



STATE OF NEW HAMPSHIRE

DEPARTMENT OF CORRECTIONS

CITIZEN INVOLVEMENT APPLICATION

PLEASE PRINT – ATTACH STATEMENTS OF EXPLANATION AS NEEDED. ALLOW 15 BUSINESS DAYS FOR PROCESSING.

___ Original ___ Renewal (Renewal Required every 3 years)

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. _____	LEGAL NAME: First Name MI Last Name Suffix Title
	Social Security Number - -	
Driver License # or valid government issued photo ID#		State Issuing DL/ID Place of Birth: Citizenship <input type="checkbox"/> USA; <input type="checkbox"/> Other Country:
Mailing Address		Town State Zip Code+4
List any other address used in the last 5 years		

** ANSWER EACH QUESTION. PROVIDE COMPLETE DETAILS & NAMES FOR AFFIRMATIVE ANSWERS BELOW OR ON ATTACHED PAGES AS NEEDED **

- ANY CURRENT/PAST CITIZEN INVOLVEMENT OR VOLUNTEER SERVICE IN CORRECTIONS? 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? NO, YES
- ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY? NO, YES
- BEN 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 ORGANIZATION, AGENCY, GROUP, CAMPUS, OR FAITH COMMUNITY:

Organization/Group
 Name, Address
 Phone #

OTHER PERSONAL INFORMATION

Applicant Employment History: List current or most recent first

Occupation	Employer & Town	Start	End

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	

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

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

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

PLEASE PRINT

APPLICANT NAME

OCCASIONAL OUTSIDE CONSULTANT OR SOCIAL SERVICES AGENT – SECTION A
(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

CLERGY OR OFFICIAL RELIGIOUS DELEGATE FOR INMATE VISITATION – SECTION B

Access limited to **PASTORAL VISITATION** in VISITING ROOM ONLY for individual inmate contact during established visitation schedule at state prisons, institutions or correctional centers. Applicant must attach a letter from affiliated ecclesiastic authority specifying an endorsement of religious qualification, preparation, experience and competence for spiritual counseling of criminal offender(s) incarcerated within the NH state prison system.
Any group religious study, corporate worship, or temporal activity with offenders must be conducted as an authorized Volunteer.
A person may not be designated as both an approved religious visitor and an authorized volunteer without compelling justification.

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

VOLUNTEER, GUEST, OR ACADEMIC INTERN – SECTION C

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 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 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	Community Corrections Centers & Field Services		Morning	Afternoon	Evening
<input type="checkbox"/> NH State Prison for Men (Concord)	<input type="checkbox"/> Calumet House (Manchester) [males]	Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NH State Prison for Women (Goffstown)	<input type="checkbox"/> North End House & MSU (Concord) [males]	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lakes Region Facility (Laconia)	<input type="checkbox"/> Shea Farm & MSU (Concord) [females]	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Northern NH Correctional Facility (Berlin)	<input type="checkbox"/> Probation-Parole District Office:	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Secure Psychiatric Unit (Concord)	Office Locations:	Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Central Office/HQ (Concord)	Other: _____	Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CATEGORY OF VOLUNTEER SERVICE (check all that apply)

<input type="checkbox"/> Spiritual: Religious study & corporate worship	<input type="checkbox"/> Occupational: Workforce Guidance & Readiness	<input type="checkbox"/> Aftercare: Mentoring, Re-entry support
<input type="checkbox"/> Education: Academic Aide, Tutor, Literacy, Vocational Consultant, Health & Nutrition	<input type="checkbox"/> Social Dynamics: Cultural Awareness, Diversity, Parenting, Alternatives to Violence, Victim Impact, Communication skills	<input type="checkbox"/> Support: Victim-Witness Advocate, Advisory Board, Family Services
<input type="checkbox"/> Recreation: Fitness/Crafts/Arts/Hobbies/Sports	<input type="checkbox"/> Administrative: Clerical/Office support	<input type="checkbox"/> Other: please specify:
<input type="checkbox"/> Substance Abuse Recovery Period of Sobriety _____ Years <input type="checkbox"/> Alcoholics Anonymous <input type="checkbox"/> Narcotics Anonymous	<input type="checkbox"/> Professional-Technical Skill: please specify: (if applying for position requiring license or certificate, attach current document photocopy & liability rider)	

REGULAR VOLUNTEER – following orientation, authorization valid up to 3 years, with renewal to include new application and orientation.
- within the first year, new regular volunteers shall attend a Review Seminar, completing 4 hours of training.

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 _____

ACADEMIC INTERNSHIP – authorization valid only during the term/course of study. Applicant may be 18 years or older.
Student of _____ Course/Class _____ Internship Start Date _____ End Date _____
Campus Advisor/Instructor _____ Phone # _____ Day(s) _____ Hours _____
Objective of Internship Project: _____