DC-345 Revised November 2013

N.C. Department of Public Safety – Division of Adult Correction and Juvenile Justice
Rehabilitative Programs and Services
COMMUNITY VOLUNTEER APPLICATION

1. Name: _____
First Middle Last

2. Home Address: _____
Street Address City State Zip

3. Mailing Address (if different from above): _____

4. Home Telephone #: _____ Cell #: _____

5. Date of Birth: ____/____/____ 6. Gender: _____ 7. SS # _____-_____-_____

8. Driver's License #: _____ State: _____ 9. Race: _____

10. Employer's Name: _____ Address: _____

11. Have you ever served as a Volunteer in the NCDPS Prisons? _____ Yes _____ No

If yes, Where? _____ When? _____

12. Have you ever been dismissed as a Volunteer by the NDPS, Prisons? _____ Yes _____ No
If yes, Where? _____ When? _____

Please list brief details: _____

13. Have you ever been dismissed as a Visitor by the NCDPS, Prisons? _____ Yes _____ No
If yes, Where? _____ When? _____

Please list brief details: _____

14. In what area(s) are you interested in serving as a volunteer? _____

15. Why do you wish to serve as a volunteer? _____

_____

16. Are you related to an inmate currently housed at this facility? _____ Yes _____ No
If yes, Who? _____ What is the relationship? _____

17. Are you currently visiting any inmates assigned to this facility? _____ Yes _____ No
If yes, Who? _____ What is the relationship? _____

18. Are you applying to be a Community Leave Sponsor? _____ Yes _____ No
If yes, Name of the inmate and how do you know them? _____

19. Would you serve as a Community Leave Sponsor for an inmate that you do not know? _____ Yes _____ No

20. Have you ever been convicted of a crime other than a minor traffic violation? _____ Yes _____ No
If yes, please explain: _____ Date: _____

21. Would you have objections to the DPS, Adult Correction, Prisons making inquiries necessary for the approval of your application? _____ Yes _____ No

I understand that I will not receive any compensation for serving as a volunteer, by the Department of Public Safety, Adult Correction, Prisons or an Inmate.

I understand that there are certain risks inherent in volunteering within the confines of a Correctional Facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may 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 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 – STAFF USE ONLY

Interviewer's Comments and Recommendations: _____

Date: _____ Signature: _____

_____ **Approved** _____ **Disapproved** _____ **On Site** _____ **Off Site**

Comments: _____

Signature of Approving Authority: _____ Date: _____

Date Applicant Notified of Decision: _____

Staff Use Only **I certify that all information has been Verified**

DATE	STAFF NAME	FACILITY	A -Approved D-Disapproved	New Application Required Yes or No

October 2013
Revised 06/2015

NC Department of Public Safety, Prisons

DCI RECORD REQUEST/VERIFICATION (ACO, Criminal and DMV)

*In order to ensure the most accurate and complete investigation, please provide all information as requested.

Person(s) requesting information: Paul Kertesz Date: _____

Title: Program Supervisor Facility: Craggy CC #4630

(Please check all that apply)

Community Volunteer: X Work Release: _____ Home Leaves: _____ Transportation: _____

Visitation: _____ Correctional Agent: _____ Other: _____

(Please print)

*Name _____ _____ _____
(Last) (First) (Middle Name/Initial)

*Address _____
(Street) (City) (Zip Code)

Home Phone Number: _____ / _____ / _____ Cell Phone Number: _____ / _____ / _____

*Date of Birth: _____ / _____ / _____ *Social Security Number: _____ / _____ / _____

*Driver's License Number: _____ State: _____ *Race: _____ *Sex: M ___ F ___

I, _____ authorize the Department of Public Safety, Prisons to obtain a DCI Record Request
(Signature) (Date)

Staff Signature: _____ Date: _____

DCI search completed by: _____
(AOC, Criminal & DMV) (Name) (Title) (Date)

Final disposition Approved: _____ Disapproved: _____

Comments: _____

cc: File

Note: (It is not required to keep a copy of the report, unless you feel it is necessary. However, this form must be kept on file in a confidential locked location for verification of Approval/Disapproval.)