

**VOLUNTEER APPLICANT
CHECK LIST FORM**

APPLICANT NAME / PHONE #: _____

REPRESENTING (ORGANIZATION): _____

CHAPLAIN / SUPERVISOR NAME: _____

1. _____ QUESTIONNAIRE – FOR VOLUNTEERS
2. _____ VOLUNTEER SERVICE AGREEMENT (CDC 966A)
3. _____ EMERGENCY NOTIFICATION INFORMATION (CDC 894)
4. _____ PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES (CDC 181)
5. _____ OATH OF CONFIDENTIALITY
6. _____ OATH OF ALLEGIANCE (STD 689)
7. _____ VOLUNTEER INFORMATION FORMS (3 pages)
8. _____ HEALTH QUESTIONNAIRE (STD 610 HQ)
9. _____ REQUEST FOR GATE AND SECURITY CLEARANCE (CIW-234)
10. _____ TB INFECTIOUS FREE STAFF CERTIFICATION (CDC 7354)
11. _____ ID CARD RETURN AGREEMENT
12. _____ PERSONNEL IDENTIFICATION CARD INFORMATION (CDC 894-A)

CHAPLAIN / SUPERVISOR SIGNATURE: _____

ALL FORMS MUST BE PRESENT AND COMPLETED WITH PROPER SIGNATURES BEFORE THE FILE CAN BE REVIEWED AND SIGNED.