

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
VOLUNTEER APPLICATION FORM

Name: _____
Last *First* *Middle*

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ (Social Security number is needed to complete security check.)

In Case Of Emergency Notify: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Are You on a Visiting List of, or Visiting any Inmate or Detainee? Yes ___ No ___

If Yes, Inmate Name: _____ Relationship: _____

Do you have any specific area/program within the Department for which you wish to volunteer?

Yes ___ No ___ If yes, list which area/program (be specific as possible): _____

Have you ever volunteered for the Nebraska Department of Correctional Services? If yes, where and when? _____

Please provide the following information so you may best be matched with our volunteer needs:

Education: _____

Skills/Abilities: _____

Hobbies: _____

Interests: _____

Prior Volunteer Experience(s): _____

List the names of three individuals we may contact (other than relatives) who have knowledge of your skills and character.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature _____

Date _____

Nebraska Department of Correctional Services (NDCS) Personal Information for Security Check

As part of maintaining a safe and secure environment the NDCS may conduct security checks prior to and periodically throughout an individual's employment or affiliation with the NDCS. A conviction does not automatically bar an individual from entering a facility or from employment. Each case will be considered individually. **All information on this document is required.** If you omit any information from this form you may be disqualified from entrance to a facility or employment. **PLEASE READ FULLY AND PRINT LEGIBLY IN INK.**

Please check the appropriate reason for requesting entrance into a facility:

- Employment: _____ (list position title) PREA
 Contractor Volunteer Intern Clergy Other: _____ (please specify)

 PRINT NAME (Last, First, Middle Initial) Date of Birth (Month/Day/Year) Social Security Number

Other Names Used (e.g. aliases, former names, etc.) _____

 Driver's License Number / State State ID number Expiration Date
 If no driver's license please enter your state ID

 Place of Birth (City, State or Country) Sex Race Height Weight Eyes Hair

List all previous states or countries of residence: _____

Please provide your current address:

 Street Address City State Zip

Please provide your current phone number(s) and e-mail address:

Home: () _____
 Cell: () _____
 Other: () _____
 E-mail address: _____

Please circle your answer.

Are you currently on or have you ever been on an inmate phone list? YES NO
 If yes, please provide name(s) and relationship(s): _____

Are you currently on or have you ever been on an inmate visitor list? YES NO
 If yes, please provide name(s) and relationship(s): _____

CRIMINAL HISTORY: A criminal record does not necessarily make you ineligible for employment or entrance into a facility. If you omit or falsify information on this form it may disqualify you from entrance to a facility or employment. List all arrests and convictions, regardless of when they occurred, to include any and all misdemeanors and felonies, traffic offenses, juvenile offenses and expunged or dismissed records.

List any law enforcement contact you have had. You may use approximate dates if you can't remember exactly.

Date (Month/Year)	Reason for Contact	Disposition	Law Enforcement Authority or Court (City, State and County)	OFFICE USE ONLY

****Use additional sheets if necessary**

1. Have you ever engaged in sexual abuse in prison, jail, lockup, community confinement facility (a locked facility, part or all of the day), juvenile facility, or other institution? Yes No If yes, please provide an explanation: _____

2. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
If yes, please provide an explanation: _____

3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 1 or 2?
 Yes No If yes, please provide an explanation: _____

4. Have you ever had any substantiated allegations of sexual harassment made against you in a prison, jail, lockup, community confinement facility or other institution? Yes No If yes, please provide an explanation: _____

5. Have you ever had any substantiated allegations of sexual harassment made against you in the community? Yes No
If yes, please provide an explanation: _____

6. Are you currently or have you ever been affiliated with a gang/security threat group? Yes No If you are currently or have ever been affiliated with a gang/security threat group, provide name of group and your affiliation. _____

7. Are you or have you ever been the subject of a protection order? Yes No If yes, please provide the jurisdiction, dates and explanation. _____

8. Have you ever been convicted of a crime involving the use or attempted use of force or a weapon against a current or former spouse, child, person for whom you were or are a guardian, person with whom you share a child, live-in girlfriend or boyfriend, or a person similarly situated to a spouse, child or person for whom you were or are the guardian? Yes No If yes, please provide the jurisdiction, dates and explanation. _____

I hereby certify that all information I have entered on this form is accurate and complete. I understand and agree that the NDCS may use information on this form to conduct security checks prior to and periodically throughout my employment or affiliation with the NDCS. I understand that failure to disclose or fully disclose my record may be grounds for disqualification of my application or termination of my employment.

Signature _____

Date _____

OFFICE USE ONLY

HR Site Contact: _____
Date Submitted: _____
Requested Due Date: _____
NCIC Processed By: _____
NCJIS Processed By: _____
Special Services comments: _____
NCIC Reviewed By: _____
NCJIS Reviewed By: _____

To be checked at facility/program:
*Check **only** if New Hire, Intern, or SOS temp*
Inmate Phone List
Inmate Visitor List
Verified by: _____
Approval Disapproval
Warden/program administrator:

Signature _____ Date _____

Project:
Project #:

Project Location:
Contractor:

Additional record(s) not listed by signee on page 2:

NDCS Company Hire Date:

PREA Indicator
 No
 Yes, Date: _____
Comments: _____

Emergency Management Services review:

Signature _____
Date _____
Legal review:

Signature _____
Date _____