

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
CERTIFIED VOLUNTEER APPLICATION**

NAME OF GROUP _____ DATE OF ORIENTATION _____
GROUP LEADER _____ PHONE NUMBER () _____

FILL IN ALL BLANKS! PLEASE PRINT LEGIBLY

NAME _____ SEX _____ RACE _____
FIRST MIDDLE LAST

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

HOME PHONE () _____ WORK PHONE () _____

DATE OF BIRTH _____ WEIGHT _____ HEIGHT _____ HAIR _____ EYES _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

SINGLE _____ MARRIED _____ SPOUSE'S NAME _____ PHONE # _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE # _____

BACKGROUND INFORMATION - THESE QUESTIONS MUST BE ANSWERED

Are you related to an inmate incarcerated at any Mississippi Department of Corrections' facility? _____

If yes, who and where is he/she incarcerated? _____

Are you on a visiting list of an inmate at any Mississippi Department of Corrections' facility? _____

If yes, who and where is he/she incarcerated? _____

Do you have a felony conviction? _____ If yes, where? _____

VOLUNTEER SERVICE INFORMATION


Give volunteer experience in Corrections and explain: _____

RELIGIOUS / CIVIC INFORMATION

Name of Sponsor _____ Office Phone # _____

Name of Sponsoring Organization _____

THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION

- 1 Volunteer/Contract Services/Guest Background Form
- 2 Release of All Claims Form
- 3  Form
- 4 Pastor's/Sponsor's Recommendation Letter

ALL FORMS MUST BE FILLED OUT COMPLETELY, SIGNED, AND DATED BY THE APPLICANT



**MISSISSIPPI DEPARTMENT OF CORRECTIONS
Religious Volunteer - Release of Information**

To Whom It May Concern:

The Mississippi Department of Corrections will conduct a background investigation to verify information that you have provided in conjunction with your volunteer application for religious services. In order to conduct the investigation, the following information is required.

Social Security #: _____ Date of Birth: _____ Race: _____ Sex: _____

Driver's License Number: _____ State Issued: _____

Current Address: _____
Street Apt #

_____ City State Zip Code

Have you ever been arrested and or convicted of a crime? Yes _____ No _____

If yes: Date: _____

Charge: _____ City: _____ State: _____

Have you ever been associated with a street gang? _____ Yes _____ No

Do you have any tattoos on your body? _____ Yes _____ No If you answered yes, what does it symbolize? _____

In order that the investigation can be completed, I hereby authorize the Mississippi Department of Corrections and any of its authorized employees to receive and collect information from any previous employer, law enforcement agency, educational institution, or persons named by me as references.

Applicant (Print) Name Applicant Signature Date

NCIC Completed: _____ By: _____
Date Signature of MDOC Staff

07-01-01-F1
New: 05/01/2017

CMCF CHAPLAIN'S DEPARTMENT
P.O. BOX 88550
PEARL, MS 39208
ATTENTION: PEGGY WOOD

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
VOLUNTEER/CONTRACT SERVICES/GUEST BACKGROUND FORM**

Name: _____
(Last) (First) (Middle) (Maiden)

Personal Address: _____
(Street Address)

(City) (State) (Zip) (Phone #)1

(Phone #2) (Fax #) (E-Mail Address)

EMPLOYER INFORMATION:

(Organization Name) (Position)

(Street Address)

(City) (State) (Zip) (Phone #)

For background information, please provide the following:

Driver's License Number: _____ SSN: _____

DOB: _____ Gender: _____ Race/Ethnic Origin: _____

Have you ever been arrested on a misdemeanor or felony charge? Yes No
If yes, please explain: _____

Have you ever been convicted of a misdemeanor or felony crime? Yes No
If yes, please explain: _____

(A criminal record will not automatically exclude you from volunteer/contractual service.)

Have you ever worked with Mississippi Department of Corrections? Yes No
If yes, specify the facility/office location and dates in the space provided below:

Do you have any relatives or friends under the custody/care/control of the Mississippi Department of Corrections? Yes No

If yes, provide:
Name: _____ DOC #: _____
Relationship: _____
Housing Location: _____

I CONFIRM THAT ALL INFORMATION IS ACCURATE AND COMPLETE.

Signature Date

07-01-01-F1
Revised: 02-01-2011

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