

Volunteer Checklist

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Name of Volunteer:	Name of Volunteer Organization:	Type(s) of Volunteer:	Assigned Dept(s):

National Automated Volunteer System Data Entry:

Date:

Cross reference for previous/concurrent service, inactivity, or terminations completed:			
Volunteer Information Keyed:			
Badges created:			
Volunteer services provided in more than one institution:	YES	NO	Location(s):

Initial Entry Date:

Volunteer Began Services:	
Application for Volunteer Service (BP-A0580):	
Volunteer Interview Summary (BP-A0585):	
Fingerprint/Name Check Clearance:	

Mentor Training:

Mentor Training Applicable:	No		YES	If yes, Date of Training:

Training and Forms Updated Annually:

	Initial:	Second Year:	Third Year:	Fourth Year:	Fifth Year:	Sixth Year:	Seventh Year:	Eighth Year:	Ninth Year:	Tenth Year:
Volunteer Training										
Volunteer Agreement & Training Certification (BP-A0483)										
NCIC Check (BP-A0660)										
Information Security Awareness. Non-Disclosure Agreement										

Updated Initially and Every 5 Years:

Initial Date:

5 Year Date:

Letters of Reference/Recommendation (2) (Required for Religious Services Volunteer): - OR -		
Letter of Endorsement from Sponsoring Organization (Required for Religious Services Volunteer):		
Credentials of Religious Volunteer (BP-A0777) *if applicable:		
Professional Credentials *if applicable:		
Certification for Release of Information (BP-A0673):		
Waiver of Escort and Supervision – Volunteers (BP-A0484) * if applicable:		

Updated Initially and As Needed:	Initial Date:	As Needed:
Acknowledgement of Receipt of "Standards of Employee Conduct" (BP-A0165):		
Country of Citizenship:		
Release of Information Consent (BP-A0192) <i>*completed for mentoring/reentry volunteers assisting inmates with transition planning:</i>		

Ex-Offender:			
Is this person an ex-offender? If yes, the following must be completed:	YES		NO

				Date:
Length of time crime free:				
Concurrence from USPO: (if applicable):				
Separatee Check:				
STG Assignment:	YES		NO	

Sensitive Information Certification:	
YES	This volunteer will have access to sensitive information. If yes, ensure MBI paperwork is completed.
Date MBI paperwork completed and submitted to SBIS:	

NO	NO, the volunteer will not have access to sensitive information
-----------	------------------------------------------------------------------------

Computer Services Concurrence:	Date:

First I.D. Badge:			
I.D. Badge #:	Expiration Date:	Escorted:	Program Manager:
		Unescorted:	
Signature of Approving Authority:		Date:	Department/Ext:

First I.D. Badge Renewal:			
I.D. Badge #:	Expiration Date:	Escorted:	Program Manager:
		Unescorted:	
Signature of Approving Authority:		Date:	Department/Ext:

Second I.D. Badge:			
I.D. Badge #:	Expiration Date:	Escorted:	Program Manager:
		Unescorted:	
Signature of Approving Authority:		Date:	Department/Ext:

Second I.D. Badge Renewal:			
I.D. Badge #:	Expiration Date:	Escorted:	Program Manager:
		Unescorted:	
Signature of Approving Authority:		Date:	Department/Ext: