

Deanna Fortier, the woman in charge at Merrimack County (Boscawen) contacts applicants for a one on one informal interview after reviewing the form. Very easy.

The form is the 2 pages following this one, and should be printed, filled out, and mailed to the below address. Please do not include this instruction page with your mailing, and

THANK YOU FOR VOLUNTEERING!!

Mail to:

Merrimack County House of Corrections
Attn: Deanna Fortier
314 Daniel Webster Highway
Boscawen, NH 03303



**MERRIMACK COUNTY
DEPARTMENT OF CORRECTIONS**
CITIZEN INVOLVEMENT/VOLUNTEER APPLICATION - PART 1
PLEASE PRINT
AS NEEDED OR REQUIRED, ATTACH CITIZEN INVOLVEMENT APPLICATION PART 2 AND STATEMENTS OF
EXPLANATION OR CREDENTIALS.
ALLOW 15 BUSINESS DAYS FOR PROCESSING

OFFICE USE ONLY:
Criminal Records Review Dated: _____
Completed By: _____
____ Recommended _____ Not Recommended
____ Approved _____ Denied

REQUIRED PERSONAL INFORMATION - STRINGENT CONFIDENTIALITY MAINTAINED FOR ALL PERSONAL DATA

<input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> MR.	<input type="radio"/> DR. <input type="radio"/> REV. <input type="radio"/> _____	GENDER <input type="radio"/> FEMALE <input type="radio"/> MALE	DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER:
PLACE OF BIRTH:				
CITIZENSHIP: [] USA [] OTHER COUNTRY:				

LEGAL NAME: LAST NAME FIRST NAME MI SUFFIX

CHECK TYPE OF PHOTO IDENTIFICATION <small>(must be surrendered to enter correctional facility)</small> <input type="checkbox"/> VALID DRIVER LICENSE FROM STATE OF RESIDENCE <input type="checkbox"/> VALID MILITARY ID CARD (ACTIVE DUTY ONLY) <input type="checkbox"/> VALID PHOTO ID CARD FROM STATE OF RESIDENCE <input type="checkbox"/> VALID PASSPORT (IF FOREIGN NATIONAL)	STATE ISSUING ID:	DRIVER'S LICENSE # OR VALID GOVT. ISSUED PHOTO ID #
---	-------------------	---

CURRENT MAILING ADDRESS TOWN STATE ZIP CODE

LIST ANY/ALL OTHER ADDRESSES USED IN PAST 5 YEARS

LIST ANY/ALL FORMER NAMES (i.e. prior to marriage, adoption, religious conversion)

ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE (YES) ANSWER

1. ANY CURRENT/PAST CITIZEN INVOLVEMENT OR VOLUNTEER SERVICE IN CORRECTIONS? [] No, [] Yes, WHERE/WHEN
2. ANY CURRENT/PAST CORRECTIONAL EMPLOYMENT OR APPLICATION FOR SAME? [] No, [] Yes, WHERE/WHEN
3. HAVE ANY MEDICAL CONDITION OR DISABILITY THAT MAY RESTRICT INVOLVEMENT? [] No, [] Yes
4. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AT ANY TIME IN YOUR PAST? [] No, [] Yes
5. ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY? [] No, [] Yes
6. HAVE YOU BEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS? [] No, [] Yes
7. ARE YOU NOW UNDER CRIMINAL CHARGES FOR ANY VIOLATION OF LAW? [] No, [] Yes
8. ANY FAMILY MEMBER AN INMATE WITH THE MCDOC OR ANY CORRECTIONAL FACILITY? [] No, [] Yes, WHO
9. ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF MCDOC OR ANY CORRECTIONAL AUTHORITY? [] No, [] Yes, WHO
10. DURING THE PAST 2 YEARS, ON ANY INMATE VISITING LIST AT ANY CORRECTIONAL FACILITY? [] No, [] Yes, WHO
11. CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE? [] No, [] Yes, WHO

COMMENT ON EACH AFFIRMATIVE (YES) ANSWER; USE ADDITIONAL PAGES AS NEEDED:

I do hereby certify that all information I have provided the department on this form, and any attachments, is accurate and complete and understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service. I agree to abide by all applicable New Hampshire laws, and Merrimack County Department of Corrections rules and regulations governing persons within a county correctional facility, especially those policies relating to confidentiality. I hereby authorize and consent to a review of and full disclosure of any and all records, including criminal/motor vehicle records, concerning myself to any duly authorized agent of the Merrimack County Department of Corrections. I also certify that any persons, agencies, schools, employers, organizations or businesses who may furnish such information concerning me shall be held harmless for releasing said information. I understand such review is required before I am allowed to enter/serve at any MCDOC facility and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of certification. This authority shall continue until the end of the calendar year unless revoked by me in writing. I recognize the potential risks with, and assume personal responsibility for, my involvement with MCDOC inmates. I will inform the MCDOC of any changes to the information furnished on this application, once approved, including change of address and phone, location or area of service, and will report any ensuing criminal arrest, conviction or related justice system matter. I understand as a volunteer I will not receive any financial reimbursement or compensation from the MCDOC for my services, time, or expenses. I certify to the best of my knowledge and beliefs, all of my statements are true, correct, complete, and made in good faith. This application is signed under penalty of un-sworn falsification pursuant to RSA 641:3.

SIGNATURE

DATE: _____

PLEASE PRINT

APPLICANT NAME:					
OTHER PERSONAL INFORMATION					
TELEPHONE: HOME#	WORK #	CELL #			
EMAIL ADDRESS:					
PREFERRED METHOD(S) OF CONTACT: Home # <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Email <input type="checkbox"/> Other <input type="checkbox"/>					
LANGUAGE SKILLS: Are you multilingual? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes, list language(s) Other than English:			
EMERGENCY CONTACT:		RELATIONSHIP	CONTACT PHONE		
AFFILIATION - Corrections involvement as a member, representative, or student of, this Entity, Agency, Organization, Group, Campus, or Faith Community Name of Organization: Address: Phone #: _____ Contact: _____		AVAILABILITY: indicate all days/times available			
			Morning (8am-12pm)	Afternoon (12-4pm)	Evening (4-9pm)
		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
		Saturday			
Sunday					
PERSONAL REFERENCES: List persons who may attest to your character and/or hold a leadership role in the organization for which you intend to offer service					
Reference Name	Address	Phone			
APPLICANT EMPLOYMENT HISTORY: List current or most recent first					
Occupation	Employer & Town	Start	End		
CATEGORIES OF VOLUNTEER SERVICE WITH THE MERRIMACK COUNTY DEPARTMENT OF CORRECTIONS					
<small>All volunteer services provided to persons in the custody of, or under community supervision of, the Merrimack County Department of Corrections shall be for a specified term, at the direction and authority of the Superintendent, and as delegated to a designated staff supervisor.</small>					
<input type="radio"/> VOLUNTEER LEVEL 1 – privileges for limited or infrequent service or one-time event: If applying for a position requiring license or certificate, attach photocopy of current document and professional liability rider. Authorization terminates at the conclusion of the event & new application is required for future participation. <input type="checkbox"/> ORDAINED CLERGY – seeking only visiting room privileges with individual incarcerated adherent or inmate relative of faith community member as a MCDOC "Official Visitor". Must attach a letter from affiliated ecclesiastic authority specifying an endorsement of religious qualifications, preparation, experience, competence for spiritual care and pastoral counseling of a criminal offender incarcerated. <input type="checkbox"/> OCCASIONAL CONSULTANT – expertise shared with MCDOC staff and/or clients. <input type="checkbox"/> SOCIAL SERVICES AGENT – for visiting privileges in official capacity for the organization cited in "Affiliation" <input type="checkbox"/> SPECIAL EVENT VOLUNTEER OR GUEST - certification up to 6 hours in 12 mos. Purpose, Date(s), Time & Location of Involvement:		<input type="radio"/> VOLUNTEER LEVEL 2 – privileges for extended, recurring, or regular service or group activity. Submit completed Citizen Involvement Volunteer Application Parts 1, 2 (for service areas) ADMINISTRATIVE, CONSULTANT, INSTITUTIONAL SERVICES <input type="checkbox"/> LIFE SKILLS – cognitive & social learning; parenting <input type="checkbox"/> EDUCATION – academic, career technical, library services <input type="checkbox"/> HEALTH, WELLNESS AND RECREATION <input type="checkbox"/> INTERNSHIP – post-secondary academic study within MCDOC <input type="checkbox"/> RECOVERY – 12 step fellowships, support groups & relapse prevention <input type="checkbox"/> RE-ENTRY PREPARATION AND COMMUNITY CORRECTIONS – pre- & post-release transition; mentoring <input type="checkbox"/> SPIRITUAL CARE – faith tradition corporate worship, sacred ritual, and education; cultural enrichment BEFORE CERTIFICATION & APPROVAL, MUST ATTEND ORIENTATION (OR EQUIVALENT TRAINING AT RECERTIFICATION). INITIAL VOLUNTEER LEVEL 2 CERTIFICATION IS END OF THE CALENDAR YEAR WITH CONTINUED RECERTIFICATION (TO INCLUDE APPLICATION AND TRAINING). MAINTAIN CLOSE COMMUNICATIONS & ACCOUNTABILITY WITH DIRECTOR OF REHABILITATIVE SERVICES.			

Applicant must be 20 years or older (18 for intern), and not subject to any correctional supervision for at least 5 years. Personal inmate visitor, or family member of inmate or person under the supervision of the MCDOC, may not be certified as a volunteer. Send completed Application with additional pages-parts and supporting documents to:

Merrimack County Department of Corrections
 Attn: Deanna Fortier
 314 Daniel Webster Highway
 Boscaawen, NH 03303

MCDOC FORM NO.-PROGRAMS & SERVICES-0050-(OCT 2011)-VOLUNTEER APPLICATION