

MAR 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

**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 part the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.

JUN 10

**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? ____ Yes ____ No	

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

Name Ronda Taylor	Title Event Administrator
Address 1101 S. Cedar Ridge, Duncanville, TX 75137	Telephone (972) 298-1101
Local Congregation (Name and Address) Bill Glass BTW, 1101 S. Cedar Ridge, Duncanville	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: \_\_\_\_\_

**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:
------------	-------

**Level I Volunteer Application/Training**

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.

<b>Institution:</b>	<b>Department:</b>	<b>Date:</b>
---------------------	--------------------	--------------

<b>Name (Last, First, Middle Initial):</b>	<b>Email Address:</b>
--	-----------------------

<b>Cell Phone Number:</b>	<b>Work Phone Number:</b>
---------------------------	---------------------------

<b>Emergency Contact:</b>  <b>Name:</b>  <b>Home Phone Number:</b>  <b>Cell Phone Number:</b>  <b>Address:</b>
--

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

<b>Name of Inmate:</b>	<b>Inmate Number:</b>	<b>Dates of Incarceration:</b>
<b>Relationship:</b>	<b>Institution:</b>	

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.

<b>Volunteer's Printed Name:</b>	<b>Volunteer's Signature:</b>	<b>Organization:</b>	<b>Date:</b>

Program Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

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.