

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. Complete Mailing Address (add Street Address - if different than mailing address)	
e-mail address:			
3. Home Phone	Work Phone	4. Birth Date (MO, DAY, YR)	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Birthplace (City, State, Country)			8. Former Names, if any
7. If not born in US, Proof of Citizenship Required			
9. Social Security Number		10. Driver's License, Number and State	
11. Height _____ Weight _____ Eye Color _____ Hair Color _____			
12. Are you a citizen of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			
13. Race/Ethnicity (for statistical uses only, you need not reply) <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic American/Latino <input type="checkbox"/> Caucasian/European <input type="checkbox"/> Native American			
14. Current Employer (Name, Address, and Telephone Number)			
15. Sponsor Organization (Name, Address and Telephone Number)		16. Contact in case of emergency (Name, Address and Telephone Number)	

17. Have you ever been convicted of, or forfeited collateral for any felony violation
..... yes _____ no _____
18. Have you ever been convicted of, or forfeited collateral for, any firearms or
explosives violation? yes _____ no _____
19. Are you now under charges for any violation of law? yes _____ no _____
20. 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 the 16, 17, or 18 above)..... yes _____ no _____
21. Have you ever been convicted by a military court-martial? If no military service,
answer "no". yes _____ no _____
22. Do you have any medical conditions or disability that may restrict your volunteer
services?yes _____ no _____
23. Have you ever been in prison?yes _____ no _____
24. Are you on an inmate's visiting list?yes _____ no _____
25. Are you related to an inmate? yes _____ no _____

If you respond "Yes" to questions 17 - 25 please attach a separate page to explain your response.

NAME: _____

RESPONSES TO QUESTIONS 17 - 25

17. Have you ever been convicted of, or forfeited collateral for any felony violation?
If Yes - Explain

18. Have you ever been convicted of, or forfeited collateral for, any firearms or
explosives violation? If yes, Explain

19. Are you now under charges for any violation of law? If yes, Explain

20. 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 the 17, 18, or 19 above). If yes, Explain

21. Have you ever been convicted by a military court-martial? If yes, Explain

22. Do you have any medical conditions or disability that may restrict your volunteer
services? If yes, Explain

23. Have you ever been in prison? If yes, Explain

24. Are you on an inmate's visiting list? If yes, Explain

25. Are you related to an inmate? If yes, Explain

SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION

You must sign this application. Please read the following carefully before you sign.

- * I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.
- * I understand any information I give may be investigated, as allowed by Law or Presidential Order.
- * I consent to the release of information about my ability and fitness as a volunteer by employers, schools, law enforcement agencies and other individuals and organizations to investigators making inquiries on behalf of the Bureau of Prisons.
- * I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.
- * I understand as a volunteer I will not receive any financial reimbursement or compensation from the Federal Bureau of Prisons for my services, time or expenses.

Signature_____

Date_____

(This form may be replicated via WP)

This form replaces BP-S580.053 dtd AUG 94