



For Corrections Use only:

Date received: _____
Non Church Volunteer/Church Volunteer
(For Church volunteers only)
Approved by Chaplain: _____
Date approved: _____

VOLUNTEER: Specified Visitor Application

Purpose:

This form is used by members of the public who want to undertake voluntary work within a prison or prisons and therefore need to seek approval to become a specified visitor under Corrections' Volunteer Policy.

This form is also used to gather information on the applicant volunteer in order

- (a) to assess the applicant's security and suitability;
- (b) to assess the application against specific prisoner need, and;
- (c) to initiate registration of the applicant on the Corrections' Volunteer Register Database and administer the Department's volunteer policy.

The principles of the Privacy Act 1993 apply to the information supplied. You may contact Corrections at any time to access or correct the information you have provided.

Please note that failure to complete this form means that your application cannot be considered. Apart from the purposes of general research and routine management and administration, the information provided will only be used to determine your approval as a *Volunteer: Specified Visitor*.

When you have completed this form:

Please return this form to the *Volunteer Coordinator* at the prison where you are seeking to volunteer.

Once the information you have provided is entered onto the Department's *Volunteer Register Database*, and your application as a *Volunteer: Specified Visitor* is approved, you will receive a letter of approval, outlining the purpose or purposes for which you are approved, the conditions of that approval and the duration of that approval.

If your application is not approved you will be advised in writing of the reasons why. Normally decisions on *Volunteer: Specified Visitor* applications are made and advised within 30 days from receipt of an application.

Full name (Please PRINT):

Date of this application:

Application for Specified Visitor Approval Pursuant to **CORRECTIONS REGULATIONS 2005, REGULATION 91.**

(List the prison or prisons you expect to visit as a volunteer)

Pursuant to the Corrections Regulations 2005, and without limiting the Prison Manager or his or her delegate's right under Regulation 91(2) to impose such reasonable conditions as he or she thinks fit on the approval of a person as a specified visitor, or limit the duration of that approval, or both, if your application to become a *Volunteer: Specified Visitor* is approved it will be limited to:

- A maximum stated duration of 24 months
- Those conditions expressed by the Department of Corrections' Volunteers Policy and Operating Standards, as set out in any of the applicable documentation (e.g. the Handbook for Volunteers in Prison Services)
- The purpose, timing, activity and locations described within this application form as approved, or as amended after appropriate consultation by the Prison Manager or his or her delegate

Once approved as a *Volunteer: Specified Visitor*, you will be provided with:

- An approval letter, stating your name, the purpose, conditions and duration of your approval
- Appropriate volunteer induction training, focusing on issues of health, safety and security, and a site induction at each prison for which you hold approval. You will need to arrange attendance at a volunteer induction training session with the local *Volunteer Coordinator*. Completion of this training is mandatory before commencing your volunteering duties
- A volunteer agreement, which you will be required to sign, setting out expectations on both sides, and a brief role description

Registration: Volunteer's Details:

Last Name: _____

First Names: _____

Gender Male / Female
 (Circle which applies): _____

Date of Birth: _____

Driver Licence No: _____

Street Address: _____

Suburb: _____

Town/City: _____

Telephone: _____

Cell Phone: _____

E-Mail: _____

Ethnicity (Optional): _____

Vehicle Details:
 Make and Model:
 Registration Number: _____

Your Activity as a Volunteer

(Describe your activity as fully as possible. Continue on a separate piece of paper if necessary)

Expected Visit Frequency (tick which is most applicable to you):

Daily	
Twice Weekly	
Weekly	
Fortnightly	
Four Weekly	
Eight Weekly	

Expected Visit Duration (tick which is most applicable to you):

Half an hour	
1 Hour	
1.5 Hours	
2 Hours	
3 Hours	
4 Hours	
5 Hours	

Other Information about Yourself:

How much prior experience as a volunteer within prisons do you have?
(tick which is most applicable to you)

None	
Less than 6 months	
6 months	
1 year	
2 years	
3 years	
4 years	
5 years	
More than 5 years	

List any training courses that you have been on relevant to you proposed voluntary activity:
(Please give the course name and the month and year attended. Continue on a separate piece of paper if necessary)

Organisation Details:

If you are applying as part of a group or organisation please provide the name, type of organisation and details of the main organisational contact, or if applying as an individual please write 'Independent':

Name.....
Type: (e.g. Church, Charity, Inc. Society, Maori cultural, Non-profit).....

Main Organisational Contact: (other than yourself)

Last Name: _____

First Names: _____

Position or Role: _____

Street Address: _____

Suburb: _____

Town/City: _____

Telephone: _____

Cell Phone: _____

E-Mail: _____

Further information:

Please attach any supporting information relevant to your application. This may include information about your personal experience in assisting prisoners or providing the services/activities you are offering as a volunteer.

You may also wish to attach information about your group or voluntary organisation so that Corrections is in a reasonable position to assess its *bona fides*.

Criminal History:

One of the conditions of approval as a Specified Visitor, pursuant to Regulation 91(2) of the Corrections Regulations 2005, is that a volunteer does not have a recent or serious criminal history.

Do you have any criminal convictions? **YES NO** (Circle which applies)

All prospective volunteers are required to give consent for a criminal convictions check. Please complete the Ministry of Justice form Priv/F2 on pages 8-10, using the check list on page 7.

Close or Personal Friends or Relatives in Prison:

Having a close or personal friend or relative in custody at a prison site in which you intend to do volunteer work, could present a safety and security risk. If you do have a close friend or relative in custody at a prison site in which you intend to do volunteer work, Corrections needs to know this in order to assess the level of risk.

Do you have a close or personal relative or friend currently in custody?

Yes No
(Circle which applies)

If yes, please identify this person or persons and their location(s):

.....
.....
.....
.....
.....

For Corrections use only:
Prison Manager advised Signed: _____
Date: _____

Communications from the Department of Corrections

Corrections is committed to regularly consulting and communicating with volunteers and their organisations, particularly on policy and operational issues that impact on volunteering. As an 'approved' prison volunteer you will receive regular copies of *CORRvolunteer*, the newsletter for volunteers working with the Department of Corrections, and other occasional correspondence.

Please confirm your communication preferences by signing below:

Please send me editions of *CORRvolunteer* and other important correspondence related to my prison volunteering **by email**

Signed: _____ Date: _____

OR

Please send me editions of *CORRvolunteer* and other important correspondence related to my prison volunteering **by post**

Signed: _____ Date: _____

Security of Information:

The information you have provided in this application and as attachments to it will, once in Corrections keeping, be held securely and be accessible only to those individuals involved in the process of assessing and managing volunteers within Prison Services.

Need help completing this form?

If you need any help or advice on how to complete this form please telephone (04) 495 8428 or email volunteering@corrections.govt.nz

Checklist for **Individuals** completing Criminal Conviction Check Form



I have signed and dated **section one** of the form.

I have **NOT** filled in **section two** but have left it for the relevant Corrections person to complete.

I have completed **section three** and ensured it is legible and my date of birth is clear.

I have attached an **enlarged, legible copy** of my driver licence or passport. Alternatively, I had section four filled in by someone who can verify my identity.

I am returning the criminal check form to the person at Corrections who gave it to me – **NOT** sending it directly to the Ministry of Justice.

Name

Signature

Date

dd

mm

yyyy

**RETURN THIS FORM TO THE
DEPARTMENT OF CORRECTIONS**

SECTION 3: SUBJECT'S DETAILS (Please print in pen)

Priv/F2

Personal Details

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male / Female)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Names - Maiden Name, Aliases

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address

P.O. Box or Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Current Residential Address

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>
Daytime Phone Number	<input type="text"/>
Home Phone Number	<input type="text"/>
Fax Number	<input type="text"/>

Previous Two Residential Addresses

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
State / Province	<input type="text"/>
Post Code	<input type="text"/>
Country	<input type="text"/>

SECTION 3: SUBJECT'S DETAILS (continued)

Priv/F2

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT
Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for years and vouch for his/her identity

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.