



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: Dawn Rizzutto, Parole Officer
 DOC Parole & Community Services
 2-6 Cliff Street
 Norwich CT 06030

If you have questions, please contact: VIP Coordinator dawn.rizzutto@ct.gov
 860.885.2035 Fax: 860.885.2077

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

Specify: _____

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

Subject: _____

SECTION 4 – Programming/VIP Preferences

Program/Activity: (please check)

Intern
 Professional Partner
 Researcher
 Volunteer

Name of Halfway House or Program:
 1) _____
 2) _____

(Please complete fully) If you are interested in an Internship or Halfway House/Non-Res Program:

Name of School or Interest: _____

Describe _____

Location Preferred (Area):
 Bridgeport Hartford New Haven Norwich/New London Waterbury

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

SECTION 5 – References

Name:	Name:
Address:	Address:
Telephone number:	Telephone number:
Relationship:	Relationship:



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: _____