

**ADDRESS TO SEND ALL AA/NA/GA
CLEARANCE AND APPLICATION FORMS**

- **ALL ORIGINAL FORMS MUST BE FILLED OUT IN BLUE INK ONLY AND MAILED TO MS. PAMELA MELTON**
- **ALL INCIDENTS WITH LAW MUST BE REPORTED, INCLUDING EXPUNGED RECORDS**
- **THE RULES AND REGULATIONS MUST BE SIGNED AND DATED**
- **PLEASE INCLUDE A LEGIBLE COPY OF YOUR VACCINATION CARD WHICH INCLUDES THE VACCINATIONS AND BOOSTER**
- **PLEASE INCLUDE A LEGIBLE PHOTO COPY OF YOUR DRIVER'S LICENSE (FRONT AND BACK)**
- **IF YOU ARE NOT A USA CITIZEN, YOU MUST PROVIDE A COPY OF YOUR NATURALIZATION DOCUMENT OR YOUR PERMANENT RESIDENT CARD**
- **APPLICANT SHOULD HAVE A SIGNIFICANT AMOUNT OF RECOVERY TIME**
- **APPLICANT SHOULD BE 5 YEARS FREE FROM ANY ARRESTS AND/OR CONVICTIONS**

MAILING ADDRESS IS BELOW:

**DANETTE ECKMAN
STATE OF NEW JERSEY
DEPARTMENT OF CORRECTIONS
PO BOX 863
TRENTON, NJ 08625
TELEPHONE: 609-292-4036, EXT. 5489
EMAIL ADDRESS: DANETTE.ECKMAN@DOC.NJ.GOV**

COMPLETE FORM IN BLUE INK ONLY

NEW JERSEY DEPARTMENT OF CORRECTIONS
SPECIAL INVESTIGATIONS DIVISION
PO BOX 863 TRENTON, NJ 08625

NJDOC, RCRP, CONTRACT VENDOR EMPLOYEES, VOLUNTEERS & INTERNS **APPLICATION FOR CLEARANCE AND ISSUANCE OF ID CARDS**

Using **BLUE ink** only, all applicants must complete this pre-screening application in its entirety and will be subject to a criminal history background check as a condition of employment. Any omission or falsification of the requested information may render the application void and be just cause for denial of employment or immediate termination if employed. In addition, any applicant appearing on the permanent statewide ban list will be denied clearance.

Check one: New Promotion Renewal Background Check Only (No ID Issued)

If new, have you ever been employed by the NJDOC in any capacity? Yes No

*If yes, provide dates of employment, position and reason for leaving:

Check one:

Civilian DOHHS CFG OTHER: _____
 Temporary RUTGERS Gateway RCRP: _____
 Volunteer Custody

NAME: _____ **SS #: _____
(LAST) (FIRST) (M.I)

AKA: _____
(OTHER NAMES USED SUCH AS MAIDEN NAME, ADOPTIONAL, RELIGIOUS, ETC.)

DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
(State or Country)*If you are a Naturalized Citizen, Naturalization paperwork must be attached.

SEX: _____ EYES: _____ HAIR: _____ COMPLEXION: _____ HT: _____ WT: _____

**RACE: Asian Black Indian White Other _____

**Completion of this part is mandatory. The information is to be used only for identification purposes and not as a basis for hire.

DRIVER'S LIC. #: _____
(State) (Number)

MARKS, SCARS AND TATTOOS

TYPE (Scar, Mark, Tattoo)	BODY PART (Back, Shoulder, Leg)	SIDE (Left, Right, Front, Back)	DESCRIPTION (Rose with hearts. "RIP Rover". Skull. Burn marks. "232")

CONTACT INFORMATION

HOME ADDRESS: _____
(APT #, STREET)

(CITY) (STATE) (ZIP CODE)

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

PREVIOUS HOME ADDRESSES (Last ten years.)

DATE FROM	DATE TO	ADDRESSES	CITY	STATE	ZIP

ARRESTS, CONVICTIONS, SUMMONSES, EXPUNGEMENT OF RECORDS

For the purpose of this application the following words are defined as:

ARREST: Includes any detaining, holding or taking into custody by police or any other law enforcement agency in this and/or any other state or foreign country.

CHARGE: Includes any indictment, complaint, summons or other notice of the alleged commission of any offense in this and/or any other state or foreign country.

OFFENSE: Includes all high misdemeanors, felonies, misdemeanors, disorderly persons/petty disorderly persons offenses under the criminal code of New Jersey or any other jurisdiction. Also included are local/municipal ordinance violations within this state or any other jurisdiction.

EXPUNGEMENT: Includes the extraction and isolation of all records on file within any court, detention or correctional facility, law enforcement or criminal justice agency concerning a person's detection, arrest, detention, trial or disposition of an offense within the criminal justice system.

Yes No

Have you ever been arrested, indicted, charged with and/or convicted of any offenses as defined above in this state or any other jurisdiction? If yes, then list below. Must also include all expungements, conditional discharges and pre-trial interventions, as well as DUI/DWI, domestic violence and juvenile offenses.

NATURE OF CHARGE, ARREST OR CONVICTION	DATE OF INCIDENT	AGE AT TIME OF INCIDENT	NAME OF POLICE AGENCY OR COURT	DISPOSITION <i>(Convicted, Not Guilty, Dismissed, etc.)</i>

**If more space is needed, please provide requested information on a separate sheet of paper.*

YES NO **DO YOU PRESENTLY HAVE ANY PENDING OFFENSES AS DEFINED ABOVE? If "YES", explain below.**

NATURE OF CHARGE OR ARREST	DATE OF INCIDENT	AGE AT TIME OF INCIDENT	NAME OF POLICE AGENCY OR COURT	SCHEDULED COURT DATES IF ANY

**If more space is needed, please provide requested information on a separate sheet of paper.*

INCARCERATION, SUPERVISION & INMATE CONTACT

YES NO **HAVE YOU EVER BEEN INCARCERATED WITHIN THE NJDOC OR ANY OTHER JURISDICTION?**
If "YES", explain below. Include SBI #, dates of incarceration and facilities.

YES NO **HAVE YOU EVER ENGAGED IN SEXUAL ABUSE IN A PRISON, JAIL, LOCKUP, COMMUNITY FACILITY, JUVENILE FACILITY OR OTHER INSTITUTION (as defined by U.S.C. 1997)?**

YES NO **HAVE YOU EVER BEEN CIVILLY OR ADMINISTRATIVELY FOUND 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 ABLE TO CONSENT OR REFUSE?**

YES NO **HAVE YOU EVER HAD ANY INTERACTION WITH AN INTERNAL AFFAIRS UNIT, PROFESSIONAL STANDARDS UNIT OR ANY OTHER INVESTIGATIVE DIVISION? If "YES", explain below:**

YES NO **ARE YOU CURRENTLY ON PROBATION, PAROLE OR ANY OTHER COURT MANDATED SUPERVISION?**
If "YES", explain below.

YES NO **HAVE YOU BEEN UNDER SUPERVISION OF PROBATION, PAROLE OR ANY OTHER COURT MANDATED SUPERVISION WITHIN THE LAST 36 MONTHS? If "YES", explain below?**

DATE FROM	DATE TO	SUPERVISION TYPE	LOCATION OF SUPERVISION	NAME & NUMBER OF PERSON YOU REPORTED TO

YES NO **TO YOUR KNOWLEDGE DO YOU HAVE ANY BUSINESS OR PERSONAL RELATIONSHIPS WITH CURRENT OR PREVIOUS INMATES WITHIN THE NJDOC? THIS INCLUDES, BUT IS NOT LIMITED TO, ANY ACQUAINTANCES OR FAMILY MEMBERS. If "YES", explain below.**

YES NO **HAVE YOU EVER BEEN ON AN INMATE'S VISIT LIST or VISITED A NJDOC INMATE?**
If "YES", explain below.

YES NO **TO YOUR KNOWLEDGE ARE YOU OR WERE YOU EVER ON A NJDOC INMATE'S PHONE/PIN LIST?**
If "YES", explain below.

CURRENT/ FORMER INMATE	SBI	INMATE NAME	RELATION	CONTACT TYPE (VISIT, PHONE, MAIL, NONE, ETC)

**If more space is needed, please provide additional information on a separate sheet of paper.*

YES NO ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN AFFILIATED WITH AND/OR A MEMBER OF ANY SUBVERSIVE ORGANIZATION, ASSOCIATION, MOVEMENT OR GROUP, INCLUDING GANGS (BLOODS, CRIPS, LATIN KINGS, NETAS, MS-13, SKINHEADS, ORGANIZED CRIME OR ANY OTHER GANG)? If "YES", explain below.

DATE	GROUP, GANG & SET	RANK OR ROLE	LOCATION

YES NO HAVE YOU EVER BEEN EMPLOYED BY THE NEW JERSEY DEPARTMENT OF CORRECTIONS OR ASSOCIATED HALFWAY HOUSES IN ANY CAPACITY? IF YES, EXPLAIN.

ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the information on this application is complete and accurate to the best of my knowledge. I understand that any omissions or falsification of this application may result in my denial of employment or immediate termination if already employed. I hereby authorize the release of any and all information regarding me, to the NJ Department of Corrections, at their request, in order that they may determine my suitability for employment.

SIGNATURE OF APPLICANT: _____ DATE: _____

*******FOR NJDOC CONTACT USE ONLY*******

TITLE APPLYING FOR: _____ LOCATION: _____

CONTACT NAME: _____ TITLE: _____

DIVISION/BUREAU/UNIT: _____ PHONE: _____

CONTACT SIGNATURE: _____ DATE: _____

*******FOR RCRP CONTACT USE ONLY*******

TITLE APPLYING FOR: _____ ANTICIPATED HIRE DATE: _____

RCRP NAME: _____ LOCATION: _____

HOURS _____ DAYS: _____

_____ is a potential employee of _____
 APPLICANT NAME RCRP NAME

(A criminal background check of this potential employee is required prior to employment., to comply with Department of Corrections Contract Program hiring policy).

NAME _____ TITLE _____ DATE _____

*****FOR SPECIAL INVESTIGATIONS DIVISION USE ONLY*****

THE APPLICANT'S CRIMINAL HISTORY RECORD INDICATES:

ARREST & CONVICTION

ARREST & NO CONVICTION

CONVICTION & NO ARREST

NO RECORD

NAME

TITLE

DATE

*****FOR CONTRACT ADMINISTRATION UNIT*****

The above-mentioned applicant (has) (has not) been cleared for employment at the aforementioned Contract Program.

DATE

OCP/CAU DESIGNEE

*****FOR DIRECTOR, OFFICE OF COMMUNITY PROGRAMS*****

The above-mentioned applicant (has) (has not) been cleared for employment at the aforementioned Residential Community Release Program by the Director, Office of Community Programs.

DATE

DIRECTOR OR DESIGNEE
OFFICE OF COMMUNITY PROGRAMS



State of New Jersey
DEPARTMENT OF CORRECTIONS



VOLUNTEER APPLICATION

Please Type or Print

Personal Information

_____ Correctional Facility _____ Date _____

Name: _____
Last First Middle

Birth Name: _____
Last First Middle

Soc. Sec. #: _____ Email address: _____

Home Phone: _____ Gender: M F Eye Color: _____

Cell Phone: _____ Height: _____ Ft. _____ In. Hair Color: _____

Work Phone: _____

Address

Street Address: _____

City: _____

State: _____ Zip Code: _____

Resident of State: _____ Years

Passport # _____ (if any)

Birth Information

Date of Birth: _____

City of Birth: _____

State: _____

Country: _____

U.S. Citizen: Yes No

Vehicle Information

Veh. Lic. Plate #: _____ State: _____ Veh. Make: _____ Year: _____

Driver's Lic. #: _____ State: _____ Veh. Model: _____ Color: _____

Person to notify in case of emergency

Name: _____ Relationship: _____
Last First

Street Address _____ Phone: _____

City _____ State _____ Zip Code _____

Education / Training / Organizations

High School Diploma / GED: Yes No College degree: Yes No

University / College: _____ Degree / Major: _____
Name

Special Training: _____

License(s) / Certificate(s): _____

Organization you represent: _____
Name of organization Contact person and Telephone number

Previous volunteer work history

Agency name: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Type of service: _____ Days volunteered: _____

Volunteer work preferences

Check days and indicate times available to volunteer:

- Teaching
- Tutoring
- Counseling
- Mentoring
- Religious Services / Studies
- Other _____

- Sunday Time - _____
- Monday Time - _____
- Tuesday Time - _____
- Wednesday Time - _____
- Thursday Time - _____
- Friday Time - _____
- Saturday Time - _____

Briefly state why you wish to perform volunteer work: _____

Criminal History

1. Have you ever been convicted of a crime? Yes No
If yes, please provide details on a Criminal History Background Check (SID Form 12)
2. Do you have any relatives, by blood or marriage, incarcerated in any New Jersey Correctional Facility? Yes No
3. Are you currently an approved visitor or currently on the visit list of any inmate incarcerated in any New Jersey Correctional Facility? Yes No
4. If you answered "Yes" to question 2 or 3 above, provide name(s), State numbers and Correctional facility(ies):

5. Do you have any physical limitations? Yes No If yes, provide details _____

Right to Privacy / State Police Check

Prior to being approved as a volunteer, photographs shall be taken for I.D. purposes, and a State Police Bureau of Identification (S.B.I.) check shall be made by this correctional facility. Fingerprints may also be taken.

I hereby waive my right to privacy of records and allow a check on my background to be made with law enforcement authorities. I further understand that all information will be kept confidential and I certify that the information contained in this application is true and accurate. If I am approved as a volunteer, I will abide by all rules and regulations governing this program.

Signature of Volunteer Date

OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE - OFFICIAL USE ONLY

Area assigned: _____ I.D. Card: _____ Date: _____
Special Conditions _____ S.B.I. Check: _____ CCH: _____

Printed Name and Signature of Coordinator of Volunteer Services Date

Printed Name and Signature of Area Supervisor Date

Printed Name and Signature of Administrator Date



State of New Jersey
DEPARTMENT OF CORRECTIONS



VOLUNTEER RULES AND RESPONSIBILITIES

Date: _____

The following rules and regulations apply to you as a volunteer at _____
Correctional Facility

1. I agree that I shall abide by all the rules and regulations set forth by the correctional facility and shall not engage in any activities that threaten the order and security of the correctional facility.
2. I agree that my services shall be on a strictly volunteer basis for which I shall not receive any money, gifts or compensation.
3. I agree to abide by my attendance schedule.
4. I understand that all information relative to the affairs of the correctional facility and to the individual inmates must be given out through the Administrator's office and shall not be discussed outside the correctional facility or the Department of Corrections.
5. I understand that N.J.S.A. 2C:29-6, New Jersey Code of Criminal Justice makes it a criminal offense to introduce within a correctional institution any weapon or other thing which may be useful for escape; or to provide an inmate with any other thing which the person knows or should know it is unlawful for the inmate to possess.
6. I have received and I understand the training regarding the Zero Tolerance policies of the Department of Corrections to include: Zero Tolerance Drug/Alcohol Policy, Zero Tolerance for Misuse or Possession of an Electronic Communication Device Policy and Zero Tolerance for the Incidence of Sexual Abuse in accordance with the Federal Prison Rape Elimination Act.
7. I understand that I shall not exchange any gifts, monies, personal services or other favors with any inmate or any inmate's friend or representative.
8. I agree that I shall notify the authorities at the correctional facility of any unusual situations, gatherings, conversations or events that may occur.
9. I agree that I shall not enter the correctional facility while under the influence of alcohol, narcotics or illicit drugs.
10. I agree that I shall not give any type of medication (over-the-counter or prescribed) to any inmate.
11. I agree that I shall not indulge in undue familiarity with inmates or permit inmates to be unduly familiar with me.
12. I understand that I shall wear my correctional facility I.D. tag at all times while in the correctional facility.
13. I agree that I shall not extend the period of volunteer service without the approval of the Coordinator of Volunteer Services.
14. I understand that I shall keep confidential information regarding inmates.
15. I understand that I must not take anything out of the correctional facility for an inmate(s) such as, but not limited to, mail or other material.
16. I understand that I shall not visit the correctional facility on unauthorized days or times.
17. I understand that all above-listed rules and responsibilities shall be followed at any and all NJDOC locations, such as, but not limited to, any main correctional facility, satellite unit, halfway house or residential community program site.

I certify that I have read and I understand the rules and responsibilities governing my participation as a volunteer. I understand that if I violate any of these rules and responsibilities, I may be removed from the Volunteer Program. I also acknowledge receipt of a copy of these rules and regulations.

Printed Name and Signature of Volunteer

Date

Printed Name and Signature of Witness

Date