

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
VOLUNTEER APPLICATION**

PERSONAL INFORMATION (Please Print)

This information is needed for TDCJ to conduct a criminal history check to determine whether access to TDCJ units, facilities, and offices should be approved. Please be sure to provide **ALL** of the information requested.

1. Name: _____ 2. Primary Phone#: () _____ - _____
(Last, First, MI)
 Secondary Phone#: () _____ - _____ Emergency Contact (Number/Name) _____

3. Mailing Address: _____
Street City State Zip

Email Address: _____

4. SSN: _____ - _____ - _____ 5. Driver's License: State _____ # _____

6. Date of Birth: _____ / _____ / _____ 7. Place of Birth: City _____ ST _____

8. Sex: Female Male 9. Other names used (maiden, alias, etc.) _____

10. Race: White Black Hispanic Amer. Indian Asian or Pacific Island Other _____

11. What foreign language do you speak? _____

12. Current Employer: _____ Title: _____

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

14. 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

15. 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

16. 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 information if needed.)

Please Use This Section to Indicate Program Area(s) of Interest for Volunteer Service

- | | |
|--|---|
| <input type="checkbox"/> Chaplaincy
Faith Identification: _____ | <input type="checkbox"/> Substance Abuse Treatment Program
Fellowship: _____ Sobriety Date: _____/_____/_____
Practicum Student <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Windham School District
Unit of interest: _____ | <input type="checkbox"/> Sex Offender Treatment Program <input type="checkbox"/> Parole Division <input type="checkbox"/> Victim Services |
| <input type="checkbox"/> Student Intern | <input type="checkbox"/> TTC/Halfway House <input type="checkbox"/> Other: _____ |

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.

Please complete **ALL** information and mail both pages to:

**Texas Department of Criminal Justice
Volunteer Services**
P.O. Box 99
Huntsville, TX 77342-0099

For Windham School District, mail to:

Windham School District
Division of Instruction
P.O. Box 40
Huntsville, TX 77342-0040

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? If yes please provide: Yes No
 Release date: _____ Years Served: _____ State: _____ ID #: _____
- 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, please explain: _____
- 5. Have you ever forfeited property/bond as a result of being charged with any criminal act? Yes No
 If yes, please explain: _____
- 6. 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 excludes minor traffic violations. If yes, provide the information below.
 (Attach additional information if needed.)

When: _____ Where: _____

Charges: _____ Disposition: _____

Signature _____ **Date** _____ / _____ / _____
Mo. Day Year

Application must be filled out in its entirety or it will be returned.