



**ALASKA DEPARTMENT OF CORRECTIONS
DIVISION OF INSTITUTIONS**



RELIGIOUS VOLUNTEER APPLICATION

Please return completed forms to:

Chaplaincy Programs

550 W. 7th Avenue, Suite 1800 – Anchorage, AK 99501
Phone: (907) 269-7414 – FAX: (907) 269-7420

Mr. Mrs. Cell Phone: _____
 Ms. Rev. _____ Home Phone: _____

Residence Address _____ **Email:** _____

Mailing Address _____ **City:** _____ **State:** ____ **Zip** _____

Date of Birth: _____ **Place of Birth** _____ **Height:** _____ **Weight:** _____ **Hair:** _____ **Eyes:** _____

Race: _____ **Sex:** ____ **Alaska Driver's License/I.D. #:** _____ **S.S. #:** _____

Military ID #: _____ **Other ID (# & Title):** _____

Are you an Alaska resident? Yes No **If so, how long?** ____ **Previous States Lived in?** _____

Marital Status: Married Separated Divorced Single **Spouse's Name** _____

Ages of children, if living at home: _____

Emergency Contact: Name _____ Phone _____

Employer: Name/Address _____ Phone _____

Work Type/Job Title: _____

List Types of Work Experience: _____

Vocational Training: _____

Military Service (Branch): _____ **Type of Discharge:** _____

Church(or Organization) Name _____ **City** _____

Pastor _____ **Phone** _____ **Denomination** _____

Character Reference: Name _____ Phone _____

High School Graduate? Yes No GED

College: Number of years _____ **Degree(s):** _____ **Major:** _____

Graduate School: _____ **Degree(s):** _____ **Major:** _____

Foreign languages spoken _____

Yes No **Are you currently an:** Ordained Minister Licensed Minister Other: _____

If yes, credentials issued by which religious faith group? _____

If yes, please attach documentation (i.e. certificate of ordination).

List other education, certification(s), or special training _____

Interests/Leisure Activities: List your specific interests (i.e. hobbies, sports, music, reading, entertainment)

Yes No Are you a United States Citizen? If no, please attach documentation of current status.
 Yes No Do you have a physical disability? If yes, what? _____
 Yes No Do you have reliable transportation?
 Yes No Have you ever been arrested for reasons other than minor traffic violations? If yes, explain below or on a separate sheet of paper. _____

Yes No Are you currently on parole or probation?
 Yes No Are there any other names you have been known by? If yes, please list _____

Yes No Do you have friends or relatives incarcerated in an Alaska prison? If yes, indicate name(s), institution(s), and relationship _____

Yes No Do you have a family member who is employed by the Department of Corrections?
If yes, indicate name(s), position(s) and institution(s): _____

Why do you want to be a religious volunteer in prison? _____

Availability: Weekdays _____ a.m. p.m.
 Weeknights _____
 Weekends _____ a.m. p.m.

I understand that a police records/criminal history check is a necessary security procedure for acceptance into this program. My signature below authorizes initial and periodic re-checks as deemed necessary for my continued participation and confirms my agreement to abide by all policies and procedures of the Department of Corrections and its administrative components, particularly those regarding ethical standards, security, and confidentiality of information. I understand that false and/or incomplete information will result in non-acceptance or discharge from this program. My signature certifies the truth and accuracy of the information provided herein. (Photocopies and/or faxes shall be as valid as the original.)

Signature of Applicant: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE—FOR STAFF USE ONLY

STAFF NOTES:

Date Received _____
Orientation Date _____
Orientation by _____
Card Status _____
Institution Preferred _____
Assignment _____



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REFERENCE EVALUATION FOR RELIGIOUS VOLUNTEERS

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(To be completed by current local Pastor or equivalent faith group leader/supervisor)

Applicant's Name _____

Religious organization/church position/title held by applicant: _____
(i.e. Lay Person, Ordained or licensed Professional Clergy, Minister, Pastor, Rabbi, Imam, Presiding Overseer, Ministerial Servant, Elder, Bishop)

Evaluator's Name: _____ Evaluator's Phone: _____

How long have you known the applicant? _____ In what capacity? _____

Please indicate your observations regarding the applicant's strengths/weaknesses in the appropriate column:

	Very Strong	Strong	Average	Weak	Very Weak
Spiritual maturity					
Tolerance of the beliefs of others					
Dependability					
Teachability					
Positive role model					
Responsible					
Follows directions					
Initiative					
Patience					
Perseverance					
Assertiveness					
Responsiveness to others					
Non-judgmental attitude					
Ability to keep a confidence					
Responsiveness to authority					
Counseling					
Mentoring					
Teaching					
Preaching					

How do you perceive the applicant's vulnerability to manipulation?

- Highly vulnerable Somewhat vulnerable Not vulnerable

Please add any comments you think might be helpful on the reverse.

DATE: _____ Signature of Evaluator: _____

Name of Religious Organization/Church: _____