DIRECTIONS FOR GETTING YOUR DOJ BACKGROUND CHECK DONE (LIVE SCAN)

Go to the Office of the Attorney General http://oag.ca.gov/

Go to the bottom of the page under RESOURCES

Then click on BACKGROUND CHECKS

Then click on CRIMINAL RECORDS-REQUEST YOUR OWN

Use the California Residents form BCll 8016RR (live scan)

Take it to the nearest sheriff's department that can do the fingerprinting and send in the form. You should have your background check back in two weeks.

NOTE: In the space that says "Reason for Application" put PERSONAL.

Do not put any other reason other than just <u>PERSONAL</u>.

Cost may include the items below....

Live Scan \$40 DOJ \$25 Sheriff Dept fee \$17

STATE OF CALIFORNIA VOLUNTEER APPLICATION AND SERVICE AGREEMENT CDCR 966 (Rev. 01/14)

DEPARTMENT OF CORRECTIONS AND REHABILITATION Page 1 of 3

Volunteer Applicant Name	INSTITUTION USE ONLY			
Institution	☐ New Volunteer	☐ Renewal		

VOLUNTEER APPLICATION AND SERVICE AGREEMENT

READ CAREFULLY. Please **PRINT** or **TYPE**. The information requested will be used by the officials of the California Department of Corrections and Rehabilitation (CDCR) to determine whether your application will be approved or disapproved.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security number is *optional*. However, any omission or falsification on this questionnaire may be cause for denial of volunteering. Please mail this form directly to the Community Resources Manager of the institution where you wish to volunteer.

Na	me:					Date of Birth: _	
	First	MI		Last			(MM/DD/YYYY)
Δ d	dress:						
Au	Number and Street	5	Apt.#	City	2	State	Zip
Em	ail (optional):			,			
122	N# (optional):		State Drivers License	e or Identification #	(required):	Ехр. [)ate:
	Passport#:			_(If applicable)	Exp. Date	2:	
Pho	one # (required): ()	_	Cell #: ()		Fax # (optio	nal): ()	-
Ge	nder: \square Male \square Female	Height:	Weight: _	Eye Col	or:	Hair Color:	
Oco	cupation:			-			
Spe	ecial Skills/Certificates:						
Nar	ne and address of company/c	hurch/organizati	on vou will represent a	ıs a volunteer (If appl	icable):		
1.	Have you submitted Live S	Scan fingerprin	ts to CDCR in the pa	st?□Yes□N	o If yes, provide	date and locatio	n/institution.
2.	Do you provide volunteer	service at any	other CDCR institution	on? □ Yes □ No <i>Ij</i>	yes, list institut	ion and types of	service.
3.	Do you visit and/or corres provide inmate name(s),					No If yes, explain ').	fully and
4.	Are you related to any int				kplain fully and p	provide inmate(s) name(s),

Volunteer Applicant NameInstitution			INST	ITUTION US	SE ONLY	
			☐ New Volunteer		Renewa	al
5. Have you ever be	en arrested and/or co	nvicted of any offense? E	Yes 🗆 No If yes, list all	detentions, c	arrests, and/o	r
ffense	Approx. Date	Disposition (Dismissed, P	robation, Jail, Prison, etc.)	County	State	Country
						1
			es, list date of discharge	e, name of ins	stitution, and	attach
letter addressed	to the Warden outlinii					
letter addressed (If information)	to the Warden outlinii mation is not disclosed	ng circumstances. d or inaccurate information	on is provided, your appl	ication may ı		
letter addressed (If information of the control of	nation is not disclosed	ng circumstances. d or inaccurate information ment benefits are to be	on is provided, your appl	ication may ı		
letter addressed (If information of the continuous cont	nation is not disclosed wages, or unemploy Norker's Compensa	ng circumstances. d or inaccurate information ment benefits are to be	on is provided, your appl e paid for volunteer se	ication may ı		
certify that: > No salaries, > There is no image. > Use of State. > I must atten	mation is not disclosed wages, or unemploy Norker's Compensates supplies may be ped any required train	or inaccurate information ment benefits are to be tion provided. rmitted when directed ting as directed.	on is provided, your appl e paid for volunteer se to do so.	ication may r	not be approv	ved)
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VOLUNTEERS WITH DISABILITIES: If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Volunteers with guide dogs will need to provide the dog's certification paperwork upon visit check-in. The CDCR will make every effort to provide reasonable accommodations for all qualified/eligible volunteers with disabilities in keeping with the safety and security of the institution and the public. If you have any questions and/or concerns, please contact the Community Resources Manager.

/olunteer Applicant Name	INSTITUTIO		
nstitution	☐ New Volunteer	☐ Renewal	
SECTION II: To be Completed by CDCR Staff			
Purpose of Entry (Circle specific program): Activity Group Religious Name of Program:			
ocation of Volunteer Service (List institution and location, exa	ample: chapel, Facility A, classroom #, e	tc.):	
Ouration of volunteer service: (ie, one, two or more months): Oay(s) of Week (circle): M T W Th F S Su Hours			
scort: □ Yes □ No B Test Required: □ Yes □ No (Annual TB Testing is require	ed for all volunteers with more than 6 m	nonths of volunteer service)	
rint Name/Classification	Signature	Date	
OMMUNITY RESOURCES MANAGER			
Reviewed and submitted for background clearance	Signature	Date	
USTODY STAFF LETS Cleared □ Yes □ No LETS Cleared Date:	Signature	Date	
Needs further review /ARDEN/WARDEN'S DESIGNEE			
I APPROVED □ DISAPPROVED	Signature	Date	
FOR USE BY CRM ONLY	FOR USE BY PER.	SONNEL ONLY	
GATE CLEARANCE ONLY	VOLUNTEER IDENTIFICATI	ON CARD (ID CARD)	
ackground clearance (NLETS) date:			
	Live Scan:(Date/Location required aft		
(required after six months of volunteer service)	(Date/Location required aft	er six months of volunteer service)	
Verification of TB Test provided: ☐ Yes ☐ No ☐ N/A (If less than 6 months): Date:	Verification of TB Test pro ☐ Yes ☐ No ☐ N/A Date:	(If less than 6 months):	
py of Volunteer Emergency Notification (CDC-894) sent to:	Date ID Card Issued:		
Control ☐ Yes ☐ No Watch Office ☐ Yes ☐ No	ID Card Expiration Date:Thumb Print Date:		
	ID Picture Date:		
Water Office Dies Divo	Conv of Volunteer Emergency Not	fication (CDC-ROAL cont to.	
Water Office Dires Divo	Copy of Volunteer Emergency Noti Control	□ No	