

QUESTIONNAIRE - FOR VOLUNTEERS

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 will be maintained in a file by the Community Resource Manager.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security Number is optional. Any omission or falsification on this questionnaire may be cause to deny you entry as a volunteer. ATTENTION Self-Help Group Volunteers: You will be notified via your coordinator when you have been approved/denied.

PROGRAM: _____

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|---|---|------------|-------|---|-------|---------|
| 1. Your Name | FIRST | MIDDLE | LAST | HOME TELEPHONE NUMBER W/ AREA CODE () | | |
| 2. MOTHER'S MAIDEN NAME | 2A. HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST | | | | | |
| 3. BIRTHDATE (MONTH/DAY/YEAR) | AGE | BIRTHPLACE | | CITY | STATE | COUNTRY |
| 4. DRIVER'S LICENSE NUMBER & ISSUANCE DATE | IDENTIFICATION CARD & ISSUANCE DATE | | | 5. SOCIAL SECURITY NUMBER | | |
| 6. PRESENT RESIDENCE ADDRESS (NUMBER AND STREET) | CITY | | STATE | ZIP CODE | | |
| 7. PRESENT MAILING ADDRESS (IF DIFFERENT THAN ABOVE) | CITY | | STATE | ZIP CODE | | |
| 8. PREVIOUS ADDRESS WITHIN PAST TWO YEARS (NUMBER AND STREET) | CITY | | STATE | ZIP CODE | | |

NOTE: Per Departmental Operations Manual, Section 31040.6.1.1, inmate relatives and inmate visitors shall not be considered nor allowed to become volunteers.

9. I VISIT OR HAVE VISITED, CORRESPONDED WITH, OR HAVE HAD AS A CRIME PARTNER AN INMATE IN PRISON/INSTITUTION.

____ NO ____ YES If YES, complete Item 9A. Attach additional sheet if more than two inmates.

| | | | |
|---|------------------|--|------------------------|
| 9A. INMATE NAME | NUMBER | INSTITUTION WHERE YOU VISIT INMATE | RELATIONSHIP TO INMATE |
| 10. HAVE YOU EVER BEEN ARRESTED? | NO | YES | |
| 11. HAVE YOU EVER BEEN CONVICTED OF A FELONY? | NO | YES | |
| 11A. OFFENSE | APPROXIMATE DATE | DISPOSITION: DISMISSED/PROBATION/JAIL/PRISON | |

12. Are you on Probation? _____ NO ____ YES
 Are you on Parole or Civil Addict Outpatient Status? _____ NO ____ YES
 Are you a Former Jail or Prison Inmate? _____ NO ____ YES

12A. If you are a former inmate discharged from supervision, you must have the prior written approval of the Warden/Superintendent before volunteering will be permitted
12B. 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 volunteering.