

**ATTACHMENT D**



**New York City Department of Correction**

Form: #4513VA  
Rev.: 12/4/20  
Ref.: Dir. #4513R-B



**Volunteer/Service Provider Application**

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3 Pages

**SECTION A: Please answer all application questions carefully and completely. Print in ink or type. Incomplete applications will not be processed.**

The information provided by you on this form is recognized as being private and confidential. Such information will not be used for any purpose other than in the course of verifying and confirming your eligibility for the New York City Department of Correction (NYCDOC) volunteer program. All statements should be accurate to the best of your ability and will be subject to verification. Eligibility for volunteer service with NYCDOC is considered without regard to race, color, religion, gender, nationality, age, marital or veteran status, sexual orientation, disability or any other legally protected status. NYCDOC reserves the right to deny applications based on security concerns.

Name: \_\_\_\_\_ Renewal: No\_\_ Yes \_\_ (Card # \_\_\_\_\_)

Home Address: \_\_\_\_\_  
City State Zip Code

Home Telephone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

Work Telephone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Group Name: \_\_\_\_\_ Volunteer's/Service Provider's Title: \_\_\_\_\_

Group Leader/Supervisor: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Group Address: \_\_\_\_\_  
City State Zip Code

Name of a person to contact in case of an emergency: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Are you bilingual? Yes\_\_ No\_\_ If yes, list the languages that you speak \_\_\_\_\_

**FAILURE TO COMPLETE THE BELOW INFORMATION COMPLETELY AND ACCURATELY WILL RESULT IN THE VOLUNTEER/SERVICE PROVIDER APPLICATION BEING DENIED.**

**SECTION B: VOLUNTEER/ SERVICE PROVIDER INFORMATION**

Drivers License State/#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_ Height: \_\_ Weight: \_\_

Race: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Have you ever been arrested OR convicted of a violation, misdemeanor, or felony charge? Yes \_\_ No \_\_ If yes, explain ALL history including dates, charges, and dispositions. Additional sheets can be added if necessary.

Have you been civilly or administratively adjudicated to have engaged in or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or with an individual who did not consent or was unable to consent to or refuse such sexual activity? Yes \_\_ No \_\_

Are you presently on Parole or Probation? Yes\_\_ No\_\_

Do you have criminal charges pending? Yes \_\_ No \_\_ If yes, explain:

If you have ever been denied volunteer status by any organization, which organization and when? \_\_\_\_\_

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**SECTION B: VOLUNTEER/ SERVICE PROVIDER INFORMATION (CONTINUE)**

If you have ever been employed by, volunteered, or provided services at NYCDOC, specify the facility/office, location, and dates: \_\_\_\_\_

Do you have any friends/relatives currently in custody of the NYCDOC? Yes \_\_\_ No \_\_\_ If yes, specify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Facility \_\_\_\_\_ Date \_\_\_\_\_

Do you have any relatives currently employed by NYCDOC? Yes \_\_\_ No \_\_\_ If yes, specify

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Facility \_\_\_\_\_ Date \_\_\_\_\_

**SECTION C: VOLUNTEER/ SERVICE PROVIDER DECLARATION**

I declare that:

- I am at least 18 years of age.
- I am not under the influence of any form of drugs or alcohol. I acknowledge the drug-free workplace policy of NYCDOC.
- I will not take any items of personal property into the jails. I will not damage, deface or remove any property of the NYCDOC.
- I will immediately inform Volunteer Services at (718) 546-0453 if I become aware that a friend or relative is housed in any NYCDOC facility.
- I will work in cooperation with staff.
- I will honor the civil and legal rights of all inmates.
- I will not utilize my volunteer position to promote any partisan political purpose.
- I will immediately report unethical behavior or rule violations to the Department of Investigation (DOI).
- I will not discriminate against any inmate or employee on the basis of any federal, state or local law.
- I will keep scheduled hours as agreed.
- I will dress appropriately for the correctional environment.
- I will abide by the rules, regulations, policies, and procedures of the NYCDOC, and to that end, comply with all search procedures and understand that cellular phones and other electronic devices are strictly prohibited.
- Without appropriate approval I will not buy, give, exchange, etc., gifts, messages, money, or contraband, impermissible items (including food) with any individual under the custody of NYCDOC or with anyone else acting on behalf of anyone under custody.
- I will avoid undue familiarity with any individual in the custody of the Department of Correction including personal relationships of any nature.
- I will abide by the policies and procedures regarding confidentiality of information.
- I may be removed and excluded from entering NYCDOC facilities as a volunteer if I fail to comply with any of these requirements.

I have entered and remain on the premises and property of New York City Department of Correction at my own risk. New York City Department of Correction will not be responsible for any loss, damage or injury arising from any pre-existing medical, physical or psychological condition (s). If I disobey any safety instructions given to me by New York City Department of Correction and as a consequence I suffer loss, damage or injury, I will not hold the New York City Department of Correction, the City of New York and its servants and agents liable. I hereby release and discharge the New York City Department of Correction, the City of New York and its servants and agents to the extent permitted by law from all claims which I now or at any time have in connection with my participation in the Volunteer program. The decision to participate in the Volunteer program is my own.

**I CONFIRM THAT ALL INFORMATION PROVIDED IS ACCURATE AND COMPLETE.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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**SECTION D: As specifically as possible, indicate facility, day and time when you require access.**

	S	M	T	W	T	F	S
<b>FACILITY(IES)</b>							
<b>TIME IN</b>							
<b>TIME OUT</b>							

<p><b>Applicant Type:</b>                  Contracted Provider _____                  Sub-Contracted Provider _____                  Service Provider _____                  Religious Volunteer _____                  Volunteer _____</p>	<p><b>Duration/Time of Service:</b>                  Long Term (How long?) Please enter number of months/years _____                  Short Term (How long? Please enter number of days/weeks _____</p>
<p><b>Program Definition:</b>                  Clinical Services _____                  Activity _____                  Religious Group _____                  Enrichment _____                  Evidence Based _____                  Reentry _____</p>	<p><b>Connection to Service:</b>                  Affiliation Focus _____                  Skill Focus _____</p>

<b>DOC Staff Sponsor</b>	
Volunteer/Service Provider DOC Liaison: _____	Title: _____
DOC Liaison Supervisor: _____	Title: _____