	Fac	.		-	San (	arlo	os Cot	r Fe	ac			<del></del>	
Beacon at Skyline Colorado State Penitentiary	,	Den. Women's Corr. Fac.  Fremont Cor. Fac.					+	San Carlos Cor. Fac Sterling Cor. Fac										$\dashv$
Bent County Corr. Fac. Crowley County Corr. Fac			La Vista Cor. Fac.				+	Territorial Cor. Fac								-		
Buena Vista Corr. Fac. Delta Cor. Cntr.	•		Limon Cor. Fac.				+	Trinidad Cor. Fac.								_		
Centennial Corr. Fac. Denver Reception and Diag	pnostic	Rifle Corr. Cntr.				Youthful Off. Sys.							+	$\dashv$				
Cemennai Con. 1 ac. Benver Reception and Brag	gnostic		Kille Ce	ni. Cii			_			1 Out	mui	OII.	Sys.	·				
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 □														
		Reaso	on:															-

Attachment A Page 1 of 2 Volunteer Application - Page 2

Offender Relationship	fender Relationships - Please answer each question yes or no.							
1. Are you related to any DOC offender (including probationer or parolee)?								
2. Within the last tw Offender (includ								
	o years have you written to		any DOC offender (includ	ing				
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?								
If yes explain below	w. Including names, DOC	numbers relationshi	p, facility, etc. Attach add	litional e	xplanation	if necessary.		
	False or incomplete info		cation will be grounds for	denial or	terminatio	n. A Criminal		
Please answer each q		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?								
2. Have you been arrested, charged or convicted of any misdemeanor within the last 10 years?								
3. Have you <i>EVER</i> been incarcerated in a correctional facility?								
4. Are there <b>ANY</b> charges pending against you for any criminal offense?								
If	yes, complete the blan	ks below and attac	h additional explanatio	n if nec	essary.	•		
Month/Year	Offense or Charge	Disposition	Arresting Agency	Cit	City State			
New volunteers m	ust attend Basic Volun	teer Training with	in six months of applic	ation ap	proval.			

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 facility 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 inquiries regarding my background and I release the Colorado Department of Corrections and its representatives from any liability which may result from such action.

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SIGNATURE: /s/	DATE: