



Application Form for VIP's-Volunteers, Interns & Professional Partners

Connecticut Department of Correction

SECTION 1 – Applicant Instructions

Please print or type all answers to all questions.

Mail completed application to:

Sharonda Carlos & Bill Corey, VIP Co-Coordinator
Brooklyn Correctional Institution
59 Hartford Road, Rte. 6
Brooklyn, Connecticut 06234

If you have questions, please contact our VIP Coordinators:

Phone: 860-779.4500 sharonda.carlos@ct.gov
Fax: 860.779.2210 bill.corey@ct.gov

SECTION 2 – Applicant Information - Applicants must be at least 18 years old

Check Box Below:

- Regular Volunteer
 Short-Term Volunteer
 Intern
 Professional Partner
 Researcher
 Other: _____

Applicant's full name:

Applicant's home address:

City/Town:

State:

Zip Code:

Home telephone:

Work telephone:

E-Mail:

Date of birth:

Social security number:

Gender: Male Female

Race: Black Hispanic White Native American Asian Other (specify):

Drivers license:

Yes No

State:

Operators license number:

Primary vehicle registration tag:

Make/Model/Year of vehicle:

SECTION 3 – Qualifications

Do you speak, read or write a language other than English? Yes No

Education (check): Graduated High School GED
 Associates Bachelors Masters Post-Graduate

Specify:

Subject:

SECTION 4 – Programming/VIP Preferences

Program/Activity desired:
(please check)

- Addiction Services
 AA ___ NA ___ C-CAR ___
 Basic Educational Services
 Intern
 Professional Partner
 Research
 Chaplaincy Services
 Protestant ___ Jewish ___
 Catholic ___ Native American ___
 Muslim ___ Other: _____

(Please complete fully) **If you are interested in Chaplaincy Services or an Internship:**

Name of Religious Group, College/University: _____

Address: _____
Street/Road City/Town Zip Code

Group Leader / Instructor's Name: _____

Phone: _____ **E-Mail:** _____

Schedule: Morning **Afternoon** **Evening** **Other:** _____
Mon. **Tues.** **Weds.** **Thurs.** **Fri.** **Sat.** **Sun.**

SECTION 5 – References

Name:

Name:

Address:

Address:

Telephone number:

Telephone number:

Relationship:

Relationship:



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SECTION 6 – Employment Information

Are you an employee or ever been employed by the CT-DOC or any other Criminal Justice Agency? No Yes
If yes, attach a separate sheet describing your role & duties, date(s) of service and your Supervisor's name and contact number.

Instructions: Beginning with your PRESENT or MOST RECENT employment please clearly describe the work (duties/responsibilities) you personally performed.

Job Title:	Company name:		
Type of business:	Department where assigned:		
Supervisor's name:	Telephone number:		
Employed from (date):	Total time (yrs/mos):	Hours per week:	FT PT

Duties/responsibilities:

SECTION 7 – Previous/Present Volunteer Experience

Instructions: Beginning with your PRESENT or MOST RECENT volunteer experience please clearly describe the work (duties/responsibilities) you personally performed.

Previous/Present volunteer service (title):

Name of organization:

Contact person:	Telephone number:
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Duties/responsibilities:

SECTION 8 – Conviction Information

IMPORTANT: Your answer to the following question will be considered for volunteer services purposes only: Have you ever been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you (exclude minor traffic violations or any offense settled in Juvenile Court or under a Youth Offender Law)?

Yes No If yes, attach a detailed explanation

SECTION 9 – Medical/Emergency Contact Information

Medical Information:	Emergency Notification:
Physician:	Name:
Telephone number:	Telephone number:
Insurance company:	Relationship:

SECTION 10 – Certification

I certify that the statements made by me on this application are true and complete to the best of my knowledge, and are made in good faith. I understand that any mis-statement of fact may result in termination. All statements made on this application, including employment information are subject to verification as a condition for VIP service. By affixing my signature below, I give the Dept. of Correction authorization to conduct a criminal history and contact personal references and employers as a condition of approval for service. I further understand that as a VIP I may be exposed to danger, including, hostage situations, injury or assault by inmates.

Applicant signature:

Date:



Volunteer Memorandum of Understanding

Connecticut Department of Correction

I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, willingly provide the information below as part of my application to volunteer with the Connecticut Department of Correction.

1. Take nothing, including cell phones or other materials in or out of any correctional facility. Cameras, recording or electronic devices are prohibited.
2. Respect the integrity and confidentiality of records and other privileged information.
3. Communicate clearly and appropriately. Respect staff. Follow instructions carefully.
4. If you change address or phone numbers, report new contact information to the facility VIP Coordinator in a timely manner.
5. Agree to report to the Director of Volunteer Services any inappropriate behavior or act of a sexual nature directed towards an inmate by any employee, contractor or volunteer, intern or professional partner.
6. Park appropriately. Lock all personal items in vehicle or leave in lockers provided at facility entrance.
7. Refrain from giving anything to offenders, including personal information, telephone numbers or addresses. No gifts, books, candies, etc.
8. Materials or supplies may be given to offenders by staff only. Any resources needed will be procured or authorized by a facility supervisor.
9. Refrain from personal relationships with offenders:
 - A. Are you related to anyone who is currently incarcerated? Yes No If yes, complete below
 Name of offender: _____ Offender number: _____
 - B. Are you on any offender's visiting list? Yes No If yes, complete below
 Name of offender: _____ Offender number: _____
10. Not act in the capacity of a sponsor for an offender for any type of community release (i.e., any parole, transitional supervision, transitional placement, halfway house and/or any furlough, including reentry furlough) unless the offender is an immediate family member as defined by Administrative Directive 9.8, Furloughs AND when authorized by the Commissioner of Correction or designee.
11. Have you been known by any other name in the past, including maiden name, or a different name prior to religious conversion?
 Yes No If yes, name: _____
12. If approved to transport offenders, only transport offenders to authorized destination.
13. If arrested or experiencing a significant personal hardship, I agree to report it to my facility supervisor.
14. If approved as a correctional volunteer, I agree to read the VIP Handbook and participate in required orientation or training. I further agree to act in good faith and within the scope of the duties and responsibilities as defined by Department of Correction staff.

Applicant name (print): _____

Applicant signature: _____

Date: _____

e-mail address: _____