

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
VOLUNTEER APPLICATION**

**Please complete all information and mail both pages to:**

*For All Program Areas:* Volunteer Services/TDCJ  
TDCJ  
P.O. Box 99  
Huntsville, TX 77342-0099

*For Windham School District:* TDCJ/Windham School District  
Division of Instruction  
P.O. Box 40  
Huntsville, TX 77342-0040

**PERSONAL INFORMATION (Please Print)**

1. Name \_\_\_\_\_ (Last, First, MI) 2. Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ (work)  
Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ (home)
3. Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 5. Driver's License # \_\_\_\_\_ State \_\_\_\_\_
6. Other Names \_\_\_\_\_ (Maiden or Alias) 7. What foreign language do you speak? \_\_\_\_\_
8. Current Employer \_\_\_\_\_ Title \_\_\_\_\_
9. Have you ever been employed by the TDCJ?  yes  no If yes, give division, department, location, title and dates of employment: \_\_\_\_\_
10. Are you a victim of or related to any TDCJ offender or releasee now supervised by the TDCJ?  yes  no  
Name of Offender \_\_\_\_\_ ID#: \_\_\_\_\_ Facility: \_\_\_\_\_ Victim  Relative
11. Are you currently visiting an offender who is not a family member?  yes  no  
Name of Offender \_\_\_\_\_ ID#: \_\_\_\_\_ Relationship \_\_\_\_\_ Facility \_\_\_\_\_

**Please Use This Section to Indicate Program Areas of Interest for Volunteer Service**

- Chaplaincy** Religious preference \_\_\_\_\_  **Substance Abuse Treatment Program** Fellowship: \_\_\_\_\_ Sobriety Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Sex Offender Treatment Program** Will volunteer in:  Prison Setting  **Parole Division** Parole Office   **Victim Services** TTC/Halfway House   **Windham School District**

**Criminal History**

**NOTE: For the security and safety of volunteers, offenders and employees, criminal histories of applicants are reviewed, and may require fingerprinting in some instances. If volunteer applicants have previous felony convictions, they are not necessarily excluded from participation. All applications will be reviewed and receive a response. \*When answering questions, include all convictions. 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 or any conviction record that was expunged under federal or state law or minor traffic violations.**

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  
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:  
When: \_\_\_\_\_ Where: \_\_\_\_\_  
Charges: \_\_\_\_\_ Disposition: \_\_\_\_\_
- Felony**  **Misdemeanor** Attach additional information if needed.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Year

(Print name) \_\_\_\_\_

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**VOLUNTEER BACKGROUND QUESTIONNAIRE**

*\*The form is to be kept separate from the Volunteer Application*

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. Phone #: (     ) \_\_\_\_\_ - \_\_\_\_\_
3. Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: City \_\_\_\_\_ ST \_\_\_\_\_
5. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 6. Driver's License #: \_\_\_\_\_
7. Race:  White    Black    Hispanic    Amer. Indian Asian or Pacific Island    Other \_\_\_\_\_
8. Sex:  Female    Male           9. Other names used (maiden, alias, etc.) \_\_\_\_\_