

 Department of Corrections and Community Supervision DIRECTIVE	TITLE Incarcerated Newspapers and Newsletters		NO. 4521
			DATE 12/11/2025
SUPERSEDES DIR #4521 Dtd. 11/02/23	DISTRIBUTION A B	PAGES PAGE 1 OF 3	DATE LAST REVISED
REFERENCES (Include but are not limited to) ACA Expected Practice 5-ACI-7C-06; Directives #0401, #2771, #2810, #4572, #4760	APPROVING AUTHORITY 		

- I. **PURPOSE:** The Department permits the publication of incarcerated individual newspapers (intended for the entire population of a correctional facility) and incarcerated organization newsletters (intended as communication vehicles for incarcerated individual groups and organizations). This directive establishes the policy and required procedures for such publications.
- II. **RESPONSIBILITIES:** The publication of facility incarcerated individual newspapers and incarcerated organization newsletters must be approved by the Superintendent. The Deputy Superintendent for Programs (DSP) will be responsible for the publication of the newspaper and newsletters. On an ongoing basis, the DSP will obtain the approval of the Deputy Superintendents for Administration and Security in all matters related to their areas of responsibility.
- III. **GENERAL GUIDELINES**
 - A. Private citizens may not subscribe to incarcerated individual publications.
 - B. Copies of incarcerated individual publications are not to be mailed to other facilities of the Department, other correctional systems, community groups or organizations, or private citizens without the authorization of the Superintendent of the facility. Superintendents may also order the return of incarcerated individual publications received from other facilities.
 - C. Advertising for an incarcerated individual publication will not be accepted.
 - D. Facility staff involved with any publication should feel free to contact the Department's Public Information Office (PIO) for suggestions regarding format or technical aspects of publication.
 - E. The incarcerated individual newspaper and incarcerated organization newsletters will conform to general principles of journalism and must contain articles designed to be of interest to the incarcerated individual population. If articles from other sources are to be included in their entirety, they must include a release from the original publisher.
 - F. The incarcerated individual newspaper shall not promote the interest or cause of any individual or particular group; however, incarcerated organization newsletters may promote their particular organization and its activities.
 - G. Articles prepared by incarcerated individuals and approved for inclusion in the newspaper and/or newsletters must conform to the guidelines which govern literature and related materials which are received by incarcerated individuals from outside resources. (See Directive #4572, "Media Review.")
 - H. Recruitment of community staff and volunteers to assist with newspaper or newsletter assignments is the responsibility of the Supervisor of Correctional Facility Volunteer

Services or contact person.

Each volunteer assignment/position requires a job description (Volunteer Services [Form #MFVS3080](#), "Application for Volunteer Status" can be used) which is to be filed with the Office of Ministerial, Family and Volunteer Services.

- I. Supervision of volunteers is the responsibility of the staff directly involved in this activity.
- J. A consent form must be completed in cases where an identifiable photograph of any incarcerated individual is to be used in a facility newspaper or incarcerated organization newsletter. An example from which a consent agreement can be produced may be found in Directive #0401, "Release of Information to the News Media."
- K. The use of computer equipment to prepare incarcerated individual publications must conform with the guidelines of Directive #2810, "Information Security Policy."

IV. NEWSPAPERS - SPECIFIC GUIDELINES

- A. Each facility is allowed to publish one incarcerated individual newspaper.
- B. Facility staff and incarcerated individuals who wish to participate in the production of the newspaper must have the prior approval of the DSP.
- C. Printing, formats, contents of each issue, publication schedules, and the internal distribution plan must be approved by the DSP prior to printing.
- D. If approved, it will be necessary for each facility to have an annual budget, and appropriate work space for the facility newspaper, with assignment of the cost to the "Miscellaneous - Education Budget."
- E. The incarcerated individual newspaper will be printed utilizing available equipment and materials, when feasible, or through an outside vendor.
- F. Whenever possible, copies may be made available for incarcerated individuals and interested employees. Copies may also be made available for visitors to incarcerated individuals as well as official visitors to the facility. All costs of printing the incarcerated individual newspaper will be processed through the Incarcerated Occupational Therapy Fund Incarcerated Benefit Fund Account.
- G. Superintendents and their staff are encouraged to contribute articles to the facility newspaper as a means of ensuring effective communications with the incarcerated individual population.
- H. Whenever possible the incarcerated individual newspaper will include translated text of articles for the benefit of monolingual Spanish-speaking incarcerated individuals and translated into other languages if deemed necessary.

V. INCARCERATED ORGANIZATION NEWSLETTERS - SPECIFIC GUIDELINES

- A. Incarcerated organizations' newsletters will adhere to the General Guidelines (Section III) governing facility newspapers as outlined above.
- B. Each incarcerated organization approved pursuant to Directive #4760, "Incarcerated Organizations," may publish a newsletter with the approval of the Superintendent. Request for approval of special projects and appropriate review forms ([Form #3089B](#), "Request for Approval of Special Projects," and [Form #3090](#), "Review of Request – Incarcerated Organizations") must be submitted according to Directive #4760.

- C. Newsletters will be produced under the direct supervision of the Staff Advisor assigned to each incarcerated organization.
- D. Distribution of newsletters is limited to organization members, key facility personnel, and the outside sponsoring organization or person(s).
- E. Incarcerated organization newsletter publishers desiring further distribution (i.e., full population) may request space for the printing of specific articles in the facility newspaper.
- F. In the event that broader distribution of a specific article within a newsletter is desired (e.g., Departmental, public news media, etc.), the incarcerated organization may submit the articles to the Superintendent who will review the article(s) and forward them to the PIO at Central Office with their recommendations relative to impact on the facility and/or Department.
- G. All costs of printing and postage fees will be the responsibility of the organization approved to publish the newsletter.

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
APPROVED INCARCERATED ORGANIZATION
REQUEST FOR APPROVAL OF SPECIAL PROJECT

Please type or print one copy only. Instructions to assist with completion of this form are on page 4.
All aspects of this request must comply with all directives and designated facility operation manuals.

Name of Approved Incarcerated Organization:	Facility:	Application Date:
Select Organization Type: <input type="checkbox"/> General Membership <input type="checkbox"/> Special Purpose		
Select Request Type: <input type="checkbox"/> Re-approval <input type="checkbox"/> New Request		

PROPOSED SPECIAL PROJECT

1. Enter Special Project Name: _____

2. Enter Special Project Purpose: _____

3. Enter Project Type: ongoing special project for fiscal year one-time special project

4. Specific Date: _____ or Start Date: _____ End Date: _____

SPECIAL PROJECT CATEGORY

5. Complete section for proposed special project category, mark all others Not Applicable.
Special Purpose Organizations are not eligible for approval of the following Special Projects: Cultural/Educational Class or Newsletters, which must be marked as Not Applicable.
Add additional sheets as indicated **or if form space prohibits entering complete answers to all requested information.

Special Purpose Organizations are not permitted to sponsor Cultural or Educational Classes, select Not Applicable.

A. Cultural/Educational Class NOT APPLICABLE
****Must include all the following on additional sheets – detailed class curriculum**
Number of classes needed to complete the program: _____
List of materials required for class: _____

Name/DIN/credentials of incarcerated facilitator(s): _____

Procedure for sign-up: _____

Selection criteria for attendees: _____

Number of anticipated attendees: _____

B. Donation to community non-profit: NOT APPLICABLE
Must comply with all aspects of Directive #4761, Incarcerated Charitable Organizations and Gifts.
Charitable Organization Name: _____
Charitable Organization Contact Name: _____
Charitable Organization Phone Number: _____
Will donation stem from a one-time special project solicitation of incarcerated funds? Yes No
NOTE: If yes, section E, Other, must be completed on page 2 of this form. – This results in donation of 100% of project profits.

C. Donation to facility activity/event: NOT APPLICABLE
Name of Activity/Event: _____
Staff Advisor for Activity/Event: _____
Donation purpose: _____

Special Purpose Organizations are not permitted to sponsor Incarcerated Organization Newsletters, select Not Applicable.

D. Incarcerated Organization Newsletter: **NOT APPLICABLE**
Must comply with all aspects of Directive #4521, Incarcerated Newspapers & Newsletters.
Proposed publishing frequency - Monthly Quarterly Semi-annual Annual

E. Other (describe activity in detail, include process for collection of funds, eligibility, etc.): **NOT APPLICABLE**

****MUST ATTACH ADDITIONAL SHEETS TO PROVIDE A DETAILED EXPLANATION OF THE PROPOSED PROJECT****

SPECIAL PROJECT PHYSICAL REQUIREMENTS

Per Directive #4760, Special Purpose Organization requests for office space, equipment, supplies, etc. will not be considered. Mark #6-8 as Not Applicable.

6. Location proposed to conduct activity **NOT APPLICABLE**
List classrooms space, group meeting space, etc. to conduct project:

7. Equipment needed to conduct project: **NOT APPLICABLE**
List necessary equipment, including audio/visual, white/chalk boards, desks/ tables/chairs, etc. needed to conduct project:

8. Supplies needed to conduct project: **NOT APPLICABLE**
List necessary supplies, including paper, copies, decorations, refreshments, etc. needed to conduct project:

SPECIAL PROJECT FINANCES

9. What is the anticipated cost of the special project? Enter projected cost in dollars \$ _____

10. How will the organization pay for the activity? Select all that apply

- Organizational Dues Fundraiser Profits Donations, source: _____
 Other, explain: _____

NUMBER OF SPECIAL PROJECT PARTIPANTS BY CATEGORY

11. Enter the number of individuals anticipated to participate in proposed special project. If not applicable, enter N/A.

Organization Members: _____ Community Guests: _____ Total Number of Participants: _____
Incarcerated Non-members: _____ Staff Guests: _____

12. The following signatures indicate approval by Executive Board or Board of Directors on the date of _____.

President: _____ DIN#: _____
Treasurer: _____ DIN#: _____

Submit completed original form to approved Incarcerated Organization Staff Advisor to commence the review process.

Name of Approved Incarcerated Organization:	Facility:	Application Date:
Select Organization Type:	<input type="checkbox"/> General Membership	<input type="checkbox"/> Special Purpose
Select Request Type:	<input type="checkbox"/> Re-approval	<input type="checkbox"/> New Request
Enter Special Project Name:		

ACTION OF SUPERINTENDENT	Date Received: _____
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- Decision:
- RETURNED to incarcerated organization
 - Approved
 - Recommend Disapproval, forwarded to Central Office for review

Justification:

Superintendent: _____ Date: _____

Note: Special Projects that are approved at the facility level do not require Central Office Review. All requests that are disapproved by the Superintendent must be forwarded with Form #3090 to the Central Office Director of Education to begin the Central Office review process.

ACTION OF DEPUTY COMMISSIONER FOR PROGRAM SERVICES

- Decision:
- Facility Disapproval AFFIRMED
 - Facility Disapproval REVERSED
 - Returned for Additional Information

Justification:

Deputy Commissioner: _____ Date: _____

Note: If Form #3089B is marked "Returned" by the Facility for correction, completion, or additional information, or "Returned for Additional Information" by the Deputy Commissioner, the request is neither approved nor disapproved. A new Form #3089B with the current date must be submitted to the facility for review and must address all requests. Forms that do not include the required information shall be returned to the organization.

Instructions for completion of Form #3089B, "Request for Approval of Special Project"

Note: All aspects of this request must comply with all directives and designated facility operation manuals. All entries must be legible. All boxes require a complete response. If the information requested does not apply, enter Not Applicable or N/A. Any incomplete responses will result in a "Returned" form requiring re-submission with a new Application Date. Attach additional sheets to provide as detailed information as possible, if necessary.

Complete form headings on page 1 and page 3 of this form with the following information.

Enter name of the Approved Incarcerated Organization completing the form.

Enter name of the facility the request will be submitted.

Enter date the application is submitted to the organization staff advisor.

Select organization type that matches the approved incarcerated organization submitting request.

Choose Request Type (select one): Re-approval: organization was approved in the previous fiscal year with no noted changes to previously approved special project details from prior approval. New Request: organization has not conducted this proposed special project in the previous fiscal year, or there are changes to special project details, physical requirements, or finances from prior approval.

Numbered Instructions correspond to the matching numbered boxes on starting on page one of this form.

1. Enter name of proposed special project (e.g., LIP Donation for Hurricane Relief).
2. Enter the purpose of the special project (e.g., increase awareness and celebrate the Hispanic culture)
3. Select one- Ongoing special project for fiscal year: special project is a primary project, which will continue throughout the year. One-time special project: will occur during OR on specified dates and not continue throughout the year, in compliance with all directives and facility operation manuals.
4. Enter the proposed date for the project or the proposed start/end dates for this project.
5. Complete the lettered section(s) corresponding to the special project category for which the organization seeks approval. Unless directed otherwise, select Not Applicable for all other lettered categories.
 - A. Cultural/Educational Classes – **Not permitted for Special Purpose Organizations.** Enter requested information on the Form. Additional sheets **MUST BE ATTACHED** to include a detailed class curriculum.
 - B. Donation to Outside Non-Profit – Provide the name of a bona fide charitable group, as defined in Directive #4761, "Incarcerated Charitable Contributions & Gifts", include a contact name and phone number, to which the incarcerated organization plans to donate funds. If the donation is from approval of a one-time special project solicitation of incarcerated funds, select Yes to request waiver of donation to the IOTF.
 - C. Donation to Facility Activity/Event – **Sponsorship of Ethnic or Family Special Events not permitted, however donations to approved facility activities or events to assist with expenses are permitted.** Provide the name of a facility activity or event, including the activity/event staff advisor and the purpose of the donation, to which the incarcerated organization would like to donate funds.
 - D. Incarcerated Organization Newsletter – **Not permitted for Special Purpose Organizations.** Select the frequency the incarcerated organization plans to publish a newsletter.
 - E. Other – Attach additional sheets that fully describe in detail all the information the facility may need to decide on approval of a special project that does not fall in another category on Form #3089B.

NOTE: *Special Purpose Organization requests for office space, equipment, supplies, etc. will not be considered.**

6. List any classrooms space, group meeting space, etc. needed to conduct special project.
7. List any necessary equipment, including desks, tables, chairs, audio/visual, etc. needed to conduct special project.
8. List all necessary supplies, including paper, copies, decorations, refreshments, etc. needed to conduct special project.
9. Enter the anticipated dollar amount to cover the cost of all aspects of the special project.
10. Select the method by which the incarcerated organization plans to pay the cost of the special project.
11. Enter the number of individuals from each category that will participate in the special project.
12. Enter the date the General Membership Organization Executive Board or Board of Directors approved this request, must include signatures and DIN of the incarcerated organization President and Treasurer.

____/____/____
DATE

APPLICATION FOR VOLUNTEER STATUS
PART I – Volunteer Information

FACILITY APPLYING TO

IMPORTANT: COMPLETE PAGES 1-5. IF A QUESTION DOES NOT APPLY, ANSWER N/A. YOU MUST SIGN AND DATE PAGE 5.

1. a) Activity/Group/Program applying for: _____
b) If religious program, please specify the religion (e.g., Catholic, Protestant, Muslim, etc.): _____
c) Does your role with this Program/Organization require you to provide additional services to incarcerated individuals upon their release? YES NO
2. Last Name: _____ First Name: _____ Full Middle Name: _____
3. Current Address: _____
City: _____ State: _____ Zip: _____ Email: _____
Current Mailing Address, if different from above: _____
City: _____ State: _____ Zip: _____
4. a) Home Telephone # w/Area Code: b) Work Telephone # w/Area Code: c) Cell Phone # w/Area Code:
(_____) _____ (_____) _____ (_____) _____
5. Social Security #: _____ Any other Social Security #(s) you have had: _____
a) Occupation: _____ Place of Employment: _____
6. Date of Birth: _____ / _____ / _____ Place of Birth: _____
(City, State, Country)
7. Person to contact in case of an emergency: Name: _____
Relationship: _____ Telephone: (_____) _____
8. Name exactly as it appears on your Driver's License: _____
9. Other names you have been known by: Aliases / Maiden / Prior Marriage: _____
10. Current Driver's License Number: _____ State: _____
11. States in which you have or ever had a Driver's License or Non-Driver ID: _____
12. Gender: Female Male X Other/specify _____
13. Race: White Black Hispanic Asian Native American Other/specify _____
14. Eyes: Blue Black Brown Green Hazel Other/Specify _____
15. Hair Color: Black Brown Blonde Gray Bald Other/Specify _____
16. Complexion: Light Medium Dark
17. a) Height: Feet _____ Inches _____ b) Weight (lbs.): _____
18. List any scars, marks, or tattoos: _____

APPLICATION FOR VOLUNTEER STATUS
PART I – Volunteer Information (continued)

19. Have you or any member of your family ever been the victim of or witness to a crime where the perpetrator(s) was sentenced to a period of incarceration in a Federal, State, or County Correctional Facility? YES NO
* If "YES," please answer the following questions:
Victim's relationship to you: _____ Date of Incident: _____
Name(s) of perpetrator(s): _____
Location of Incident / City / Town: _____ County and State: _____
20. a) CHECK ALL THAT APPLY: Have you ever, either personally or professionally, received telephone calls from , communicated with via secure messaging (email) or mail correspondence , sent packages to or visited any incarcerated individual currently or previously incarcerated in any NYS Correctional Facility? YES NO
If "YES," please provide the following information (attach additional sheets if necessary):
Name: _____ DIN: _____
Facility: _____ Relationship: _____
- b) Do you reside with anyone who was previously incarcerated in a NYS Correctional Facility? YES NO
If "YES" to A or B, please provide the following information (attach additional sheets if necessary):
Name: _____ DIN: _____
Facility: _____ Relationship: _____
21. Are you currently or have you been previously employed or had volunteer or contract service provider status with the New York State Department of Corrections & Community Supervision? YES NO
a) If "YES," please check which one: Volunteer Contract Service Provider Employee
b) If "YES," please list the facilities: _____
c) Has status been revoked? YES NO If "YES," please list the facilities: _____
22. a) Name of the company or agency whom you represent as a volunteer: _____
Supervisor: _____ Phone Number: _____
Address: _____
- b) If you are employed by a Government Agency and provide a service relevant to your function, do you have Peace or Police Officer status? YES NO
23. Is a Professional License or Certification required to perform your duties? YES NO
If "YES," please specify the following: License #: _____ State: _____
Issuing Agency: _____
24. Are there any specific needs that you require to perform the assignment under the Americans with Disabilities Act?
 YES NO If "YES," please list: _____
25. a) Are you a U.S. Citizen? YES NO b) If "NO," provide Alien Registration #: _____
26. Do you possess a valid Passport? YES NO
If "YES," please list issuing country & Passport Number: _____

APPLICATION FOR VOLUNTEER STATUS
PART I – Volunteer Information (continued)

27. Have you traveled outside the continental United States in the past five years? YES NO

If "YES," please list destination and date of travel: _____

If "YES," please list reason for traveling to the destination: _____
(Attach additional sheets if necessary)

28. List any previous volunteer experience outside Corrections: _____

29. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group which advocated violence against individuals because of their ethnic origin, religion, political affiliation, nationality, gender, sexual orientation, or disability? YES NO

If "YES," please explain: _____

30. a) Have you ever been arrested and/or convicted of any crime (felony, misdemeanor, or criminal violation)?
Traffic infractions (e.g., speeding or parking tickets) need not be reported: YES NO

b) Any Charges pending? YES NO

c) Have you ever had an Order of Protection filed against you? YES NO

If you answered YES to questions A, B, or C you must fill out **PART II** – Criminal History of this application. This information will not necessarily preclude admission to a correctional facility if declared during the application process.

31. List full name(s), addresses, telephone numbers of two individuals, not relatives, who can verify your skills/ability to serve or perform your duties. By providing this information, you give permission for DOCCS to contact the below listed individuals.

REFERENCE #1

REFERENCE #2

Name: _____

Name: _____

Address: _____

Address: _____

City/State/ZIP: _____

City/State/ZIP: _____

Phone #: _____

Phone #: _____

Email Address: _____

Email Address: _____

APPLICATION FOR VOLUNTEER STATUS
PART II – Criminal History

COMPLETE NAME AND DATE, AND THEN ANSWER QUESTIONS 32-35 ONLY IF YOU ANSWERED "YES" TO PART A, B, OR C OF QUESTION #30 ON PART I (VOLUNTEER INFORMATION) OF THIS APPLICATION FOR VOLUNTEER STATUS FORM.

Name: _____ Date: _____ / _____ / _____

32. Criminal History: Please provide the following information for all of your convictions. If you served time in a New York State, Federal, or County Correctional Facility, please provide your Departmental Identification Numbers(s) and the name(s) of the facilities in which you were incarcerated.

NOTE: REPORT CONVICTIONS FOR FELONY, MISDEMEANOR, AND CRIMINAL VIOLATION OFFENSES. TRAFFIC INFRACTIONS NEED NOT BE REPORTED.

a) Charge/Charges: _____ Arresting Agency: _____

Conviction Date: ___ / ___ / ___ Sentence: _____ DIN: _____

Facility(s) where incarcerated: _____ Time Served: _____

If you were incarcerated in NYS did you have any documented enemies? If yes, please enter information below:

Name: _____ DIN: _____ Name: _____ DIN: _____

Name: _____ DIN: _____ Name: _____ DIN: _____

Date released from incarceration: ___/___/___ Date released from parole/probation supervision: ___/___/___

Name of Parole or Probation Officer: _____

Location: _____ Telephone Number: _____

b) Charge/Charges: _____ Arresting Agency: _____

Conviction Date: ___ / ___ / ___ Sentence: _____ DIN: _____

Facility(s) where incarcerated: _____ Time Served: _____

Date released from incarceration: ___/___/___ Date released from parole/probation supervision: ___/___/___

Name of Parole or Probation Officer: _____

Location: _____ Telephone Number: _____

If additional space is needed, please attach an additional sheet with the pertinent information.

33. Are you currently on active probation or parole supervision? YES NO

If "YES," please provide the following information:

a) Nature of crime: _____ Arresting Agency: _____

Conviction Date: ___ / ___ / ___ Sentence: _____ DIN: _____

Time Served: _____ Date released from incarceration: ___ / ___ / ___

Anticipated release date from parole or probation supervision: ___/___/___

Name of Parole or Probation Officer: _____

Location: _____ Telephone Number: _____

APPLICATION FOR VOLUNTEER STATUS
PART II – Criminal History (continued)

NOTE: PAROLE/PROBATION INFORMATION – IF YOU ARE CURRENTLY ON PAROLE/PROBATION, YOU WILL NEED TO OBTAIN WRITTEN APPROVAL FROM YOUR PAROLE/PROBATION OFFICER FOR EVERY FACILITY IN WHICH YOU WISH TO PROVIDE A SERVICE.

34. If charges are currently pending against you, please explain the nature of the charge(s):

Date of Arrest: ____ / ____ / ____ Police Agency: _____

Crime: _____ Felony Misdemeanor Drug/Domestic Violence Violation

Have you appeared in Court? YES NO Date: ____ / ____ / ____

Next court appearance: ____ / ____ / ____

Have you forfeited bail bond to guarantee your appearance in court to answer these charges? YES NO

Give brief description of the circumstances: _____

35. Please include the following information regarding any Order of Protection filed against you:

Date Order of Protection was filed: ____ / ____ / ____

Court location where the Order of Protection was issued: _____

Name of the person the Order was filed on behalf of: _____

Relationship: _____

Is the Order still in effect: YES NO If "NO", date ended: ____ / ____ / ____

I HEREBY ACKNOWLEDGE THAT THE STATEMENTS MADE ABOVE ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

NOTE: FALSE OR KNOWINGLY OMITTED STATEMENTS MAY BE GROUNDS FOR TERMINATION OF VOLUNTEER STATUS AND PERMANENT EXPULSION FROM A CORRECTIONAL FACILITY. FALSE AND KNOWINGLY OMITTED STATEMENTS MAY BE GROUNDS FOR PROSECUTION IN ACCORDANCE WITH PENAL LAW SECTION 210.45.

APPLICANT NAME: (PRINT) _____ DATE: _____

APPLICANT'S SIGNATURE: _____

OFFICIAL USE ONLY

STAFF REVIEW

I have reviewed this application to ensure that it has been completed in its entirety and the individual has provided government-issued identification to verify their identity. I also affirm that the signature herein is the signature of the applicant.

RECEIVING NYSDOCCS EMPLOYEE (PRINT): _____ TITLE: _____

RECEIVING NYSDOCCS EMPLOYEE (SIGNATURE): _____

New York State Department of Corrections & Community Supervision
 Division of Ministerial, Family and Volunteer Services

APPLICATION FOR VOLUNTEER STATUS – Part III – Facility Executive Review

Name of Volunteer: _____ Volunteer Program: _____ Facility: _____

(Check Volunteer Frequency box, provide ALL DATES that apply)

<input type="checkbox"/> For ONE-TIME Volunteer Applicants (direct staff supervision required during program)	Date completed
Application for One-Time Volunteer Status (MFVS3080A) received & saved to Volunteer Services Shared Drive	
Automated Criminal History Check (CHC) Request Form submitted to EIU	
CHC response returned from EIU and saved to Volunteer Services Shared Drive	
For Applicants with NYS DIN, review FPMS screen 20***	
Permission received from Parole/Probation Officer (if applicable)	
Volunteer Standards of Conduct & All Applicable Policies signed	
Volunteer Orientation (appropriate to activity, to be conducted by Volunteer Staff Supervisor)*	
<input type="checkbox"/> For OCCASIONAL Volunteer Applicants (Direct Staff Supervision required during program)	
Application for Volunteer Status (MFVS3080, Parts I & II) received & saved to Volunteer Services Shared Drive	
Automated Criminal History Check (CHC) Request Form submitted to EIU	
CHC response returned from EIU and saved to Volunteer Services Shared Drive	
For Applicants with NYS DIN, review FPMS screen 20***	
Permission received from Parole/Probation Officer (if applicable)	
Volunteer Standards of Conduct & All Applicable Policies signed	
Volunteer Orientation (appropriate to activity, to be conducted by Volunteer Staff Supervisor)*	
<input type="checkbox"/> For REGULAR/ONGOING Volunteer Applicants (Indirect Staff Supervision permitted during program)	
Letter of Endorsement of Applicant from Key Volunteer/Community Group received	
Application for Volunteer Status (MFVS3080, Parts I & II) received & saved to Volunteer Services Shared Drive	
Automated Criminal History Check (CHC) Request Form submitted to EIU	
CHC response returned from EIU and saved to Volunteer Services Shared Drive	
For Applicants with NYS DIN, review FPMS screen 20***	
Permission Received from Parole/Probation Officer (if applicable)	
Personal Letters of Reference received	
Applicant Fingerprinted by facility *	
Fingerprint Results returned from EIU**	
Date of Interview / Staff Member: _____	
Volunteer Standards of Conduct & All Applicable Policies signed*	
TB Test completed*	
ID Card completed*	
Volunteer Job Description*	
Volunteer Orientation (to be conducted by Supervisor of Volunteer Services)*	

*TO BE COMPLETED BY SCFVS AFTER INITIAL APPROVAL BY EXECUTIVE STAFF

**FOR PERSONS WITH DEROGATORY RESULTS

***COMPLETED BY DSP/DSS MUST CONTACT INCARCERATED INDIVIDUAL'S RELEASE FACILITY

Additional Notes/Comments: _____

DSP: _____ Approve Disapprove _____
 Signature Date

DSS: _____ Approve Disapprove _____
 Signature Date

Superintendent: _____ Approve Disapprove _____
 Signature Date

If "Disapproved," provide reason: _____

If approved, the volunteer will be assigned to (identify area): _____

Name/Title of Volunteer Staff Supervisor: _____

Name/Title of Staff Member completing report: _____ Date: _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

APPLICATION FOR VOLUNTEER STATUS
PART IV – Acknowledgement of Orientation

INSTRUCTIONS: UPON COMPLETION OF ORIENTATION, THE VOLUNTEER AND SUPERVISOR OF VOLUNTEER SERVICES CONDUCTING THE ORIENTATION WILL CHECK ALL AREAS COVERED.

Applicant's Name (please print): _____ Date: ____ / ____ / ____

On this date, I attended orientation, and I was provided with the following information relevant to becoming a volunteer with the NYS Department of Corrections & Community Supervision:

1. A brief overview of the NYS Department of Corrections & Community Supervision.
2. General information pertaining to the correctional facility where I will be assigned.
3. Volunteer Standards of Conduct and all Applicable Policies have been discussed and acknowledged in writing.
4. Discussion of contraband and the NYS Penal Law.
5. I understand that if I am injured while performing my approved duties, I must immediately report said injuries to facility personnel.
6. I received information pertaining to HIV/AIDS/TB.
7. I reviewed the "Maintaining Professional Boundaries" Training.
8. I have met/been informed who my Volunteer Staff Supervisor will be.
9. I understand that I shall report in writing any arrest for a violation which alleges domestic violence and/or possession of a controlled substance, any misdemeanor, or any felony to the facility Superintendent or designee (not to fall below the level of Watch Commander) as soon as possible, but in any event no later than the first working day following the arrest.
10. I received a copy of the memorandum from the Commissioner regarding the policy on the Prevention of Sexual Victimization. I understand the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents under DOCCS' sexual abuse and sexual harassment prevention, detection, and response policies and procedures. I signed an acknowledgement of receipt and understand the Prison Rape Elimination Act (PREA) policy outlined in the memorandum.
11. I received a copy of the memorandum from the Deputy Commissioner/Chief Medical Officer regarding suicide prevention in a correctional setting and reviewed the "Warning Signs of Acute Suicide Risk: IS PATH WARM" Training. I signed an acknowledgement of receipt and understand my responsibility to report any changes in behavior or specific suicide threats immediately to the nearest NYS DOCCS employee.
12. I fully understand that there is no expectation of privacy with regard to my duties within a correctional facility setting and that security monitoring, including electronic monitoring, may occur.
13. I understand the carrying or possession of electronic devices including, but not limited to: Fitbits, cellular phones, pagers, personal digital assistants, cameras, recording devices, two-way radios, laptop computers, or other similar electronic devices is strictly prohibited anywhere inside a correctional facility.
14. I completed the Volunteer Quiz and was given an opportunity to discuss the answers.
15. I am aware that I am required to notify the Supervisor of Correctional Facility Volunteer Services (SCFVS) if I know and/or recognize any incarcerated individuals at the NYS DOCCS facility(s) where I provide service.

APPLICANT SIGNATURE: _____ DATE: ____ / ____ / ____

STAFF SIGNATURE: _____ DATE: ____ / ____ / ____
(Person who provided the orientation)

TITLE: _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

APPLICATION FOR VOLUNTEER STATUS
PART V - Acknowledgement of Refresher Orientation

Volunteer's Name (please print): _____ Date: _____

On this date, I attended a refresher orientation and was provided with the following information relevant to continuing as a volunteer with the NYS Department of Corrections & Community Supervision:

1. Volunteer Standards of Conduct and all applicable policies have been discussed and acknowledged in writing.
2. I completed the Volunteer Quiz and was given an opportunity to discuss the answers.
3. We discussed contraband and the NYS Penal Law.
4. I understand that if I am injured while performing my approved duties, I must immediately report said injuries to facility personnel and complete an accident report.
5. I reviewed the "Maintaining Professional Boundaries" training.
6. I understand that I shall report in writing any arrest for a violation which alleges domestic violence and/or possession of a controlled substance, any misdemeanor, or any felony to the facility Superintendent or designee (not to fall below the level of Watch Commander) as soon as possible, but in any event no later than the first working day following the arrest.
7. I fully understand that there is no expectation of privacy with regard to my duties within a correctional facility setting and that security monitoring, including electronic monitoring, may occur.
8. I understand the carrying or possession of electronic devices including, but not limited to, Fitbits, cellular phones, pagers, personal digital assistants, cameras, recording devices, two-way radios, laptop computers, or other similar electronic devices is strictly prohibited anywhere inside a correctional facility.
9. Information gained as a Department of Corrections and Community Supervision volunteer may be used for an interview or publication only with the prior written approval of the Director of Public Information. This includes publishing information on the internet (e.g., blogging, social media websites). Any person working for any editorial or news department of any media or organization will not be allowed to serve as a volunteer without the specific approval of the Director of Public Information.
10. I received a copy of the memorandum from the Deputy Commissioner/Chief Medical Officer regarding suicide prevention in a correctional setting and reviewed the "Warning Signs of Acute Suicide Risk: IS PATH WARM" training. I signed an acknowledgement of receipt and understand my responsibility to report any changes in behavior or specific suicide threats immediately to the nearest NYS DOCCS employee.
11. I am aware that I am required to notify the Supervisor of Correctional Volunteer Services (SCFVS) if I know and/or recognize any incarcerated individuals at the NYS DOCCS facility(s) where I provide service.

APPLICANT SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____
(Person who provided the orientation)

TITLE: _____

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
REVIEW OF REQUEST – INCARCERATED ORGANIZATIONS

Form #3089A

Form #3089B

Form #3089C

Incarcerated Organization Name	Facility	Date of Application
Title of Fundraiser/Special Project/Special Event		

Facility Review

Recommendation: Justification:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____	Incarcerated Organization Staff Advisor	_____
Signature		Date
Recommendation: Justification:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____	Incarcerated Organization Coordinator	_____
Signature		Date
Recommendation: Justification:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____	Deputy Superintendent – Programs	_____
Signature		Date
Recommendation: Justification:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove
_____	Deputy Superintendent – Administration	_____
Signature		Date

Incarcerated Organization Name	Facility	Date of Application
Title of Fundraiser/Special Project/Special Event		

Facility Review

Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> Returned
Justification:			
_____	Deputy Superintendent – Security	_____	
Signature		Date	
Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> Returned
Justification:			
_____	Superintendent	_____	
Signature		Date	

Do not forward to Central Office unless request is denied.

Central Office Review

Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> Returned
Justification:			
_____	Director of Education	_____	
Signature		Date	
Recommendation:	<input type="checkbox"/> Approve	<input type="checkbox"/> Disapprove	<input type="checkbox"/> Returned
Justification:			
_____	Assistant Commissioner – Program Services	_____	
Signature		Date	