

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

**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:**  
\_\_\_\_\_  
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**NDCS Company Hire Date:**  
\_\_\_\_\_  
**PREA Indicator**  
 No  
 Yes, Date: \_\_\_\_\_  
**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Emergency Management Services review:**  
\_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Legal review:**  
\_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_