

INDIVIDUAL MINISTRY/SERVICES

If you are volunteering as an individual, describe the type of ministry services you will offer.

If you are applying to be a Community Leave Sponsor, do you now know the inmate or have a preference of inmate to sponsor? Yes _____ No _____ If yes, please answer the following questions:

- a. Inmate's Name _____
- b. Relationship, or how do you know inmate? _____
- c. Do you know the inmate's family or friends? Yes _____ No _____
- d. State reason(s) for preference: _____

Would you serve as a Community Leave Sponsor or volunteer for an individual that you did not know? Yes _____ No _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes _____ No _____

Are you an ex-prisoner? Yes _____ No _____
if yes, give date of release: _____ Are you on probation? Yes _____ No _____

Would you have any objections to the NC Department of Corrections making inquiries necessary for approval of your application? Yes _____ No _____

Please read the following statements carefully and then sign your application:

I understand that I will not receive any compensation for serving as a volunteer

I understand that there are certain risks inherent in working within the confines of a correctional facility. Facility staff will take normal and prudent precautions for my protection but cannot guarantee my physical safety nor protect me from and legal liability that my result from my actions as a volunteer.

I am aware that my giving false information may result in the rejection of this application or termination of my volunteer status. The information will be used for a background check and/or investigation.

I hereby give permission to all people listed as references to supply information to the NC Department of Correction pursuant to this application.

I have read (or have had it read to me) this application and understand the information contained in it.

Date: _____ Signed: _____

DO NOT FILL IN SECTION BELOW - NC DOC STAFF USE ONLY

Interviewer's analysis and recommendation: _____

DATE: _____ SIGNATURE: _____

APPROVED _____ ON SITE _____ OFF SITE _____

DISAPPROVED _____

COMMENTS: _____

SIGNATURE OF APPROVING AUTHORITY: _____
DATE: _____ DATE APPLICANT NOTIFIED OF DECISION: _____

**Community Volunteer Program
Reference Form**

1. Applicant's Name: _____
2. Your Name: _____
3. Address: _____
4. Telephone: _____
5. How long have you known the applicant? _____
6. In what capacity have you been associated with the applicant (i.e. - Civic Organization, Church, NA/AA, Professional, etc.) _____

7. Would you consider the applicant to be a responsible and sensitive individual? Explain: _____

8. Do you know of any problems that would hinder the applicant's role as a Community Volunteer? _____

9. Special Comments _____

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.

Please return completed reference form to the following address:

**NPCCW
c/o Programs Staff
P.O. Box 1227
Lexington, NC 27292**