

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

***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, release date: \_\_\_\_\_  Yes  No  
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.