

**VOLUNTEER PROGRAM SERVICE REQUIREMENTS**

**Eligibility requirements for the Department of Public Safety Volunteers.**

- 1. Are you at least eighteen (18) years of age?  Yes  No
- 2. Do you have prior arrests and/or convictions?  Yes  No. If "Yes", see APPROVAL CRITERIA
- 3. Do you have relatives and/or close friends who are incarcerated?  Yes  No. If "yes" you must notify the Branch Liaison Volunteer Coordinator as soon as possible.
- 4. Are you on any approved inmate visit list?  Yes  No. If "Yes" you must immediately notify the Branch Liaison Volunteer Coordinator.
- 5. Are you an employee of the State?  Yes  No
- 6. Applicants desiring to provide a specialized service as a volunteer (i.e. educational, medical/mental health services, Chapel services, etc...) must provide appropriate credentials.

*I have read and met all of the above requirements.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Department of Public Safety Approval Criteria (applies to both new applicants and retraining)**

- 1: Convicted felons must be in the community for 5 years during which time they must be **completely arrest free**. They also need to be **off all supervision for 2 years**.
- 2: Convicted misdemeanants must be in the community for 2 years during which time they must be completely arrest free and off all supervision for 2 years.
- 3. Persons with pending criminal charges **WILL NOT BE CONSIDERED**.
- 4. Persons on probation or parole are **NOT ELIGIBLE**.
- 5. Anyone with a sexual harassment complaint will require special review and approval.
- 6. Anyone found not guilty by reason of insanity or mental defect will require special review and approval.
- 7. Persons with substance abuse histories/problems should be with the referring organization for 1 year as well as clean and sober for at least 1 continuous year, 2 years are suggested.
- 8. Anyone who fails to fully disclose their criminal history, falsifies, or withholds information on the Consent For Criminal Background Check will be **REJECTED**.
- 9. Exceptions to these require approvals from the affected wardens, division administrators, and Deputy Director Of Corrections. The church or referring agency must clearly state they know the reasons he/she is not eligible and give reasons why they believe an exception should be made.

*I have read and met all of the above requirements.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

All prospective volunteers and Contract Staff for the Department of Public Safety are required to complete and submit the following forms for consideration as a regular volunteer or Contract Staff.

- 1.  **Application Form**
- 2.  **Reference Form**
- 3.  **Consent For Criminal Background Check Form ® (needed for both new applicants and retraining)**
- 4.  **Certification or Credentials** (i.e. Diplomas, School Transcripts, Ordination, Certification, or other equivalent documents). **For Religious Volunteers Or Other Organizations:** Letter of reference signed by the organization leader on an official church stationary stating that the applicant is a member in good standing and is authorized to represent their organization in prison ministry, service, etc.
- 5.  **For Volunteers With A History Of Substance Abuse:** Volunteer Reference Form from designated contact person verifying applicant's one (1) year of continuous of being clean and sober; has a sponsor and a home group, support system.
- 6.  **Syllabus:** Must state goals, objectives and implementation plan. Syllabus should also include but not limited to Title of Program, Purpose/Objective/Goals, and Materials/Items to be brought in.
- 7.  **Current TB Test** (within two [2] years from date of orientation). \*
- 8.  **Copy of Picture I.D.** (Drivers License, State I.D., Military I.D. or Passport)
- 9.  **Copy of Social Security Card or Picture I.D.** with Social Security Number, e.g. Military I.D., Passport

*I understand that I will not be able to provide volunteer services until all of the above documents have been received and approved by the Branch Liaison Volunteer Coordinator.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Note: TB Tests** can be done at your private doctor or Community Health Center (East Honolulu 733-9220) (West Honolulu 832-5775) (Central Oahu 453-6190) (Wahiawa 622-6445) (Leeward Oahu 675-0080) (Windward Oahu 233-5450)

**VOLUNTEER/CONTRACT STAFF APPLICATION**  
**(CONFIDENTIAL WHEN COMPLETED)**

DATE: \_\_\_\_\_ BASE FACILITY: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE : \_\_\_\_\_

MAIDEN NAME/OTHER NAMES USED: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
STREET \_\_\_\_\_ APARTMENT # \_\_\_\_\_

CITY \_\_\_\_\_ ISLAND \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CONTACT INFO: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_

FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

GLASSES: YES NO CONTACTS: YES NO TATTOOS: YES NO MOLES: YES NO

EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUPERVISOR/TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Circle last year of school completed: (Grade) 9 10 11 12 13 14 15 16 17 18 19 20 21 22

College(s) Attended: \_\_\_\_\_

Major: \_\_\_\_\_ Degree(s)/Year: \_\_\_\_\_

Languages Spoken/Written (other than English): \_\_\_\_\_

Special Skills/Interest: \_\_\_\_\_

Licenses and/or Certification: \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number(s): Home: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TYPE OF VOLUNTEER:** Religious, AA, NA, Educational, Clerical, SOTP, Toastmasters, OTHER: \_\_\_\_\_

**FACILITY LOCATION** (Circle all that apply): **HMSF, OCCC, WCCC, WCF** (Outer Island) **HCCC, KCCC, KCF, MCCC**

**FOR RELIGIOUS VOLUNTEERS ONLY:**

CHURCH AFFILIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUPERVISOR/PASTOR/PRIEST/BISHOP/ETC.: \_\_\_\_\_ PHONE: \_\_\_\_\_

**VOLUNTEER & CONTRACT STAFF  
CONSENT FOR CRIMINAL BACKGROUND CHECK**

APPLICANT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Maiden Name/Other names used: \_\_\_\_\_

TYPE OF ID: \_\_\_\_\_ ID#: \_\_\_\_\_

EXAMPLE: (Name of State) Drivers License, (Name Of State) ID, (Name Of Country) Passport, Military ID, ETC

This is to inform all volunteers and contract personnel that any person authorized to provide services for the Department of Public Safety is subject to both State and Federal Criminal Background Checks. All information will be kept confidential and will be handled in accordance with Department Administration Policy & Procedures: ADMIN .05.01: Access Control to Department Confidential Information.

**Incomplete applications will not be processed. PLEASE FILL IN ALL INFORMATION BELOW:**

Are you currently listed on any inmate's approved visit list? (Circle One) YES NO

Are you related to any inmate? (Circle One) YES NO

If yes, inmate's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Facility: \_\_\_\_\_

**If more space is needed, please attach a separate sheet.**

Have you ever been arrested (Local, State, Federal, Military)? YES NO

**INCLUDE ALL ARRESTS (DAG'S, DANC'S, DISMISSALS, EXPUNGEMENTS, NOLLE PROSEQUI, ETC)**

Have you ever been incarcerated (Local, State, Federal, Military)? (Circle One) YES NO

Have you ever been served with a TRO (Restraining or Protective Order)? (Circle One) YES NO

Have you ever had a sexual harassment complaint lodged against you? (Circle One) YES NO

**If any of the above is answered yes, fill out below.**

<u>MOST RECENT CHARGE(S)</u>	<u>STATE</u>	<u>DATE OF ARREST</u>	<u>PRESENT STATUS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF MORE SPACE IS NEEDED, USE BACK OF THIS PAGE OR ATTACH A SEPARATE SHEET**

Are you currently under court, probation, or parole jurisdiction? (Circle One) YES NO

If yes, please provide information below.

State and City: \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time left on sentence: \_\_\_\_\_

I hereby authorize the Department of Public Safety to conduct a background security check on the information provided above. In addition, I understand that I may be subject to fingerprinting should a discrepancy be found. ***I certify that the aforementioned information is true, complete, and correct. I understand that withholding and/or falsification of information pertaining to the State and Federal Criminal Background Checks is cause for rejection of application and/or termination.***

\_\_\_\_\_  
Signature Date

**FOR ADMINISTRATIVE USE ONLY**

**CJIS CLEARANCE:** YES NO: (Reasons) \_\_\_\_\_ Date \_\_\_\_\_  
Please attach record

**NCIC CLEARANCE:** YES NO: (Reasons) \_\_\_\_\_ Date \_\_\_\_\_  
Please attach record

**COMMENTS:**  
Conducted by: Name \_\_\_\_\_ Title \_\_\_\_\_ Facility \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_
LAST NAME FIRST NAME MIDDLE INITIAL

VOLUNTEER REFERENCE
(CONFIDENTIAL WHEN COMPLETED)

MUST BE COMPLETED BY YOUR IMMEDIATE SUPERVISOR OR A NON-RELATIVE

FOR RELIGIOUS VOLUNTEERS ONLY: This reference form must be filled out by the applicant's immediate religious supervisor (e.g. Priest, Pastor, Clergy, Elder, Bishop, Deacon, etc.), within that religious organization.

Church Affiliation: \_\_\_\_\_ Denomination: \_\_\_\_\_

Applicant has been active in this church? \_\_\_\_\_ Serving in what capacity? \_\_\_\_\_

FOR APPLICANTS WITH A SUBSTANCE ABUSE HISTORY: This reference form must be filled out by the organizations contact person for PSD.

Affiliation: \_\_\_\_\_ Length Of Continuous Sobriety Or Being Clean: \_\_\_\_\_

Does the applicant have a sponsor (Y/N): \_\_\_\_\_ Does the applicant have a home group (Y/N) \_\_\_\_\_

COMMENTS:

REFERENCE COMPLETED BY: \_\_\_\_\_

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: \_\_\_\_\_
STREET/APARTMENT # CITY ISLAND ZIP CODE

TELEPHONE NUMBER(S): \_\_\_\_\_
HOME BUSINESS MOBILE FAX

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

EVALUATION

WORK PERFORMANCE:

Table with 6 columns: Excellent, Above Average, Average, Below Average, Unsatisfactory. Rows include: Dependability, Initiative, Ability to work with minimum supervision, Quality of work.

RELATIONSHIP:

Table with 6 columns: Excellent, Above Average, Average, Below Average, Unsatisfactory. Rows include: Understands and accepts other people's viewpoints, Able to communicate with people of different ages and background, Cooperates/Works as a part of the team.

EMOTIONAL MATURITY:

Table with 6 columns: Excellent, Above Average, Average, Below Average, Unsatisfactory. Rows include: Appropriate to consider for prison work, Able to work alone, Able to work under pressure, Adaptable/flexible, Exercise good judgment.

OVERALL RECOMMENDATION:

(CHECK ONE)

\_\_\_\_\_ I feel that the applicant is suited to provide services to the Department of Public Safety. (COMMENTS):

\_\_\_\_\_ I feel that the applicant is unsuited to provide services to the Department of Public Safety. (COMMENTS):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return reference form to the appropriate Branch Liaison Volunteer Coordinator to the address listed below. (Oahu applicants please submit all forms to Oahu Community Correctional Center)

VOLUNTEER SERVICES
OAHU COMMUNITY CORRECTIONAL CENTER
2199 KAMEHAMEHA HIGHWAY
HONOLULU, HAWAII 96819-2307
832-1665 Fax: 832-1665 (Agnes Bershauer)

VOLUNTEER SERVICES
KAUAI COMMUNITY CORRECTIONAL CENTER
5350 KUHIO HIGHWAY
LIHUE, HAWAII 96766
241-3057 Fax: 241-3059 ((Jeanie Renaud)

VOLUNTEER SERVICES
HAWAII COMMUNITY CORRECTIONAL CENTER
60 PUNAHELE ST
HILO, HAWAII 96720
981-5018 Fax: 981-2896 (Ruth Forbes)

VOLUNTEER SERVICES
MAUI COMMUNITY CORRECTIONAL CENTER
600 WAIALE DRIVE
WAILUKU, HAWAII 96793
243-5107 Fax: 243-5167 (Brian Cade)

DEPARTMENT OF PUBLIC SAFETY
VOLUNTEER SERVICES
919 ALA MOANA BLVD., SUITE 405
HONOLULU, HI 96814
587-1269 Fax: 587-1280 (Bruce Spencer)