



**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 with the Connecticut Department of Correction are required to complete this form. Upon request you may be asked to provide an ecclesiastical endorsement letter approving you for prison ministry.

Name: _____ <div style="text-align: center;">Last, First</div> DOB: _____ Address: _____ City: _____ State: ____ Zip: _____ Phone Number: _____ Email Address: _____	RELIGIOUS AFFILIATION ____ Protestant Christian ____ Roman Catholic Christian ____ Islamic ____ Jewish ____ Native American ____ Jehovah's Witness ____ Other (Please specify) _____																	
Facility (check only where you are initially applying) <table style="width: 100%; text-align: center;"><tr><td>Bridgeport</td><td>Brooklyn</td><td>Cheshire</td><td>Corrigan</td><td>New Haven</td><td>Osborn</td><td>Robinson</td><td>Cybulski</td></tr><tr><td>Garner</td><td>Hartford</td><td>York</td><td>Manson Youth</td><td>MacDougall-Walker</td><td colspan="3"></td><td></td></tr></table>		Bridgeport	Brooklyn	Cheshire	Corrigan	New Haven	Osborn	Robinson	Cybulski	Garner	Hartford	York	Manson Youth	MacDougall-Walker				
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ENDORSEMENT QUERY: <i>(Please answer each question)</i> 1. What programs or services do you conduct? _____ 2. Please provide the name of the Religious organization that you are affiliated with. Organization: _____ Address _____ Phone _____ 4. What is the contact information for your ministry supervisor/ ecclesiastical endorser? Name _____ Phone _____																		
As a Religious Volunteer I, will adhere to the following:																		
<ul style="list-style-type: none">◆ Maintain a relationship with a recognized endorsing Religious Institution or ministry organization.◆ Report to a correctional facility to conduct religious programming only when your group is scheduled.◆ Refrain from commenting on politically divisive issues.◆ Refrain from teaching and/or preaching dogmatic denominational or sectarian specific tenets that may instigate divisiveness in a collective service.◆ Refrain from using speech disparaging other religious groups.																		

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- ◆ Refrain from using sacred texts (i.e., the Bible, Quran, Torah) to address sexual orientation, including Lesbian, Bisexual, Gay, Transgender, and Queer lifestyles.
- ◆ Refrain from using prayers that “deliver” or “release” someone from a sexual orientation or lifestyle.
- ◆ Make efforts to align sermons and teachings to facilitate the goals of the agency, especially as it relates to reentry and reducing recidivism.
- ◆ 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.
- ◆ 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.
- ◆ Aim 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.
- ◆ Understand that you cannot be on any offender visiting or clergy visit list at the facility where you volunteer. 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.
- ◆ Understand that your continuing Religious Services V.I.P status is contingent upon attending the annual Religious Services V.I.P training and completing annual background checks.

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:** _____

