

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Volunteer Application

Please print or type name as it appears on driver license/state ID

For Office Use Only

- TFA Parole Probation Intern
 CH SA SORP PD RID VS TV

Thank you for your interest in the TDCJ Volunteer Program

Please provide us with your Volunteer Information and Area(s) of Interest (Please Print or Type)

If you have any questions while completing this application, please contact Volunteer Services at (936) 437-3026

1. Name: _____ Primary Phone # (____) ____ - ____
(Last, First, MI)

Secondary Phone # (____) ____ - ____

2. Mailing Address: _____
Street City State ZIP

3. Email Address: _____
Your email address will be the primary method of contact for Volunteer Services to provide you with updates to your volunteer status, as well as information relating to volunteer activities. If an email address is not provided, notification will be sent by US Postal Service.

4. Emergency Contact: Name _____ Phone # (____) ____ - ____

5. What program area(s) are you interested in serving? *(Check all that apply)* 6. Facilities of Interest: _____

Chaplaincy: What is your Faith/Religious Preference? _____ Place of Worship? _____

Substance Use Treatment Program: Sobriety Date: ____ / ____ / ____ Not Applicable

AA NA CA WIN Other: _____ Practicum Student: Start Date ____ / ____ / ____

Residential Reentry Center Sex Offender Treatment Program Parole Division Reentry TCOOMMI

Intern: Start Date ____ / ____ / ____ Service Area: _____

Windham School District Other: Please explain _____
(i.e., may include non-traditional programs, administrative/clerical assistance, etc.)

Victim Services **NOTE: Volunteers who have a criminal history or who have selected or currently volunteer for inmate programs may be prohibited from volunteering with the Victim Services Division.**

7. **Volunteer Availability:** Weekday Hours: A.M. P.M. Days: Monday Tuesday Wednesday Thursday Friday

Weekend Hours: A.M. P.M. Days: Saturday Sunday

8. **Volunteer Experience:** Have you ever volunteered before: Yes No

If YES, what was your volunteer position and description of responsibilities?

9. What talents, interests, skills, and/or training do you have that you feel could be beneficial?

10. Would you like to share your personal testimony?

PERSONAL INFORMATION

(Please Print or Type)

The following information is needed for the TDCJ to conduct a criminal history check to determine whether access to TDCJ units, facilities, and offices should be approved. Applicants must be 18 years of age to apply. All applicants must have a clear criminal history for 12 months to be eligible. In addition, if applicable, must have been released from prison for a period of 12 months.

Please be sure to provide ALL the requested information, if it does not apply, please indicate by responding with N/A.

1. SSN: _____ - _____ - _____ 2. Driver License/State ID#: _____ State: _____ 3. Date of Birth: ____ / ____ / ____
4. Place of Birth: City _____ State _____ Country: _____ 5. Sex: Male Female
As indicated on official identification.
6. Race: White Black Hispanic American Indian Asian or Pacific Islander Other _____
7. Current Employer: _____ Title: _____
8. Have you ever been employed by the TDCJ? Yes No Currently
If YES, please provide the following information:
Dates of employment: _____ Division: _____
Department: _____
Location: _____ Title: _____
9. Do you know anyone currently incarcerated within, or now supervised by the TDCJ? Yes No If YES, TDCJ # _____
Name of inmate? _____ Current location of inmate? _____ Friend Relative Enemy
10. Are you on any TDCJ inmate's visitation list? Yes No If YES, Name/TDCJ# _____
Did you know this inmate prior to their incarceration? Yes No If NO, what is the nature of your relationship? _____
11. Do you know anyone currently incarcerated within or supervised by the TDCJ, who victimized a friend or relative? Yes No
If YES, Name/TDCJ # _____ Relative Friend
Current location of inmate? _____ Name of Victim: _____
12. Are you a victim of any TDCJ inmate currently incarcerated or now supervised by the TDCJ? Yes No
If YES, Name/TDCJ # _____
Current location of inmate? _____

(If necessary, please provide additional inmate information below)

Criminal History

When answering the following questions, do not include any violation of the law committed before your 17th birthday if the final decision was made in juvenile court or under a youth offender law; any conviction record that was expunged under federal or state law; or minor traffic violations. All other convictions must be included.

1. Have you ever been arrested or convicted of a crime? Yes No Felony Misdemeanor
- Charge(s): _____ Disposition/Date: _____
Conviction includes deferred adjudication, community supervision, and those that may not appear on your record at this time but excludes minor traffic violations. All convictions apply. *DWI, DWLS, DUI, Open Container are not considered to be minor traffic violations.*
2. Have you served time in any adult correctional facility? Yes No Charge: _____ Sentence: _____
Time Served: _____ State? _____ ID # _____ Date of Release? _____
3. Do you have any pending charges? Yes No If YES, explain. _____
4. Have you ever been on parole or probation? Yes No Beginning Date: _____ End Date: _____
If you are currently on any type of community supervision, a statement from your supervising officer acknowledging your participation in the TDCJ volunteer program and that you are meeting the requirements of supervision will be needed.
5. Are you currently, or have you ever been actively involved with a gang? Yes No
If YES, gang affiliated with (no abbreviations): _____ Date of last activity? _____
6. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution? Yes No
7. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
8. Have you been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
9. Have you been involved in any substantiated incidents of sexual harassment? Yes No
10. List any other names you have used (i.e., maiden name, previous marriage, nickname, etc.) _____

I hereby authorize the Texas Department of Criminal Justice to conduct a TCIC/NCIC criminal history inquiry through the Texas Department of Public Safety and the Federal Bureau of Investigation and to disclose the results of said inquiry to Volunteer Services, in accordance with the Criminal Justice Information Systems Security Policy.

Signature of Applicant

Month/Day/Year

To avoid delays, please ensure that all information on this application is accurate and complete. For security and safety reasons, we do not accept volunteer applications via email.

Notice: With few exceptions, you are entitled upon request: (1) to be informed about the information the Texas Department of Criminal Justice (agency) collects about you, and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are entitled to request, in accordance with the agency's procedures, that incorrect information the agency has collected about you, be corrected.

Mail to:
Volunteer Services
2 Financial Plaza, Ste. 472
Huntsville, Texas 77340

Faxed applications may be sent to:
Volunteer Services (936) 437-2852
DO NOT fax a handwritten application