



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

Rev. 01/10

## Connecticut Department of Correction

### SECTION 1 – Applicant Instructions

Please print or type all answers to all questions.

Mail completed application to: Janet Faccinto, Chaplain & VIP Coordinator  
 Carl Robinson Correctional Institution  
 POB 1400, 285 Shaker Road  
 Enfield, Connecticut 06082

If you have questions, please contact the VIP Coordinator: Phone: 860.763.6387 [janet.faccinto@po.state.ct.us](mailto:janet.faccinto@po.state.ct.us)  
 Fax: 860.253.8645

### 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:
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## Volunteer Memorandum of Understanding

### Connecticut Department of Correction

CN 100402  
REV 6/3/2010

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: \_\_\_\_\_

**Optional:** e-mail address: \_\_\_\_\_