

VOLUNTEER, INTERN & PROFESSIONAL PARTNER VIP RE-AUTHORIZATION

Please note: this form will not be processed if incomplete or illegible

NAME _____ **D.O.B.** _____
 (LAST) (FIRST) (MI) (MM/DD/YYYY)

MAIDEN NAME (Or Other Name Used): _____ **SSN** _____

Current Address _____
 (No. & Street) (City/Town) (Zip Code)

Home Phone _____ Work Phone _____ Employed by _____

HGT. _____ WGT _____ RACE _____ SEX M/F EYES _____ HAIR _____ Medical Condition: (Specify) _____
 (circle) (color)

DRIVER'S LICENSE # _____ **STATE** _____ Car Reg. Tag # _____ Type of Vehicle _____
 Model Make Year

e-mail address _____

I certify that the information above is true and complete to the best of my knowledge, and made in good faith. This information is subject to verification as a condition for approval to continue as a DOC-Volunteer, Intern or Professional Partner (VIP). By affixing my signature below, I give the Dept. of Correction authorization to conduct a criminal history background check as a condition for re-authorization to continue as a VIP. I further understand that as a VIP, I may be exposed to danger, including, hostage situations, injury or assault by inmates. I agree to read my Handbook for VIPs and participate in any required in-service training supporting the CT/DOC's mission & purpose as well as my personal safety and/or security:

Applicant signature: _____

Date: _____

-----Please Do Not Write Below This Line. To Be Completed By Facility VIP Coordinator-----

VIP Coordinator _____
 (print name) (title)

FACILITY _____ **DATE** _____

REASON FOR SUBMISSION – (Check appropriate boxes) SPECIFY ROLE _____

Regular Volunteer Intern Professional Partner (including Researchers)

Addiction Services Basic/Continuing Education Services Chaplaincy Services- Protestant ___ Catholic ___ Nat. American ___ Jewish ___ Islamic ___

COLLECT Screening:

	<u>POSITIVE RESPONSE</u>	<u>NO PRIOR CONVICTIONS</u>
FL02 DRIVER INFO _____	<input type="checkbox"/>	<input type="checkbox"/>
FLQW NCIC/WANTED INQ. _____	<input type="checkbox"/>	<input type="checkbox"/>
FLQH INTERSTATE III CHECK _____	<input type="checkbox"/>	<input type="checkbox"/>
SPRC/SPSC Pending Files	(FBI) <input type="checkbox"/>	(Inmate No.) <input type="checkbox"/>

Recommend Reauthorization (check) YES NO

Comments: _____

Return Completed Form to:

Michael Guillet
 201 West Main Street
 Niantic, CT 06357