Deanna Fortier, the woman in charge at Merrimack County (Boscawen) contacts applicants for a one on one informal interview after reviewing the form. Very easy.

The form is the 2 pages following this one, and should be printed, filled out, and mailed to the below address. Please do not include this instruction page with your mailing, and

THANK YOU FOR VOLUNTEERING!!

Mail to:

Merrimack County House of Corrections Attn: Deanna Fortier 314 Daniel Webster Highway Boscawen, NH 03303

		*	
	*		
		•	in .
		*	
			1



MERRIMACK COUNTY DEPARTMENT OF CORRECTIONS

CITIZEN INVOLVEMENT/VOLUNTEER APPLICATION - PART 1 PLEASE PRINT

	OFFICE USE ONLY:	
decision and an arrangement	Criminal Records Review Dated:	
	Completed By:	
athematical and	Recommended Not Recommended	
-		

James 1	AS NEEDED OR REQUIRED, ATTACH CRIZEN INVOLVEMENT APPLICATION PART 2 AND STATEMENTS OF EXPLANATION OR CREDENTIALS. ALLOW IS BUSINESS DAYS FOR PROCESSING									A	blaovsq	Tentroppe	Denied	1				
REQUIRED PERSONAL INFORMATION - STRINGENT CONFIDENTIALITY MAINTAINED FOR ALL PERSONAL DATA																		
O Mrs.	00	DR. Rev.	To	GE	(DER WALE	DATE OF BIRTH (mm/dd/yyyy) SOCIAL SECURITY NUMBER:							er in Learning in A mind debrooms (Consistent Anna Angele (Anna Anna Anna Anna Anna Anna Anna Ann					
	1	Mary,	10			F	TAPE	OF BIRT	13+	********	-CHATCHING AT				naveral section in the section	NAME OF TAXABLE PARTY O	**************************************	gggggggggggggggggggggggggggggggggggggg
O MR.	0	Annua service recognists		1432							гэ	OTUE	r Cou	TDV.				
LEGAL N.	A B SET-	LAST!	Laber		***************************************			RST NAM	USA		L L MI	VINE	N COL	VINI.	***************************************	restablishment Turb & se	Maria de Principio	SUFFIX
	SITELON	Bot hat b	vrores.				. 4. 4.2	1,231,345,34	\$ 5-c		2522							22,24.6 524
CHECK TY	ered to en	ter corrections	l facility	}	CTION F RESIDENC	D-	ST	ATE IS	suing ID	D	RIVI	ER'S L	ICENSE	#ORY	/ALID (GOVT.	ISSUE	D PHOTO ID#
VALID M	ILITARY IOTO ID	ID CARD	(ACTIV M STA	VE DU	TY ONLY) RESIDENCE		erinistrative properties			(Angris report) persent								
\$40,00000000000000000000000000000000000	MORPHANISA PRINCIPAL	(IF FOREIG	NAME AND ADDRESS OF	TIONA	L)	Opaintenupey		eraeranasangadesanis; 27g	onnecessories		(AND AVENUE AND A	ator estimate delication and	Taken Andrews Company	andrewson a street	*	Named Street, Contraction Street,	neadest section and a	MARINENETTHEWAY AND
CURRENT	Maili	ING ADD	KESS					1	OWN					STATE	TE ZIP CODE			
LIST ANY/A	r Ori	ico Anno	recte	nescr i tte enschaa		Parjosit vicinjena vi	and the state of t	144 - 144 -	na v na kapinini na vida pina kanini	No. of the collection and the	ecopo proceducion	CP CATCHING THE PROPERTY OF CATCHING THE CAT		nd Arthur Market and Allaho	NY INSURANTE POSTWO-NEW SERVICE	Mesonario en el lectura por pe	H davlerniy shepinda sap qua	enne en maria de la companie de la c
USED IN PAS			G-3-3/G-3	-														~
LIST ANY/A				(noiz														
	nencentre reser	ANSWE	REA	CH Q	UESTION.	FUL	L DISCI	LOSURI	E REQUIR	ED FOI	R EA	CH AF	FIRMA	TIVE (YES)	ANSW	ER	are inferiorisensembler arminer en operativa geschenbyed
1. ANY CL	RREN	T/PAST C	ITIZE	N INT	/OLVEME	VT OR	VOLLE	JTEER (SERVICE I	N CORR	FCT	inive?			FIN	n fl	Vec 1	WHERE/WHEN
2. ANY CL	IRREN	T/PAST C	ORRE	CTIC	NAL EMP	.OYM	ENT OR	APPLIC	CATION FO	OR SAM	E?				IIN	0,[]	YES,	WHERE/WHEN
3. HAVE A												NT?				lo, []		
5. ARE YO					Association	weeks.						?				lo, [
6. HAVE Y											s?					lo, []		
7. ARE YO											41 E	ACH E	T (*)		M	[0, [1]	YES,	197000
8. ANY FAMILY MEMBER AN INMATE WITH THE MCDOC OR ANY CORRECTIONAL FACILITY 9. ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF MCDOC OR ANY CORRECTIONAL								ORITY			YES,							
10. DURING THE PAST 2 YEARS, ON ANY INMATE VISITING LIST AT ANY CORRECTIONAL FACILITY?									YES,									
11. CORRE	SPONE	O HTIW C	RREC	EIVE	PHONE C	ALLS	FROM A	INY INA	MATE?						[]N	0, []	YES,	WHO
COMMENTO	IN EACH	i affirma	TIVE(YES)	ANSWER; U	SE ADD	ITIONAL	. PAGES	AS NEEDED	•								
Total principle (Control of Control of Contr																		
de primingue de constant																		
I do hereby co	ertify th	at all infor	mation av be	l hav	e provided ds for not a	the dep	artment	on this fo	orm, and an	y attacho smissim	nents me a	, is acci	urate and	comple	te and u dunteer	ndersta service	nd that i	faise statements e to abide by all
applicable Ne	w Ham	pshire law	s, and	Merri	mack Count	y Depa	utment o	of Correct	tions rules a	ind regul	ation	s gover	ning per	sons wit	hin a cor	unty co	rrection	al facility,
especially those policies relating to confidentiality. I hereby authorize and consent to a review of and full disclosure of any and all records, including criminal/motor vehicle records, concerning myself to any duly authorized agent of the Merrimack County Department of Corrections. I also certify that any persons, agencies, schools, employers, organizations or businesses who may furnish such information concerning me shall be held harmless for releasing said information. I understand such																		
review is requ	iired be	fore I am a	Howec	d to cr	iter/serve at	any M	CDOC fi	acility an	d that refus	al to pro	vide a	ill nece	ssary inf	ormatio	n may re	sult in	() denia	of entry and 2)
denial of certification. This authority shall continue until the end of the calendar year unless revoked by me in writing. I recognize the potential risks with, and assume personal responsibility for, my involvement with MCDOC inmates. I will inform the MCDOC of any changes to the information furnished on this application, once																		
approved, including change of address and phone, location or area of service, and will report any ensuing criminal arrest, conviction or related justice system matter. I understand as a volunteer I will not receive any financial reimbursement or compensation from the MCDOC for my services, time, or expenses. I certify to the best of																		
my knowledg	e and b	eliefs, all o	fmys	tatem														
SIGNATUR	M											3~	A Terr					
PARTERIAL STATE	-/											D	ATE:					

	SE		

APPLICANT NAME:									
OTHER PERSONAL INFORMATION									
TELEPHONE: HOME# WORK# CELL#									
EMAIL ADDRESS:	en de mandride de commençation de la litération de la commence de la commence de la confession de la commence del la commence de la commence del la commence de la commence	and the second s				-			
PREFERRED METHOD(S) OF CONTACT:	Home#[] Work#	[] Cell#	[] Ema	il[] (Other []				
Language Skills:	If Yes, list language(s) Other than English:	edi delek serijian sagda nilamagna arredan iz esa yosa iz indireta ya		CONTRACTOR AND A CONTRACTOR OF THE CONTRACTOR OF	The state of the s				
Are you multilingual? []No []Yes	and the state of t			C					
EMERGENCY CONTACT: RELATIONSHIP CONTACT PHONE									
AFFILIATION - Corrections involvement as a mer student of, this Entity, Agency, Organization, Group,			AND DESCRIPTION OF THE PARTY OF	The same of the sa	icate all days times Afternoon (12-4p)				
Community	Campas, or ram	Monday	Merning (8	an-rzpm)	MICHERAL (12-40)	mi Excusig (4-alum)			
Name of Organization:		Tuesday	A CONTRACTOR ASSOCIATION OF THE PARTY OF THE	tions out out the second size of the second					
Address:		Wednesday	AND THE PROPERTY OF THE PROPER		***************************************	***************************************			
Phone #:	Contact:	Thursday		CHACKET STREET,					
		Friday	ł	***************************************	ani, ang ganggangan ni interdesion kan ping interdesion ni kananan ni kananan ni kananan ni kananan ni kananan				
		Saturday							
		Sunday			arment product and coulder to the period and comment with the content and content.	Amende parts processed from the transfer of the content of the con			
PERSONAL REFERENCES: List persons who	may attest to your character a	nd/or hold a lea	dership role ir	the organia	ration for which you	intend to offer service			
Reference Name		Address	······································	The state of the s		one			
			The second secon		nance personal production of the state of th	agen mag at a glass to a ferman mag ag o you as tan an an an an an ann an an an an an an			
		with Contract to Contract Contract Section Contract Secti	A CONTRACTOR OF THE PROPERTY O	1	kalpynyk piarte konstrue ji Alfricon (kalban kalban kalban kalban kalban kalban kalban kalban kalban kalban ka	n vicinium promited to contrar annotes de festivant des despubliches minero de minere de productivamenta.			
	AND THE PERSON OF THE PERSON O		indometric in graphica de quand à mineri (qui definis), i		MERCANDO PROPERTO ANTONOMISTO POR PORTO POR PORTO PORT				
APPLICANT EMPLOYMENT HISTORY: List	current or most recent first	nikilangganga kelalumang na makanikan awa milanikan kelalum da kelalum da kelalum da kelalum da kelalum da kel	***************************************	numerous phonones	tive de l'encryption de le production de de l'échanisme de l'échanisme de l'encryption de l'échanisme de l'échanisme de l'encryption de l'échanisme de l'éch				
Occupation	each form the contract of the	r & Town	& Town Start End						
		an er nagne den jenne en en en er er er er er er e lære er lære e	***************************************		and the same of th	er Cartilla en man arministra la francia de la dela del Engello de La Cartilla de La cartilla de La Cartilla d La cartilla en man arministra la francia de la cartilla del Cartilla de La Cartilla de La Cartilla de La Carti			
			İ			e militaria e de marca de marca e marca e marca de menos de menos de menos en br>En en			
CATEGORIES OF VOLUNI	EER SERVICE WITH THE N	TERRIMACK C	OUNTY DEP.	ARTMENT	OF CORRECTIONS	en en reconstruire de entre en entre entre en entre en entre en entre en entre en entre entre en entre en entre E			
All volunteer services provided to persons in the custody of, or a	rader community supervision of, the Me Superintendent, and as delegat	rrimack County Dept ed to a designated str	artment of Correct off supervisor	ions shall be for	a specified term, at the di	rection and authority of the			
O VOLUNTEER LEVEL 1 - privileges for the					rivileges for extend				
 or one-time event: if applying for a position requiring to of current document and professional liability rider. Authorizati 	ense or certificate, attach photocopy	regula	r service or g	roup activit	ty. Submit completed (farts 1, 2 (for service a	Citizea			
event & new application is required for future participation.			ADMINISTRATIVE, CONSULTANT, INSTITUTIONAL SERVICES						
ORDAINED CLERGY - seeking only visiting roo									
incarcerated adherent or inmate-relative of faith community a Visitor. Must attach a letter from affiliated ecclesiastic auth		LIFE SKILLS - cognitive & social learning; parenting							
of religious qualifications, preparation, experience, competen counseling of a criminal offender incarcerated.		EDUCATION academic, career technical, library services							
OCCASIONAL CONSULTANT - expertise shar	red with MCDOC staff and or	HEALTH, WELLNESS AND RECREATION							
clients.		INTERN	VSHIP - post-	-secondary a	cademic study with	in MCDOC			
SOCIAL SERVICES AGENT - for visiting privi	leges in official capacity for the	RECOV	ERV - 12 sto	en fellowski	os, support groups&	relapse prevention			
organization cited in "Affiliation"		-							
SPECIAL EVENT VOLUNTEER OR GUES	RE-ENTRY PREPARATION AND COMMUNITY CORRECTIONS - pre- & post-release transition; mentoring								
12 mos.						ship, sacred ritual, and			
			ultural enrichn						
		REFORE CER	TIFICATION &	APPROVAL	MUST ATTEND OR	HENTATION (OR			
Purpose, Date(s), Time & Location of Involvement:	EQUIVALENT	TRAINING AT	RECERTIFIC	ATION). INITIAL VO	DUNTEER LEVEL 2				
				AR YEAR WITH CON					
		RECERTIFICATION (TO INCLUDE APPLICATION AND TRAINING), MAINTAIN CLOSE COMMUNICATIONS & ACCOUNTABILITY WITH DIRECTOR OF REHABILITATIVE							
	en door milymanisticus on consequence made statutory made systemate shi gibi dikanawa a sa ay na oy makkani in 1979	SERVICES.							
A market and the Mr. M. same	er alder (19 for internal and no	Friedrich the mais	in frementalisation of in	seminarence on f	remark Ligarian & programs				

Applicant must be 20 years or older (18 for intern), and not subject to any correctional supervision for at least 5 years.

Personal inmate visitor, or family member of inmate or person under the supervision of the MCDOC, may not be certified as a volunteer. Send completed Application with additional pages parts and supporting documents to:

Merximack County Department of Corrections

Attr.: Deanna Fortier

314 Daniel Webster Highway

Boscawen, NH 03303

MCDC FORM NO.-PROGRAMS & SERVICES-0050-(OCT 2011)-VOLUNTEER APPLICATION