



COLORADO DEPARTMENT OF CORRECTIONS
Faith and Citizen Programs
Volunteer Application

Check One:

New Volunteer
Annual Update

For DOC Use Only (Please leave this section blank)
Visiting:
Background Investigation By:
Date Investigation Completed:
Application Reviewed By:
Application Is: Approved Denied Review
Reason:

Mail completed form to: Colorado Department of Corrections
c/o Manager of Faith and Citizen Programs
2862 South Circle Drive
Colorado Springs, Colorado 80906
Phone: (719) 226- 4481 or (719) 226-4482

Please print or type your name as it appears on your driver's license.

Last Name First Name MI Maiden

Birth Date (minimum age-21) Gender E-Mail Address

Address (please notify DOC of any change of address) No. And Street or PO Box

City/Town State Zip Code

Area Code/Home Phone Area Code/Work Phone/Extension

Social Security Ethnicity (Optional)
Drivers License: State #

In Case of Emergency Notify:
Name: Phone: ( )

Name of Approved DOC Program:
Address
Phone: FAX:
E-Mail:
Name of Program Leader:
Signature of Program Leader:
Are you receiving any compensation/school credit for your volunteer service? Yes No
If yes, please explain:

Facility Preference: Please check one or more Any Facility
Arkansas Valley Corr. Fac. CSP/Centennial Corr. Fac. Ft. Lyon Cor. Fac. San Carlos Cor. Fac
Buena Vista Corr. Fac. Colo. Cor. Cntr. La Vista Cor. Fac. Sterling Cor. Fac
Canon Min. Cntrs. Delta Cor. Cntr. Fremont Cor. Fac. Territorial Cor. Fac
ACC, FMCC, SCC DRDC Limon Cor. Fac. Trinidad Cor. Fac.
Den. Women's Corr. Fac. Rifle Corr. Cntr. Youthful Off. Sys.
Private Facilities: Bent County Corr. Fac. High Plains Corr. Fac. Crowley County Corr. Fac.
Kit Carson Corr. Cheyenne Re-Entry Ctr.

**COLORADO DEPARTMENT OF CORRECTIONS**  
**Volunteer Application - Page 2**

<b>Offender Relationships</b> - Please answer each question yes or no.	No	Yes
1. Are you related to any DOC offender (including probationer or parolee)?		
2. Within the last two years have you visited 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, <b>EVER</b> been victimized by a current DOC offender?		
5. Do you currently have any legal action involving any DOC offender?		
<b>If "yes," explain below, including names, DOC #s relationship, facility, etc.</b>		

**Criminal History:** False or incomplete information on this application will be grounds for denial or termination. A Criminal record does not necessarily make you ineligible for volunteer service. **Be careful to list all criminal history**

Please answer each question yes or no.	No	Yes
1. Have you <b>EVER</b> been arrested, charged or convicted of any felony?		
2. Have you <b>EVER</b> been arrested, charged or convicted of any misdemeanor?		
3. Have you <b>EVER</b> been incarcerated in a correctional facility or jail?		
4. Are there <b>ANY</b> charges pending against you for any criminal offense?		
<b>If "yes," complete the blanks below (attach additional explanation if necessary)</b>		

Month/Year	Offense or Charge	Disposition	Arresting Agency	City	State

**New volunteers must attend the Volunteer Training within six months of application approval. To remain active, please notify the DOC whenever your address changes. Thank you.**

*I understand this form is the first step in becoming a Colorado Department of Corrections volunteer. If approved I will be required to complete a basic volunteer training, and a specific orientation for each facility I am approved to access. I understand I will be required to adhere to all Colorado Department of Correction rules and regulations, including but not limited to those pertaining to security, searches, offender relations, contraband, and professional conduct. I understand each administrative head has final discretion to approve or deny my volunteer service at the facility level.*

*I authorize representatives of the Colorado Department of Corrections to make any and all appropriate inquires regarding my background and I release the Colorado Department of Corrections and its representatives from any liability which may result from such action.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_