



CONNECTICUT
DEPARTMENT OF CORRECTION

VOLUNTEER AND PROFESSIONAL PARTNER APPLICATION (ONLY)

The VIP Services Unit continuously seeks Volunteers, Interns and Professional Partners (VIPs) to supplement or augment opportunities for offenders to participate in recovery, restorative and re-entry preparation activities while incarcerated or participating in a continuum of care through parole. The VIP Services Unit currently offers a wide variety of opportunities for approved Volunteers, Interns and Professional Partners to support agency staff in the provision of Addiction Treatment, Chaplaincy Services and Education/Programming Services.

- This is **not** an internship application
- Applicant must be **18** or older to volunteer
- **The Connecticut Department of Correction reserves the right to remove or deny a VIP's access to an institution without provocation or cause.**
- All questions must be legible and fully answered in its entirety to have the document processed
- All applications must include the Volunteer Services Memorandum of Understanding page.
- Applicants will be notified of their pending-approval/denial status.
- Applicants must pass the criminal background check and inmate visitors review process.
- Any misrepresented facts regarding a conviction can lead to an automatic denial if the VIP selects "NO".
- Prior to completing the application, applicant should have read the VIP handbook, and visited the DOC website.
- Applicant must forward the completed application to the facility coordinator
- Please select only ONE facility, and DO NOT write in "All DOC Facilities."
- Please do not send application(s) to multiple facilities. Applicants will have only ONE facility as their PRIMARY facility. This primary facility will be the point of contact for all necessary VIP Forms and Orientations. See the DOC Website: **Directory of DOC VIP Coordinators and Contact Information** for your reference. Please note: Directory information is updated regularly.
- **Additional Facility Location Approvals:** At the Orientation applicant can inform their primary facility VIP Coordinator that they would like to be added to other facilities as well.
- Volunteer Services Unit recommends making a copy of the application for your own reference and bringing application with you to the facility VIP Orientation, as this will assist in filling out the facility Hostage Card, as emergency contact information is needed.
- Emergency Contacts cannot be someone who will be visiting the facility with applicant.
- Provide a hand-written signature only, digital/electronic signatures are not acceptable.
- Chaplaincy Volunteers please complete the "Religious Endorsement Verification" form and submit the form and letter with your application.
- Applicant must complete orientation training (annual re-authorization) and abide by all Connecticut Department of Corrections' policies and procedures

For more information about the Connecticut Department of Correction, Volunteer Services Unit, you may refer to the agency's web site at: www.ct.gov/doc open "Volunteer Services Unit" from the Home Page of the CT/DOC Web site.



Application Form for Volunteers & Professional Partners.

Connecticut Department of Correction

CN100401
Rev. 1/12/2021

SECTION 1 – Applicant Information - Applicants must be at least 18 years' old Check Box Below:

<input type="checkbox"/> Regular Volunteer	<input type="checkbox"/> Professional Partner	<input type="checkbox"/> Researcher	<input type="checkbox"/> Other:
Applicant's full name:			
Applicant's Maiden Name/ Legal Other Name(s):			
Applicant's street address:			
City/Town:		State:	Zip Code:
Primary telephone:		Alternate telephone:	
Email (preferred):			
Date of birth (month/date/year):		Social security number: _ _ - _ - _ _ _	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non- Binary		Race: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify) _____	
Driver license: <input type="checkbox"/> Yes <input type="checkbox"/> No	State:	Operator license number:	
License Plate:		Make/Model/Year of vehicle:	

SECTION 2 – Qualifications

Do you speak, read and write the English language? Required for Safety and Security purposes
☐ Yes ☐ No

Education (check):	<input type="checkbox"/> GED	<input type="checkbox"/> Bachelors	Subject:
	<input type="checkbox"/> Graduated High School	<input type="checkbox"/> Masters	Subject:
	<input type="checkbox"/> Associates	Subject:	<input type="checkbox"/> Post-Graduate

SECTION 3 – Volunteer/ Professional Partner Selection of Desired Involvement

Program/Activity desired: (check only one)	<input type="checkbox"/> Addiction Treatment	<input type="checkbox"/> Educational/ Programming Services	<input type="checkbox"/> Chaplaincy Services (Must complete Attachment B)	
	<input type="checkbox"/> 12 Step Fellowship	<input type="checkbox"/> Professional Partner (specify) _____	<input type="checkbox"/> Protestant	<input type="checkbox"/> Native American
	<input type="checkbox"/> Professional Partner (specify) _____	<input type="checkbox"/> Research Project # _____	<input type="checkbox"/> Jewish	<input type="checkbox"/> Muslim
	<input type="checkbox"/> Other: _____		<input type="checkbox"/> Catholic	<input type="checkbox"/> Other: _____

SECTION 4 – Requested Location Placement for Volunteers and Professional Partners

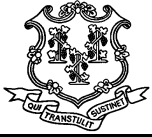
Name of Institution/ Parole- where service(s) are to be provided: <div></div>	Group Affiliation: <div></div> (I am the) Group Leader: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your current program have an approved Memorandum of Understanding and/or Letter of Agreement with CT DOC?
☐ Yes (Attach a Copy to Attachment A)
☐ No

Section 5- Please specify what your goals are as a Volunteer with the CT DOC

<div></div>
<div></div>
<div></div>

If you have questions, please contact the Volunteer Services Unit at: DOC.VolunteerServices@ct.gov



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SECTION 6– Medical/Emergency Contact Information

Note: Applicants with an Internal Medical Device which applicant cannot successfully pass through a walk-through metal detector. Per Administrative Directive 10.6 applicant shall provide medical documentation during each facility visits, this documentation needs to be signed by a licensed health care provider. Per Administrative Directive 10.4, All V.I.P.s with the Connecticut Department of Correction are required to provide documentation upon request.

Do you have any health or physical concerns that will limit your ability to safely provide volunteer services? If yes, describe ☐ Yes ☐ No

Do you have any medications that you must keep in your possession? If yes, describe ☐ Yes ☐ No

Emergency Notification:

Note: Cannot be someone who will be visiting the facility with applicant

Name:

Telephone number:

Relationship:

SECTION 7 – Employment and Volunteer Information

Beginning with your PRESENT or MOST RECENT employment please include your Resume or Curriculum Vitae that clearly describes the work (duties/responsibilities) you personally performed.

Current Job Title:	Company name:		
Type of business:	Department where assigned:		
Supervisor's name:	Telephone number:		
Employed from (date)	Total time (yrs./mos.):	Hours per week:	FT PT

Duties/responsibilities:

Previous/Present Volunteer Experience

Instructions: Beginning with your PRESENT or MOST RECENT volunteer experience please clearly describe the work (duties/responsibilities) you personally performed.

Previous/Present volunteer service (title):	Name of organization:
Contact person:	Telephone number:

Duties/responsibilities:

If you have questions, please contact the Volunteer Services Unit at: DOC.VolunteerServices@ct.gov



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Section 8– CT Department of Corrections Relationship

Are you an employee or ever been employed by the CT-DOC or any other Criminal Justice Agency?

If yes, attach a separate sheet describing your role, where, date(s) of service and your Supervisor's name and contact number.

☐ Yes ☐ No

Do you have any relatives working for the Department of Corrections? ☐ Yes ☐ No

Name (s)	Relationship (s)	Work Location (s)

SECTION 9– Conviction Information (REQUIRED)

Any offenses that are sexual in nature shall result in an automatic denial of an application
(Your answer to the following question will be considered for volunteer services purposes only)

If yes to any question below, attach a detailed explanation in Section 11

Have you ever been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you (exclude minor traffic violations or any offense settled in Juvenile Court or under a youth offender law)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a court ordered restraining order against you with regard to family members or cohabitant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or ANY member of your immediate family related to or/ have has a close personal relationship with anyone who is currently OR was previously an inmate in an CT DOC Institution? If yes, inmate name, inmate number, relationship, location, and sentence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently OR have you ever been on an inmate's visitation list at any CT DOC facility? If yes, inmate name, inmate number and relationship	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been an inmate in a CT DOC Institution, Federal Institution, or Penal Institution of another jurisdiction? If yes, charges, dates, location, sentence and inmate number	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been a victim of a crime committed by an inmate who is incarcerated at CT DOC OR ever testified in a case involving an inmate incarcerated at CT DOC? If yes, name of inmate, inmate number dates, and location of crime/trial.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any relationship with any inmate currently or previously incarcerated in an CT DOC institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10 – Certification

I certify that the statements made by me on this application are true and complete to the best of my knowledge, and are made in good faith. I understand that any mis-statement of fact may result in termination. All statements made on this application, including employment information are subject to verification as a condition for Volunteer and Professional Partner service. By affixing my hand-written signature (*digital/electronic signatures are not acceptable*) below, I give the Dept. of Correction authorization to conduct a criminal history and contact personal references and employers as a condition of approval for service. I further understand that as a Volunteer or Professional partner I may be exposed to danger, including, hostage situations, injury or assault by inmates. I agree that I have read the VIP Handbook and agree to comply with rules and regulations.

Applicant signature:

Date:

If you have questions, please contact the Volunteer Services Unit at: DOC.VolunteerServices@ct.gov

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VIP Memorandum of Understanding

Connecticut Department of Correction

All applicants must complete this form for application to be considered complete

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I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, willingly provide the information below as part of my application to volunteer with the Connecticut Department of Correction.

1. Park appropriately. Lock all personal items in vehicle or leave in lockers (in include keys) provided at facility entrance.
2. Take nothing, including cell phones, smart watches, letters, personal items or other materials into a correctional facility. Absolutely NO unauthorized items will be allowed.
3. Do not give anything to offenders without explicit permission. Materials or supplies may be given to offenders by staff only. Any resources needed will be procured or authorized per facility.
4. Do not give offenders personal information (about self or others), including telephone numbers, home addresses or email. Your personal safety and security could be compromised and you can be terminated for undue familiarity.
5. Do not convey any letters or offender's possessions including artwork or creative writing for any purpose without explicit permission from the Warden's office or administration.
6. Do not make personal telephone calls, correspond, or perform similar services for an offender, i.e. internet searches, copies, etc.
7. Do not give gifts, loans, money, articles, books, candies, medication (drug/alcohol) etc. to offenders or their friends or family. Also DO NOT take anything from an offender, the offender's friends or family.
8. Do not become personally involved with the private or family matters of offenders.
9. Solicitation of donations from offenders or offender's friends/families is strictly prohibited.
10. Do not write letters of recommendations or refer offenders for employment or volunteer opportunities this would constitute favoritism or undue influence
11. Respect and maintain the integrity and confidentiality of records and other privileged information. Do not engage in gossip.
12. Do not talk about staff, other volunteers or facility operations in the presence of offenders.
13. Do not engage in activities that could compromise your integrity or effectiveness as a VIP; or any behavior which would reflect negatively on the Department of Correction.
14. Conduct yourself in accordance with institutional/ departmental rules. Follow all instructions from staff carefully and cooperate fully. If/when staff asks for information, communicate clearly and respectfully.
15. Do not engage in personal relationships with offenders. Please inform your volunteer coordinator if you have a family member or friend who is currently incarcerated or on parole to avoid potential conflicts of interests.
16. You cannot be on an offender's visiting list at your facility. VIPs who provide services to inmates may not visit inmates in a social capacity at facility locations where services are provided.
17. You cannot use your VIP status to visit your family members or friends in any Department of Correction Institution
18. Professional Partners (AD 10.4) are not Professional Visitors (10.6) and are not allowed to conduct Clergy visits or provide services to offenders via professional visits.
19. Do not act in the capacity of a sponsor for an offender for any type of community release unless the offender is an immediate family member as defined by AD 9.8, Furloughs and when authorized by the Commissioner of Correction or designee.
20. If you change your name through marriage, religious conversion, probate action, move to a new address or change phone number (s), remember to update new information to the facility VIP Coordinator in a timely manner.
21. If arrested or if you experience a significant personal hardship (to include illness or injury), you agree to report it to your facility supervisor and/or volunteer coordinator, and if appropriate, take leave from your VIP function until matters are resolved.
22. Do not disseminate information to the press or on social media in regards to our agency. You are not authorized to do so. Please be informed that the Department of Correction has a specific division that handles public releases.
23. Always be aware that as a VIP, offenders may expose you to injury or assault. In addition, VIPs are also required to complete a hostage card which will be filed in a secured area of the facility during orientation.
24. Agree to report to Volunteer Services Unit any inappropriate behavior or act of a sexual nature directed towards an inmate by any other inmate, any employee, contractor or volunteer, intern or professional partner.
25. I agree I have read the VIP Handbook and will participate in required orientation and/or training. I further agree to act in good faith and within the scope of the duties and responsibilities as defined by Department of Correction staff.

Applicant name (print):

Applicant signature:

Date:

E-Mail Address: