

Faith and Citizen Programs Volunteer Application (04/01/17)

Check One:	□ New Volunteer □	Annual Update				
For DOC Use Only (Please le	C D	siting: riminal Record Check By: ate Investigation Completed	•			
		pplication Reviewed By:				
		pplication Is: Approved	Denied Review			
		eason:				
	orado Department of Correction		75			
	Faith and Citizen Programs Coord O Academy Park Loop	mator				
	orado Springs, CO, 80910					
Please print or type your LEG	GAL name as it appears on your					
Last Name	Fi	rst Name	MI Maiden			
Birth Date (MM-DD-YYYY	() Gender					
	MF					
E-Mail Address						
D WALL TIGGLESS						
Address (Nextfu ECD of seven	an as of address within 24 hours)	No. And Street or	PO Roy			
Address (Notify FCP of any ci	hange of address within 24 hours)	No. And Silect of		TIT		
City/Town		State Zip Code				
(Notify FCP of any change of p	phone number within 24 hours)					
Area Code/Home Phone	Area Code	/Work Phone/Extension				
Social Security		Ethnicity (Optional)				
Drivers License: State						
In Case of Emergency Not	ify:					
Name:		Phone: ()_		_		
Name of Approved DOC Pro	oram'					
Traine of Approved Boe 110	<u></u>		Are you receiving any compensation/school credit for your volunteer service? Yes No			
Address						
			in:			
	FAX:					
Signature of Program Leader:		x				
		- 1				
Facility Preference: Please Arkansas Valley Corr. Fac.	Colo. Correctional. Cntr.	Facility Fremont Cor. Fac.	Sterling Cor. Fac			
Buena Vista Corr. Fac.	Colo. Correctional. Clid. Colo. State Penitentiary	Fremont Cor. Fac. La Vista Cor. Fac.	Sterring Cor. Fac			
Canon Min. Cntrs.	Delta Corr. Cntr.	Limon Cor. Fac.	Trinidad Corr. Fac.			
ACC, FMCC, SCC	Den. Women's Corr. Fac.	Rifle Corr. Cntr.	Youthful Off. Sys.			
Centennial Corr. Fac.	DRDC	San Carlos Cor. Fac				
Private Facilities:	Вепt County Corr. Fac.	Cheyenne Re-Entry	Crowley County Corr.	Fac.		

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Offender Relationships - Please answer each question yes or no.					No	Yes
Are you related to any Colorado DOC offender (including probationer or parolee)?						
Within the last two years have you visited (outside of your volunteer program) with any DOC offender?						
3. Within the last two years have you written to or corresponded with any DOC offender?						
4. Have you, or someone you know, EVER been victimized by a current DOC offender?5. Do you currently have any legal action involving any DOC offender?						
	If yes explain belo	w, including names, I	OOC #s relationship, faci	lity, etc.		
	· ·		•····			
4						
	False or incomplete info			r denial o	r terminati	ion. A Criminal
Please answer each question yes or no.					No	Yes
1. Have you EVER been arrested, charged or convicted of any sex related offense?						
2. Have you <i>EVER</i> been arrested, charged or convicted of any felony?						
3. Within the last 10 years, have you been arrested, charged or convicted of any misdemeanor?						
4. Have you EVER	R been convicted and subse	equently incarcerated in	a correctional facility?			
5. Are there ANY	charges pending against yo	ou for any criminal offe	ense?			
	If yes complete the	blanks below (attach	additional explanation if r	necessary)	
Month/Year	Offense or Charge	Disposition	Arresting Agency	Ci	ity	State
New volunteers m	ust attend the Basic V	olunteer Training v	vithin six months of a	pplication	on appro	val.
To remain active, plea	ise notify the DOC whenev	ver your address chang	es. Thank you.			
required to complete will be required to a pertaining to security head has final discre I authorize	d this form is the first step e a basic volunteer training dhere to all Colorado Depa y, searches, offender relation tion to approve or deny my representatives of the Colo	, and a specific oriental artment of Correction roons, contraband, PREA y volunteer service at the orado Department of Corrections.	tion for each facility I amules and regulations, inclu a, and professional conductor the facility level. corrections to make any and	approved ding but in the state of the state	to access. not limited rstand each opriate inq	I understand I to those administrative uires regarding
my background and	I release the Colorado Dep	partment of Corrections	s and its representatives from	om any li	ability whi	ch may result

DATE: _

from such action. SIGNATURE: