

Level I Volunteer Application/Training

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Thank you for offering your services as a volunteer within the Federal Bureau of Prisons. Please complete the following questions, clearly print or type your answers.

Institution: FMC Carswell	Department: Religious Services	Date:
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Name (Last, First, Middle Initial):	Email Address:
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Cell Phone Number:	Work Phone Number:
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Emergency Contact:

Name:

Home Phone Number:

Cell Phone Number:

Address:

Do you currently know or have you ever known anyone incarcerated in the Bureau of Prisons? If so, provide the following information:

Name of Inmate:	Inmate Number:	Dates of Incarceration:
Relationship:	Institution:	

Have you ever endorsed, practiced or use language that will support violence, terrorism, discriminate against others or exclude others based upon race, color, religion, gender, or national origin? Yes ____ No ____

This portion must be signed in the presence of the Bureau of Prisons program manager.

Acknowledgement of Training

I am entering the institution as a Level I volunteer (four days or less per year). I affirm the Program Manager, of the department I am providing services for, advised me of conduct, safety and security issues, and general instructions of being in a correctional setting, and on my responsibilities under the Federal Bureau of Prisons' sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

I am aware and understand the Federal Bureau of Prisons zero tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment.

Volunteer's Printed Name:	Volunteer's Signature:	Organization:	Date:

Program Manager Signature: _____ Date: _____ Time: _____

Date: _____ Time: _____ Officer's Name: _____

Institution: _____ Location: _____

Name of Inmate To Be Visited: _____ Register No.: _____

NOTICE TO ALL PERSONS: CONSENT TO SEARCH

Federal Bureau of Prisons (Bureau) staff may search you and your belongings (bags, boxes, vehicles, container in vehicles, jackets, coats, etc.) before you enter, or while you are on or inside, Bureau grounds or facilities.

Consent to Search Implied. By entering or attempting to enter Bureau grounds or facilities, you consent to being searched in accordance with Bureau policy and Federal regulations in volume 28 of the Code of Federal Regulations, Part 511. If you refuse to be searched, you may be prohibited from entering Bureau grounds or facilities.

NOTICE TO ALL PERSONS: PROHIBITED ACTIVITIES AND OBJECTS

You are prohibited from engaging in prohibited activities or possessing prohibited objects on Bureau grounds, or in Bureau facilities, without the knowledge and consent of the Warden. Violators may be detained or arrested for possible criminal prosecution, either by Bureau staff, or local or federal law enforcement authorities.

Prohibited Activities include any activities that could jeopardize the Bureau's ability to ensure the safety, security, and orderly operation of Bureau facilities, and protect the public, including, but not limited to, violations of Titles 18 and 21 of the United States Code, Federal regulations, or Bureau policies.

Prohibited Objects include, but are not limited to, weapons; explosives; drugs; intoxicants; currency; cameras of any type; recording equipment; telephones; radios; pagers; electronic devices; and any other objects that violate criminal laws or are prohibited by Federal regulations or Bureau policies.

PLEASE ANSWER THE FOLLOWING QUESTIONS: Are any of the following items in your possession, or in possession of children in your party under 16 years of age?

Tobacco Products	Yes _____	No _____	Narcotics	Yes _____	No _____
Explosives	Yes _____	No _____	Marijuana	Yes _____	No _____
Weapons	Yes _____	No _____	Camera	Yes _____	No _____
Ammunition	Yes _____	No _____	Food Items	Yes _____	No _____
Metal Cutting tools	Yes _____	No _____	Alcoholic Beverages	Yes _____	No _____
Recording Equipment	Yes _____	No _____	Prescription Drug*	Yes _____	No _____
Telephones-any type	Yes _____	No _____	Intoxicants	Yes _____	No _____
Radios	Yes _____	No _____	Pagers	Yes _____	No _____
Electronic Devices	Yes _____	No _____	Firearms	Yes _____	No _____

*All types of medication carried must be listed in the following space, and must be left at the entry area:

I have read, I understand, and I agree to the above. If I am visiting with an inmate, I also understand and agree to abide by the visiting guidelines provided me by this institution. I declare that I do not have articles in my possession which I know to be a threat to institution safety, security, or good order. I am aware that if I have questions about what is authorized, I should consult with the officer. I am aware that the penalty for making a false statement is a fine of not more than \$250,000 or imprisonment of not more than five years or both (pursuant to 18 U.S.C. § 1001). I am aware that the visiting area, including restrooms in the visiting area, may be monitored to ensure institution security and good order.

Printed Name/Signature: _____

Street Address/City and State: _____

Vehicle License No.: _____ Year, Color, Make and Model of Vehicle: _____

If visiting with an inmate, please complete the following: Names of children under 16 years of age for whom I am responsible:

If not visiting with an inmate, please indicate:

Name of Organization: _____ Purpose of Visit: _____

Printed Name/Signature of Staff Witness: _____

FILE IN SECTION 3 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 3

CREDENTIALS OF RELIGIOUS VOLUNTEER

1. PERSONAL PROFILE

Name	Address
Telephone	Religious Affiliation
Civic Affiliations	Professional Affiliations
Country of Origin	Citizenship
Immigration Number (If Landed Immigrant)	Naturalization Number (If Naturalized Citizen)
Foreign Travel (Countries Visited Last Five Years And Time Frames)	Funding from Foreign Governments
Have you lived in the United States three of the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. VERIFIABLE RELIGIOUS CREDENTIALING AUTHORITY (Religious Certifying Authority, such as Superintendent, President, Religious Superior, Pastor, etc.)

Name	Title
Address	Telephone
Local Congregation (Name and Address)	Length of relationship with religious credentialing authority

3. EDUCATION

College	Degree/Date
Seminary/Graduate School	Degree/Date
Other Graduate Degree(s)	Degree/Date

4. As a religious volunteer, I am aware of and agree to comply with Code of Federal Regulations Rule §548.15, which states, "no one may disparage the religious beliefs of an inmate, nor coerce or harass an inmate to change religious affiliation. Attendance at all religious activities is voluntary and unless otherwise specifically determined by the warden, open to all." I do not endorse nor will I practice or use language in the institution that will support violence, terrorism, discriminate against other inmates or exclude other inmates from religious services based on race, color, religion, gender, or national origin.

Signature of Volunteer: _____ Date: _____

Letter of Reference for Religious Volunteer at FMC Carswell

Contact information of person providing reference:

Name: _____ Signature: _____
(Please Print legible)

Phone: _____ e-mail: _____

Address: (Physical address as well as mailing if different)

Dear Federal Bureau of Prisons,

I am writing to reference/recommend _____
(First and Last name of volunteer)
as an religious volunteer for your chapel programs.

I have known _____ for _____
(Name) (Years/months)

and have the following to say about his/her suitability for volunteering in a religious program at your facility:
(Please share your thought as to why our facility would benefit from this person)

I believe this volunteer will be an apt addition to your Religious Services Department volunteer team. Please do not hesitate to contact me if you have any further questions, concerns or requests.

Sincerely,

(Sign) (Date)

To qualify as a person of reference, you must be in good standing with the Bureau of prisons', a non-family member, not the endorser or and endorsing agent. You have a current relationship with the applicant that exceeds six (6) months.

****Each RELIGIOUS SERVICES volunteer needs two (2) letters of references AND one (1) letter of endorsement to meet the new criteria guidelines.**

***Each NON-RELIGIOUS SERVICES volunteer needs two (2) letters of references OR one (1) letter of endorsement to meet the new criteria guidelines.**

CERTIFICATION FOR RELEASE OF INFORMATION

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

You must sign this application. Please read the following carefully before you sign.

I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.

I understand any information I give may be investigated, as allowed by Law or Presidential Order.

I consent to the release of information about my ability and fitness as a volunteer by employers, schools, law enforcement agencies and other individuals and organizations to investigators making inquiries on behalf of the Federal Bureau of Prisons.

I consent to the release of my name to be used by the Department of Justice and the Federal Bureau of Prisons for awards and/or written articles related to my service as a volunteer. I understand that some of these awards and/or articles in official publications may be placed on the Department of Justice and/or the Federal Bureau of Prisons Internet web site.

I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

I agree to provide volunteer services with the full understanding that BOP and the United States cannot and will not compensate, provide any financial benefit to, or reimburse me in any manner for providing those services.

I agree and declare that I have no expectation of receiving any compensation, financial benefit, or reimbursement of any kind from BOP or the United States for providing services as a volunteer.

I agree to make no claim for compensation, financial benefit, or reimbursement of any kind against BOP or the United States for my services as a volunteer.

I understand and agree that it would be unlawful for BOP to accept voluntary services if I had any expectation of compensation, financial benefit, or reimbursement from BOP or the United States.

I will not endorse, practice or use language that will support violence or terrorism, nor discriminate against or exclude others based on race, color, religion, gender, or national origin.

Signature:	Date:
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Privacy Act Statement, 5 USC 552a(e)(3),

18 U.S.C. 4042 authorizes the BOP to manage inmates committed to the custody of the Attorney General. The Bureau is also responsible for individuals who are directly committed to its custody pursuant to the 18 U.S.C. 3621 and 5003 (state inmates), and inmates from the District of Columbia pursuant to section 11201 of Chapter 1 of Subtitle C of Title XI of the National Capital Revitalization and Self-Government Improvement Act of 1997 (Pub. L. 105-33; 111 Stat. 740). The information is collected to assist the Attorney General and the Bureau of Prisons in meeting statutory responsibilities for the safekeeping, care and custody of incarcerated persons. The records in this system are maintained to better ensure the safety, security and good order of Bureau facilities; to identify and, where appropriate, determine the suitability of visitors with respect to entering prison facilities; and, to more effectively prevent violations of institution policy and/or criminal activity, such as inmate escapes and the introduction of contraband. Where these efforts fail to prevent such violations, and/or where appropriate, records may be collected and used by the Bureau for internal investigations. It includes information critical to the continued safety and security of federal prisons and the public and is used to identify individuals who access BOP facilities. Specific identifiable information, such as SSN, is collected to ensure the unique identification of the individual.

The Routine Uses for the information can be found in JUSTICE/BOP-010 Access Control Entry/Exit System.

Furnishing the requested information is voluntary, but failure to provide all or of part the information may result in lack of further consideration to provide services, clearance or access, or in the termination of your voluntary services.

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Reports Management Office, 320 First St., NW, Washington, DC 20534.

**AUTHORIZATION FOR RELEASE OF INFORMATION
NCIC (National Crime Information Center) CHECK**

I hereby authorize a representative of the Federal Bureau of Prisons to obtain any information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at any Bureau facility. I also understand that refusal to provide all necessary information may result in 1) denial of entry into a Bureau facility and 2) denial of volunteer/contract status.

1. Name (Last, First, Middle)

2. Address (Street address) (City, State, County, Zip Code)

3. Home Telephone Number (Area Code, Number):

4. Aliases/Nickname:

5. Citizenship (List the country you are a citizen of):

6. Social Security Number:

7. Date of Birth (Month, day, year):

8a. Sex:

8b. Race:

8c. Height:

8d. Weight:

8e. Color of Eyes:

9f. Color of Hair:

9. Place of Birth (City, State, County), (List city, county and country if outside the U.S.A)

10. The above listed information is true and correct. Applicant's Signature

10a. Date

PRIVACY ACT NOTICE

Authority for Collecting Information: E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301

Purposes and Uses: Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Non-disclosures: Furnishing the requested information is voluntary, but failure to provide all or of part the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.