



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. <input type="checkbox"/> _____	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 [] USA; [] Other Country:
Mailing Address		Town State Zip Code+4
List any other address used in the last 5 years		

**** ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE ANSWER BELOW; USE ADDITIONAL 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 AT ANY TIME IN YOUR PAST? [] NO, [] YES
- ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY? [] NO, [] YES
- BEEN 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 ENTITY, ORGANIZATION, AGENCY, GROUP, CAMPUS, OR HOUSE OF FAITH:

Organization/Group
 Name, Address
 Phone #

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 #
Email address			
Language Skills: Are you multilingual? ___ No ___ Yes	If yes, list language(s) other than English:		
Emergency Contact Information: Name	Relationship	Contact Phone	
Applicant Employment History: List current or most recent first			
Occupation	Employer & Town	Start	End

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

PLEASE PRINT

APPLICANT NAME

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

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

VOLUNTEER, GUEST, OR ACADEMIC INTERN

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 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	Monday	Morning	Afternoon	Evening
<input type="checkbox"/> NH State Prison for Men (Concord)	<input type="checkbox"/> Calumet Transitional Housing (Manchester) [males]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NH State Prison for Women (Goffstown)	<input type="checkbox"/> North End Transitional Housing (Concord) [males]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lakes Region Re-Entry Facility (Laconia)	<input type="checkbox"/> Transitional Work Center (Concord) [males]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Northern NH Correctional Facility (Berlin)	<input type="checkbox"/> Shea Farm Transitional Housing (Concord) [females]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Residential Treatment/Secure Psych. Units	Probation-Parole District Office:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Central Office/HQ (Concord)	Office Locations:	<input type="checkbox"/>	<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.

<p>SPIRITUAL CARE</p> <p><input type="checkbox"/> Pastoral Counseling Inter-Faith/Ecumenical <input type="checkbox"/> Kairos NH <input type="checkbox"/> Prison Fellowship Ministries <input type="checkbox"/> Group religious study <input type="checkbox"/> Corporate worship & ritual Specify your House of Worship _____</p> <p>ADMINISTRATIVE & INSTITUTIONAL SERVICES</p> <p><input type="checkbox"/> Citizen Advisory Board <input type="checkbox"/> Business & Industry Consultant <input type="checkbox"/> Educational Consultant <input type="checkbox"/> Victim-Witness Advocate <input type="checkbox"/> Clerical/Office Support</p>	<p>HEALTH & WELLNESS</p> <p><input type="checkbox"/> Diet & Nutrition <input type="checkbox"/> Fitness/Yoga/Crafts/Arts/Hobbies/Sports <input type="checkbox"/> Stress Management <input type="checkbox"/> Addiction Recovery Period of Sobriety ____ years with AA ____ NA ____ Other Fellowship or local group <input type="checkbox"/> Gender issues</p> <p>LIFESTYLE CHANGE & ACCOUNTABILITY</p> <p><input type="checkbox"/> Communications skills <input type="checkbox"/> Cognitive skills workshops <input type="checkbox"/> Alternative to Violence Project workshops <input type="checkbox"/> Cultural Awareness/Diversity <input type="checkbox"/> Parenting & Family Connections <input type="checkbox"/> Mentoring of released offender <input type="checkbox"/> Victim Impact</p>	<p>EDUCATION – ADULT ACADEMIC, CAREER/TECHNICAL & WORKFORCE RE-ENTRY</p> <p><input type="checkbox"/> HS/GED Instruction <input type="checkbox"/> ESOL <input type="checkbox"/> Translation Services <input type="checkbox"/> Trades & Technology Instruction <input type="checkbox"/> Job Search/Interview Coach <input type="checkbox"/> Money/Banking/Credit Counseling <input type="checkbox"/> Identity Restoration & Protection <input type="checkbox"/> Work-Release Site Supervision</p> <p>PROFESSIONAL-TECHNICAL SKILL: please specify:</p> <p>(if applying for position requiring license or certificate, attach current document photocopy & liability rider)</p>
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REGULAR VOLUNTEER – following orientation, authorization up to a 3-year renewable term.

New regular volunteers may be invited to attend a Review Seminar, completing 4 hours of training, during the first year.

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 post-secondary academic study. Applicant may be 18 years or older.

Student of Campus _____ Course/Class _____ Internship Start Date _____ End Date _____

Campus Advisor/Instructor _____ Phone # _____ Day(s) _____ Hours _____

Objective of Internship Project: _____

OCCASIONAL OUTSIDE CONSULTANT OR SOCIAL SERVICES AGENT

(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

OFFICIAL VISITATION - CLERGY OR RELIGIOUS DELEGATE FOR PERSONAL INMATE SPIRITUAL CARE

PRIVILEGES of PASTORAL CARE VISITATION in VISITING ROOM ONLY for INDIVIDUAL INMATE contact during established visitation schedule at state prisons, institutions or correctional centers. Each 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.

Special Notes: Any group religious study, corporate worship, or secular activity with offenders must be conducted as an authorized Volunteer.

A person may not be designated as both an official visitor and an authorized volunteer without compelling justification.

Submit completed form, with attachments as needed, to Volunteer Coordinator, NH State Prison, PO Box 1806, Concord, NH 03302-1806