

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
VOLUNTEER APPLICATION**

PERSONAL INFORMATION (Please Print or Type)

The following information is needed for the TDCJ to conduct a criminal history check to determine whether access to TDCJ units, facilities, and offices should be approved. Applicants must be (18) years of age to apply. All applicants must have a clear criminal history for (18) months to be eligible. In addition, if applicable, must have been released from prison for a period of (18) months. Please be sure to provide **ALL** of the requested information, if it does not apply please indicate by responding with N/A.

1. Name: _____
(Last, First, MI) 2. Primary Phone#: (____) ____ - ____

Secondary Phone#: (____) ____ - ____

Mailing Address: _____
Street City State ZIP

Email Address: _____
(Your email address helps us contact you with information about your volunteer status or the status of a program you are involved with at the unit level.)

3. Emergency Contact: _____
(Emergency Contact Name/Number)

4. SSN: ____ - ____ - ____ 5. Driver's License/State ID#: _____ ST ____

6. Date of Birth: ____ / ____ / ____ 7. Place of Birth: City _____ ST ____ 8. Sex: Female Male

9. Race: White Black Hispanic Amer. Indian Asian or Pacific Island Other _____

10. Current Employer: _____ Title: _____

11. Have you ever been employed by the TDCJ? Yes No If yes, give division, department, location, title and dates of employment: _____

12. Are you a victim of, related to, or a friend of any TDCJ offender or releasee now supervised by the TDCJ? Yes No

Name of Offender: _____ ID#: _____ Facility: _____ Victim Relative Friend

13. Are you related to a victim, or a friend of a victim, of any offender or releasee now supervised by TDCJ? Yes No

Name of Offender: _____ ID#: _____ Facility: _____ Relative Friend

14. List any offender that you are visiting in unit visitation **OR** knew prior to their incarceration. Not applicable

Name of Offender: _____ ID#: _____ Relationship: _____ Facility: _____

(Attach additional pages as needed.)

Please use this section to indicate the program area(s) you are interested in serving. All programs are subject to approval.

Chaplaincy Please provide your Faith Identification/Religious Preference: _____ Place of Worship: _____

Substance Abuse Treatment Program
Sobriety Date: ____ / ____ / ____ Type of meeting (Please check): AA NA CA WIN Other _____

Practicum Student Start date: ____ / ____ / ____ Sobriety Date: ____ / ____ / ____

TTC/Halfway House **Sex Offender Treatment Program** **Parole Division** **Reentry** **TCOOMMI**

Student Intern Start date: ____ / ____ / ____ Program Area: _____

Victim Services - NOTE: Volunteers who have a criminal history or who have selected or currently volunteer for offender programs may be prohibited from volunteering with the Victim Services Division.

Windham School District Unit(s) of interest (includes offices): _____ **Other:** _____

*Other may include non-traditional programs, administrative/clerical assistance, or areas not indicated on this form. Please explain.