

## 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. SEX: ___ 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"> <tr> <td>Name of Inmate:</td> <td>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:			
Name of Inmate:	Inmate Number:							
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.								
<table border="1"> <tr> <td>Inmate's Name:</td> <td>Inmate's Number:</td> </tr> <tr> <td>Institution:</td> <td></td> </tr> </table>	Inmate's Name:	Inmate's Number:	Institution:					
Inmate's Name:	Inmate's Number:							
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, sex, 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

Privacy Act Statement, 5 USC 552a(e)(3),

18 U.S.C. 4042 authorizes the BOP to manage inmates committed to the custody of the Attorney General. The Bureau is also responsible for individuals who are directly committed to its custody pursuant to the 18 U.S.C. 3621 and 5003 (state inmates), and inmates from the District of Columbia pursuant to section 11201 of Chapter 1 of Subtitle C of Title XI of the National Capital Revitalization and Self-Government Improvement Act of 1997 (Pub. L. 105-33; 111 Stat. 740). The information is collected to assist the Attorney General and the Bureau of Prisons in meeting statutory responsibilities for the safekeeping, care and custody of incarcerated persons. The records in this system are maintained to better ensure the safety, security and good order of Bureau facilities; to identify and, where appropriate, determine the suitability of visitors with respect to entering prison facilities; and, to more effectively prevent violations of institution policy and/or criminal activity, such as inmate escapes and the introduction of contraband. Where these efforts fail to prevent such violations, and/or where appropriate, records may be collected and used by the Bureau for internal investigations. It includes information critical to the continued safety and security of federal prisons and the public and is used to identify individuals who access BOP facilities. Specific identifiable information, such as SSN, is collected to ensure the unique identification of the individual.

The Routine Uses for the information can be found in JUSTICE/BOP-010 Access Control Entry/Exit System.

Furnishing the requested information is voluntary, but failure to provide all or of part the information may result in lack of further consideration to provide services, clearance or access, or in the termination of your voluntary services.

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Reports Management Office, 320 First St., NW, Washington, DC 20534.