

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
VOLUNTEER APPLICATION**

**PERSONAL INFORMATION (Please Print or Type)**

The following information is needed for the TDCJ to conduct a criminal history check to determine whether access to TDCJ units, facilities, and offices should be approved. Applicants must be (18) years of age to apply. All applicants must have a clear criminal history for (18) months to be eligible. In addition, if applicable, must have been released from prison for a period of (18) months. Please be sure to provide **ALL** of the requested information, if it does not apply please indicate by responding with N/A.

1. Name: \_\_\_\_\_ (Last, First, MI) 2. Primary Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Secondary Phone#: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State ZIP

Email Address: \_\_\_\_\_  
(Your email address helps us contact you with information about your volunteer status or the status of a program you are involved with at the unit level.)

3. Emergency Contact: \_\_\_\_\_  
(Emergency Contact Name/Number)

4. SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ 5. Driver's License/State ID#: \_\_\_\_\_ ST \_\_\_\_

6. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 7. Place of Birth: City \_\_\_\_\_ ST \_\_\_\_ 8. Sex:  Female  Male

9. Race:  White  Black  Hispanic  Amer. Indian  Asian or Pacific Island  Other \_\_\_\_\_

10. Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_

11. Have you ever been employed by the TDCJ?  Yes  No If yes, give division, department, location, title and dates of employment: \_\_\_\_\_

12. Are you a victim of, related to, or a friend of any TDCJ offender or releasee now supervised by the TDCJ?  Yes  No

Name of Offender: \_\_\_\_\_ ID#: \_\_\_\_\_ Facility: \_\_\_\_\_  Victim  Relative  Friend

13. Are you related to a victim, or a friend of a victim, of any offender or releasee now supervised by TDCJ?  Yes  No

Name of Offender: \_\_\_\_\_ ID#: \_\_\_\_\_ Facility: \_\_\_\_\_  Relative  Friend

14. List any offender that you are visiting in unit visitation **OR** knew prior to their incarceration.  Not applicable

Name of Offender: \_\_\_\_\_ ID#: \_\_\_\_\_ Relationship: \_\_\_\_\_ Facility: \_\_\_\_\_  
(Attach additional pages as needed.)

**Please use this section to indicate the program area(s) you are interested in serving. All programs are subject to approval.**

**Chaplaincy** Please provide your Faith Identification/Religious Preference: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

**Substance Abuse Treatment Program**  
Sobriety Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Type of meeting (Please check):  AA  NA  CA  WIN  Other \_\_\_\_\_

**Practicum Student** Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sobriety Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TTC/Halfway House**  **Sex Offender Treatment Program**  **Parole Division**  **Reentry**  **TCOOMMI**

**Student Intern** Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Program Area: \_\_\_\_\_

**Victim Services - NOTE: Volunteers who have a criminal history or who have selected or currently volunteer for offender programs may be prohibited from volunteering with the Victim Services Division.**

**Windham School District** Unit(s) of interest (includes offices): \_\_\_\_\_  **Other:** \_\_\_\_\_

\*Other may include non-traditional programs, administrative/clerical assistance, or areas not indicated on this form. Please explain.

For the security and safety of volunteers, offenders, and employees, criminal histories of applicants are reviewed and may require fingerprinting in some instances. Volunteer applicants with previous felony convictions are not necessarily excluded from participation. All applications will be reviewed and will receive a response.

### Criminal History

When answering the following questions, do not include any violation of the law committed before your 17th birthday if the final decision was made in juvenile court or under a youth offender law; any conviction record that was expunged under federal or state law; or minor traffic violations. All other convictions must be included.

1. Have you ever served time in any adult correctional facility?  Yes  No  
 If yes, please provide the following:  
 Years served: \_\_\_\_\_ State: \_\_\_\_\_ ID #: \_\_\_\_\_ Release date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Have you ever been a member of a gang?  Yes  No  
 If yes, name and description of gang: \_\_\_\_\_
3. Do you have any criminal charges currently pending?  Yes  No  
 If yes, please explain: \_\_\_\_\_
4. Are you now or have you ever been placed on probation or parole?  Yes  No  
**If yes, beginning date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **ending date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\*If you are currently on community supervision (parole or probation), a statement from your supervising officer indicating they are aware that you are applying to volunteer with the TDCJ and that you are meeting the requirements of your supervision must be submitted to Volunteer Services on original letterhead, signed and dated (see address above).
5. Have you ever forfeited property/bond as a result of being charged with any criminal act?  Yes  No  
 If yes, please explain: \_\_\_\_\_
6. Do you have a maiden name, alias, or nickname? If yes, provide: \_\_\_\_\_  Yes  No
7. Have you ever been convicted\* of a crime?  **Felony**  **Misdemeanor**  Yes  No  
\*Convicted includes deferred adjudication, community supervision and those that may not appear on record at this time, but exclude minor traffic violations. If yes, provide the information below. All convictions apply. Attach additional pages as needed.

When: \_\_\_\_\_ Where: \_\_\_\_\_  
 Charges: \_\_\_\_\_ Disposition: \_\_\_\_\_  
(Result of charge, i.e., community service, paid fine, served time)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

### Submit Application

**HANDWRITTEN:** For legibility reasons, please do not fax a handwritten application. Please mail the completed application to: Volunteer Services, 2 Financial Plaza, Suite 472, Huntsville, Texas 77340.

**TYPED:** Please print and fax the completed application to: (936) 437-2852, ATTN: Merline Kellum. For security reasons, please do NOT send this form via e-mail attachment.

**The application must be filled out in its entirety or it will not be processed.**

Notice: With few exceptions, you are entitled upon request: (1) to be informed about the information the Texas Department of Criminal Justice (the Agency) collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.004, you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected.

For faster processing, you are encouraged to complete the application and submit at a TDCJ Volunteer Training session.  
See training schedule for dates and locations.