

Transitional Aftercare Network (TAN)

NC Volunteer Re-Entry Application

PERSONAL INFORMATION:

COUNTY: _____

Name: _____

First

Middle

Last

Address: _____

Street or PO Box

City

State

Zip Code

Work Telephone: (_____) _____ Home Telephone: (_____) _____

Date of Birth: _____ Race: _____ Gender: _____ Male _____ Female

Driver's License No.: _____ State: _____ Email: _____

Social Security Number: _____ Job Position: _____

Employer's Name & Address: _____

Supervisor's Name: _____ Telephone Number: (_____) _____

Have you ever served as a Volunteer with the NC Department of Public Safety? _____ Yes _____ No
If yes, where? _____ When? _____

Have you ever been dismissed as a Volunteer with the NC Department of Public Safety? _____ Yes _____ No
If yes, where? _____ When? _____

PERSONAL REFERENCES

Name: _____ Telephone Number: (_____) _____

Address: _____

Street or PO Box

City

State

Zip Code

Name: _____ Telephone Number: (_____) _____

Address: _____

Street or PO Box

City

State

Zip Code

Name: _____ Telephone Number: (_____) _____

Address: _____

Street or PO Box

City

State

Zip Code

CHURCH OR MINISTRY INFORMATION

If you represent a church or non-profit ministry, please fill in the following information:

Name of church or ministry: _____

Name of pastor or director: _____

Address of church or ministry: _____

Who is the contact person for questions about ministry to the inmate and/or their families?

Name: _____ Contact telephone number: (_____) _____

What services will this church or ministry offer to the inmates and/or their families? (If you have a brochure or prepared information sheet, please attach it to this application.) _____

INDIVIDUAL MINISTRY SERVICES

If you are volunteering as an individual, describe the type of ministry services you will offer to an inmate and/or his or her family: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, explain: _____

Are you an ex-offender? Yes No

If yes, give date of release: _____ Are you on probation? Yes No

Would you have any objections to the NC Department of Public Safety making inquiries necessary for approval of your application? Yes No

Please read the following statements carefully and then sign your application:

I understand that I will not receive any compensation for serving as a volunteer.

I understand that there are certain risks inherent in working within the confines of a correctional facility. Facility staff will take normal and prudent precautions for my protection but 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 hereby give permission to all persons listed as references to supply information to the NC Department of Public Safety pursuant to this application.

I have read (or have had it read to me) this application and understand the information contained in it.

Date: _____ Signed: _____

I have read this application to _____ and am assured that he/she understands it.

Date: _____ Signed: _____

DO NOT FILL IN SECTION BELOW – NC DPS STAFF USE ONLY

Interviewer’s analysis and recommendation: _____

Date: _____ Signature: _____

APPROVED DISAPPROVED

Comments: _____

Signature of Approving Authority: _____ Date: _____

Date Applicant Notified of Decision: _____

Transitional Aftercare Network (TAN)
NC Department of Public Safety
Prisons - Chaplaincy Services
840 West Morgan Street, MSC 4263
Raleigh, NC 27699-4263