

APPLICATION FOR VOLUNTEER SERVICES

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 read the following questions carefully and type or clearly print your answers to each before signing.

1. Name: (Last, First, Initial)			2. Address: (Including Street and Zip Code)		
			How long have you lived at this address?		
3. Email Address:	4. Home Phone:	Work Phone:	Cell Phone:	5. Birth Date: (MO, DAY, YEAR)	6. GENDER: ☐ Male ☐ Female
7. Birthplace: (City, State, Country)					
8. Social Security Number:			9. Driver's License Number and State:		
10. Are you a citizen of the United States? ☐ yes ☐ no If NO, please provide the following information along with a photo copy: Alien Registration Number: _____ Foreign Passport Number: _____ Visa Information: _____ 11. Former Names, if any: _____					
12. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____					
13. Race/Ethnicity (for statistical uses only, you need not reply) ☐ African American ☐ Asian/Pacific Islander ☐ Hispanic American/Latino ☐ Caucasian/European ☐ Native American					
14. Current Employer: (Name, Address, and Telephone Number)					
15. Sponsor Organization: (Name, Address and Telephone Number)			16. Contact in case of an Emergency: (Name, Address and Telephone Number)		
17. Indicate Areas of Expertise:					

Complete the following questions:

	YES	NO						
18. Have you ever been convicted of, or forfeited collateral for any felony violation?	☐	☐						
19. Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation?	☐	☐						
20. Are you now under charges for any violation of law?	☐	☐						
21. During the last 3 years have you forfeited collateral, been convicted, been imprisoned, been on probation or been on parole? (Do not include violations reported in questions 18, 19, or 20)	☐	☐						
22. Have you ever been convicted by a military court-martial? If no military service, answer "no."	☐	☐						
23. Are you currently under supervised release from a correctional institution?	☐	☐						
24. Do you currently know or have you ever known anyone incarcerated in the Bureau of Prisons? If so, provide the following information:	☐	☐						
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Name of Inmate:</td> <td style="width: 50%;">Inmate Number:</td> </tr> <tr> <td>Relationship:</td> <td>Dates of Incarceration:</td> </tr> <tr> <td>Institution:</td> <td></td> </tr> </table>	Name of Inmate:	Inmate Number:	Relationship:	Dates of Incarceration:	Institution:			
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Relationship:	Dates of Incarceration:							
Institution:								
25. Are you listed as an approved visitor on an inmate's visiting list who is incarcerated with the Bureau of Prisons? If so, provide the following information: inmate's name, number and institution.	☐	☐						
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Institution:								
26. Do you have any medical conditions or disability that may restrict your volunteer services?	☐	☐						
27. 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?	☐	☐						

If you respond "Yes" to questions 18 – 26, please attach a separate page to explain your response.

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

Signature

Date