

Suggestions for Completing
the
Chaplaincy Volunteer Application Form

Chaplaincy prefers the use of their single-page application form. TDCJ also provides a Volunteer Services application that captures the same information on two pages. When you think about the thousands of applications that come in, and must remain on file, you can appreciate the storage saving the single page form provides.

When you print the Chaplaincy form, print it as a single page, double-sided. HOT TIP: The application form contains sensitive, personal information. The completed form can be folded, stapled or taped, stamped, and put in the mail. When you consider that this leaves your information available to prying eyes, you might want to consider addressing an envelope and mailing it that way.

The attached application form can be completed in two basic ways:

1. You can print the form, as is (double-sided, of course), complete the form by hand printing information and signing the application, and mailing it.
2. You can also use your computer to enter the information — everything except your signature. Then print it and mail it. This method will make your form much more legible and should result in fewer errors by TDCJ staff who will have to type what they see into a computer database.

You should already know how to do method 1. If you are game for using method 2, here are a few tips that may help you:

- Be sure you have Adobe Acrobat Reader 7 or later installed when you complete the form. If you do, you will be able to save a copy of the form to your computer should you desire to keep an electronic copy of your application.
- Here is a very useful feature to keep in mind: When you are entering information into a field on the form, if it is necessary to enter more information than there seems to be space for, you can keep typing. The form will automatically adjust the size of the font to fit the information you enter.
- You can tab from one field to another. Or, if you prefer, you can use your mouse to click on the space where information is to be entered. For check boxes, you can either click on the box you wish to check or tab to the box and press the RETURN key.
- Each data field has a “tip” that will show up when you place the cursor over the item. Mostly, the tips are not needed, but they are there. When entering phone numbers and Social Security numbers, the tip will tell you to enter numbers only (no dashes).

Be sure to check “Chaplaincy” in the Program Area(s) section. Double check that the form is completely filled out and that you have signed and dated the form.

It's time to get started. Continue by scrolling to the next page and typing your name in the first field.

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: _____
(Last, First, MI)

MAILING
2. ADDRESS: _____

(Address, City, State, Zip Code)

Email Address: _____

3. PHONE #: (Primary / Secondary) (Include Area Code)
(____) _____ / (____) _____

Emergency Contact (Number/Name): _____

4. SOCIAL SECURITY #: _____

5. DRIVER'S LICENSE #: _____ ST _____

6. DATE OF BIRTH: _____ / _____ / _____
Mo. Day Year

7. PLACE OF BIRTH: CITY _____ ST _____

8. SEX: Male Female

9. RACE: White Black Hispanic
 Am. Indian Asian or Pacific Island
Other: _____

10. OTHER NAMES: _____
(Maiden or Alias)

11. What foreign Language do you speak? _____

12. CURRENT EMPLOYER: _____

TITLE: _____

13. Have you ever been employed by 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 or 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.

Name of Offender: _____

ID#: _____ Relationship: _____

Facility: _____
(Attach additional information if needed)

Please use this section to indicate Program Area(s) of Interest for Volunteer Services

Chaplaincy
Faith Identification: _____

Substance Abuse Treatment Program
Fellowship: _____
Sobriety Date: _____
Practicum Student Yes No

Windham School District
Unit of Interest: _____

Sex Offender Rehabilitation Program
 Parole Division
 Victim Services
 Student Intern
 TTC/ Halfway House

Signature _____ **Date** _____

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

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.

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? Yes No
If yes: 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? Yes No
Conviction 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: _____

Felony Misdemeanor

Volunteer Services Application



Texas Department of Criminal Justice

(Revised by RRPD August 2008)

Place Postage Here

Volunteer Services
TDCJ
P.O. Box 99
Huntsville, TX 77342-0099

- (Check One of the Volunteer Areas)
- WSD - Windham School
 - TDCJ - Substance Abuse
 - TDCJ - Chaplaincy
 - TDCJ - Victim Services
 - TDCJ - Sex Offender Rehabilitation Program
 - TDCJ - Parole Division