

	STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS <b>CITIZEN INVOLVEMENT APPLICATION</b> <b>VOLUNTEER</b>  ____ <b>Original</b> ____ <b>Renewal</b> <b>PLEASE TYPE OR PRINT CLEARLY</b> ALLOW 10 BUSINESS DAYS FOR PROCESSING. Incomplete applications will <b>NOT</b> be considered.
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**REQUIRED PERSONAL INFORMATION**

STRINGENT PERSONAL DATA CONFIDENTIALITY MAINTAINED

GENDER  <input type="checkbox"/> Female  <input type="checkbox"/> Male	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> _____	LEGAL NAME: First Name      MI      Last Name      Suffix		
		List any other names held ever:	Date of Birth :	Last 4 of SSN #  <b>XXX-XX-</b>
Driver License # or valid government issued photo ID#		State Issuing DL/ID		
Mailing Address		Town	State	Zip Code+4
E-MAIL Address – (THIS WILL BE THE MAIN FORM OF CONTACT, If that does not work for you please list preferred method.)				

**ABOVE SECTIONS 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 #
Language Skills: Are you multilingual? ____ No ____ Yes		If yes, list language(s) other than English:	
<b>Emergency Contact Information:</b> Name		Relationship	Contact Phone

**ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE ANSWER**

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 **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 AN INMATE WITH THE NH DOC?      [ ] No, [ ] YES, \_\_\_\_\_
- WHO \_\_\_\_\_
9. ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF NH DOC?      [ ] No, [ ] YES, WHO \_\_\_\_\_
10. DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST?      [ ] No, [ ] YES, WHO \_\_\_\_\_
11. CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE?      [ ] No, [ ] YES, \_\_\_\_\_
- WHO \_\_\_\_\_
12. HAVE YOU **EVER** BEEN EMPLOYED BY THIS DEPARTMENT?      [ ] No, [ ] YES, \_\_\_\_\_
- WHEN \_\_\_\_\_

13. The following question is being asked to cover Federal mandated guidelines regarding The Prison Rape Elimination Act. Please disclose any incident or conduct which may fall under the full intent of disclosure in the realm of the following question.

**Have you ever been convicted, disciplined, investigated or accused of sexual misconduct of any nature?** (Examples: sexual harassment, undue familiarity, rape...) Please explain a YES answer including final outcome of any investigation, conviction or discipline.      [ ] No, [ ] YES, WHO \_\_\_\_\_

COMMENT ON EACH AFFIRMATIVE ANSWER; USE ADDITIONAL PAGES AS NEEDED:

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

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

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

ORGANIZATION/GROUP

NAME:

ADDRESS:

PHONE NUMBER:

VOLUNTEER ORIENTATION is required before assignment of any voluntary service with the NHDOC. Family members of inmates under the supervision of the NHDOC may not be designated as volunteers. Applicant must be 20 years or older. Official Visitors & Volunteers are not authorized to be on the personal visiting or phone lists of, or to correspond with, an inmate.

**WHERE SERVICE TO BE OFFERED**

(check all that may apply)

**WHEN AVAILABLE**

State Prisons & Institutions	Transitional Housing/Work Centers & Field Services		Morning	Afternoon	Evening
<input type="checkbox"/> NH State Prison for Men (Concord)	<input type="checkbox"/> Calumet Transitional Housing (Manchester) [males]	<b>Monday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NH Correctional facility for Women (Goffstown)	<input type="checkbox"/> North End Transitional Housing (Concord) [males]	<b>Tuesday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Northern NH Correctional Facility (Berlin)	<input type="checkbox"/> Transitional Work Center (Concord) [males]	<b>Wednesday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Residential Treatment/Secure Psych. Units	<input type="checkbox"/> Shea Farm Transitional Housing (Concord) [females]	<b>Thursday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Central Office/HQ (Concord)	Probation-Parole District Office:	<b>Friday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Office Locations:	<b>Saturday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>Sunday</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CATEGORY OF VOLUNTEER SERVICE** (check all that apply) Certification and/or experience required for most volunteer positions. Not All Service Opportunities available at every facility.

**SPIRITUAL CARE**

☐ Pastoral Counseling  
☐ Inter-Faith/Ecumenical  
☐ Kairos NH  
☐ Prison Fellowship Ministries  
☐ 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  
☐ Cultural Awareness/Diversity  
☐ Parenting & Family Connections  
☐ Mentoring of released offender  
☐ Victim Impact

**EDUCATION – ADULT ACADEMIC, CAREER/TECHNICAL & WORKFORCE RE-ENTRY**

☐ HS/HSI SET 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)

**Other:**

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**

Submit completed form to:

NH DOC PPD 2.24 – Citizen Involvement Application

Tina Thurber  
Supervisor of Volunteer Activities  
Division of Community Corrections  
New Hampshire Department of Corrections  
105 Pleasant Street  
PO Box 1806  
Concord, New Hampshire 03301  
[tina.thurber@doc.nh.gov](mailto:tina.thurber@doc.nh.gov)

revised 10/2016