

Complete and return to:

# ASK MENTORING OUTREACH, INC.

P.O. Box 1915, Chino Hills, CA 91709-0064

Phone: (909) 635-0946

Attention: Pam Petix, Executive Director

Fax.: (909) 986-9514

## VOLUNTEER Application - Prisoner Visitation Program

ID No. \_\_\_\_\_

Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone No. ( ) \_\_\_\_\_

Street Apt. No. City Zip Code

What is the best time to call you? \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Driver's License No. (Required) \_\_\_\_\_ Social Security No. (Required) \_\_\_\_\_

Employed by \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Type of work/Job Title \_\_\_\_\_ May we call you at work? Yes  No

Who to call in case of emergency \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

Language spoken: English  Spanish  Other  \_\_\_\_\_

Military History: Branch \_\_\_\_\_ Character Reference \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Marital Status: Single  Married  Divorced  Separated  Widowed

Level of Education Completed \_\_\_\_\_ Vocational Training \_\_\_\_\_

Spouse's Name \_\_\_\_\_ List names and ages of children \_\_\_\_\_

Do you have a physical disability? Yes  No  If so, what? \_\_\_\_\_

Do you have reliable transportation? Yes  No  Are you active in a church? Yes  No  What Denomination? \_\_\_\_\_

Church Name \_\_\_\_\_ City \_\_\_\_\_

How did you hear about ASK? Radio  TV  Church Presentation  Friend \_\_\_\_\_ Other

Are you willing to help support ASK financially? Yes  No  (If yes, Now  In the future  )

Are you willing to do other volunteer work for ASK? Yes  No  (If yes, Clerical  Fund Raising  Telephoning  )

Interests and Recreation: List your **specific** interests (hobbies, sports, music, reading, entertainment)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religion or philosophy of life: \_\_\_\_\_

Why do you want to be an ASK Volunteer?

\_\_\_\_\_

### PLEDGE OF SERVICES

1. I will participate in the orientation and training sessions provided by the ASK Staff.
2. I will visit an adult inmate at least once every month for the next six months, or the length of her sentence, whichever is shorter.
3. I will correspond regularly with my friend between visits.
4. I will at all times live an exemplary life before my friend.
5. If any information is incorrect or falsified, ASK reserves the right to void or discontinue volunteer participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY:

Received \_\_\_\_\_ Sent to Institution \_\_\_\_\_ Interviewed/Letter Sent \_\_\_\_\_ Matched \_\_\_\_\_

## CIW VISITING QUESTIONNAIRE FOR ASK MENTORING OUTREACH, INC.

READ CAREFULLY. Please print or type. The information requested will be used by officials of the Department of Corrections to determine whether your application will be approved or disapproved. The information provided will be maintained in a file pertaining to the inmate.

Any omission or falsification on the questionnaire may be cause for denial visiting. Please return the form directly to your ASK Coordinator who will process it.

1. Name of inmate you want to visit			Inmate's Number
2. Your Name (first)	(Middle)	(Last)	Home Telephone Number/Area Code ( )

3. Maiden Name (If applicable)	3A. Have you ever used another name? If so, please list.
--------------------------------	--

4. Birth date (Mo/Day/Year)	Age	Birthplace (City)	(State)	(County)
-----------------------------	-----	-------------------	---------	----------

5. Driver's License Number and Issuing State	Identification Card Number and Issuing State	6. Social Security Number
--	--	---------------------------

7. Present Residence Address (Number and Street)	City	State	Zip Code
--	------	-------	----------

7A. Mailing Address (if different than residence)	City	State	Zip Code
---	------	-------	----------

8. Have you previously been or are you currently an ASK (or M-2) volunteer?  
 No  
 Yes If YES give dates.

9. Have you ever been arrested or convicted of a crime?  
 No  
 Yes If YES complete item 9A. List all arrests and/or convictions. Failure to list all arrests may result in denial of visiting. Attach additional sheets if necessary.

9A. (Offense)	(Approximate Date)	(Depositions/Dismissed, Probation, Jail, Prison)

10. Are you on Probation?  No  Yes  
 Are you on Parole or Civil Addict Outpatient Status?  No  Yes  
 Are you a former inmate?  No  Yes

10A. If you are a former inmate discharged from supervision, you must have the prior written approval of the Warden/Superintendent before visiting will be permitted.  
 10B. If you are currently on probation, parole or civil addict outpatient status, you must submit a letter signed by your supervising agency and have the written approval of the Warden/Superintendent prior to visiting.

11. Are you currently under any type of a court imposed program?  
 No  Yes If yes please explain on another sheet of paper and attach to this form.

12. Do you have any type of metal implant or prosthesis?  
 No  Yes If yes please attach a verifying statement from your doctor.

13. If you are approved to visit, the inmate will be notified and you ASK Coordinator will notify you.  
 If visitation is denied, the institution will notify you by mail. You will not be allowed to visit until your application is approved.

I have read and understand the above information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY INSTITUTION STAFF**

APPROVED  DISAPPROVED If DISAPPROVED, the applicant and inmate are to be informed in writing of the disapproval.  
 Reason for Disapproval \_\_\_\_\_

Name	Title	Institution	Date
------	-------	-------------	------

INMATE/VISITOR NOTIFIED (DATE) \_\_\_\_\_ BY WHOM \_\_\_\_\_