



Connecticut Department of Correction Religious Services Unit



RELIGIOUS ENDORSEMENT VERIFICATION

The purpose of this form is to verify your relationship with a DOC recognized religious organization. Per Administrative Directive 10.4, Attachment A, all Religious V.I.P.s with the Connecticut Department of Correction are required to produce an ecclesiastical endorsement letter with their VIP application

DATE:	DATE OF BIRTH:		
FIRST NAME:	LAST NAME:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE:	EMAIL:		

RELIGIOUS AFFILIATION	FACILITY <i>(Please check one)</i>	
<input type="checkbox"/> Protestant Christian	<input type="checkbox"/> Bridgeport CC	<input type="checkbox"/> New Haven CC
<input type="checkbox"/> Roman Catholic Christian	<input type="checkbox"/> Brooklyn CI	<input type="checkbox"/> Osborn CI
<input type="checkbox"/> Islamic	<input type="checkbox"/> Cheshire CI	<input type="checkbox"/> Robinson CI
<input type="checkbox"/> Jewish	<input type="checkbox"/> Corrigan-Radgowski CC	<input type="checkbox"/> Willard-Cybulski CI
<input type="checkbox"/> Native American	<input type="checkbox"/> Garner CI	<input type="checkbox"/> York CI
<input type="checkbox"/> Jehovah's Witness	<input type="checkbox"/> Hartford CC	<input type="checkbox"/> Northern CI
<input type="checkbox"/> Other (Please specify) _____	<input type="checkbox"/> MacDougall-Walker CI	<input type="checkbox"/> Manson YI

ENDORSEMENT QUERY: *(Please answer each question)*

*****Please attach a letter of endorsement or recommendation from your religious organization, Attention Religious Services*****

1. What programs or services do you conduct? _____
2. What is the name of the religious organization you are affiliated to? _____
 Address _____
 Phone _____
4. What is the contact information for your ministry supervisor/ ecclesiastical endorser?
 Name _____ Phone _____
5. As a Religious Volunteer I, will adhere to the following: (please see page 2)

- ◆ You will maintain a relationship with a recognized endorsing Religious Institution or ministry organization.
- ◆ If you are a Pastor, Priest, or Reverend, etc. please be informed that as a DOC VIP you cannot make personal visits to offenders that you know or who are members of your congregation.
- ◆ You will report to a correctional facility to conduct religious programming only when your group is scheduled.
- ◆ You will refrain from commenting on politically divisive issues.
- ◆ You will refrain from teaching and/or preaching dogmatic denominational or sectarian specific tenants that may instigate divisiveness in a collective service.
- ◆ You will refrain from using speech disparaging other religious groups.
- ◆ You will refrain from using sacred texts (i.e., the Bible, Quran, Torah) to address sexual orientation, including Lesbian, Bisexual, Gay, Transgender, and Queer lifestyles.
- ◆ You will refrain from using prayers that “deliver” or “release” someone from a sexual orientation or lifestyle.
- ◆ You will make efforts to align sermons and teachings to facilitate the goals of the agency, especially as it relates to reentry and reducing recidivism.
- ◆ You will maintain environmental/situational awareness at all times and not use voice projections in presentations such as yelling, wailing, and shouting that may be misread by custody staff as a cry for help.
- ◆ You will refrain from using ministry approaches that may be misconstrued as sexual in nature, such as the laying on of hands, anointing with any substances, and close proximity individual prayer.
- ◆ You will aim your ministry efforts at enhancing safety and security by sending offenders back to the units in peace, hope and joy, being careful not to stimulate or give rise to judgmental thoughts, attitudes, or discussions that may fuel conflict.
- ◆ You understand that you cannot be on any offender visiting or clergy visit list at the facility where you volunteer.
- ◆ You understand that your continuing Religious Services V.I.P. status is contingent upon attending the annual Religious Services V.I.P. reorientation.

I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, will provide the requested information as part of my application to volunteer with the Connecticut Department of Correction and I agree the information provided on this document is truthful and accurate to the best of my knowledge.

Signature _____

DATE: _____