

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
VOLUNTEER APPLICATION**

**PERSONAL INFORMATION (Please Print)**

The following information is needed for the TDCJ to conduct a criminal history check to determine whether access to TDCJ units, facilities, and offices should be approved. Applicants must be (18) years of age to apply. Applicants must have a clear criminal history for (18) months to be eligible and must have been released from prison for a period of (18) months at the time of application.

Please be sure to provide **ALL** of the requested information.

1. Name: \_\_\_\_\_ 2. Primary Phone#: ( ) \_\_\_\_\_ - \_\_\_\_\_  
(Last, First, MI)

Secondary Phone#: ( ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
(Name/Number)

3. Mailing Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_  
(Your email address helps Volunteer Services and staff of the volunteer program you will be serving in to contact you with information about your volunteer status or the status of a program you are involved with at the unit level.)

4. SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 5. Driver's License / State ID#: \_\_\_\_\_ ST \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 7. Place of Birth: City \_\_\_\_\_ ST \_\_\_\_\_

8. Sex:  Female  Male 9. What foreign language do you speak? \_\_\_\_\_

10. Race:  White  Black  Hispanic  Amer. Indian  Asian or Pacific Island  Other \_\_\_\_\_

11. Current Employer: \_\_\_\_\_ Title: \_\_\_\_\_

12. Have you ever been employed by the TDCJ?  Yes  No If yes, give division, department, location, title and dates of employment: \_\_\_\_\_

13. Are you a victim of, related to, or a friend of any TDCJ offender or releasee now supervised by the TDCJ?  Yes  No  
Name of Offender: \_\_\_\_\_ ID#: \_\_\_\_\_ Facility: \_\_\_\_\_  Victim  Relative  Friend

14. Are you related to a victim, or a friend of a victim, of any offender or releasee now supervised by TDCJ?  Yes  No  
Name of Offender: \_\_\_\_\_ ID#: \_\_\_\_\_ Facility: \_\_\_\_\_  Relative  Friend

15. List any offender that you are visiting in unit visitation **OR** knew prior to their incarceration.  Not applicable  
Name of Offender: \_\_\_\_\_ ID#: \_\_\_\_\_ Relationship: \_\_\_\_\_ Facility: \_\_\_\_\_  
(Attach additional pages as needed.)

**Please use this section to indicate the program area(s) you are interested in serving. All programs are subject to approval.**

- Chaplaincy**  **Substance Abuse Treatment Program**  
*Faith Identification:* \_\_\_\_\_ *Fellowship:* \_\_\_\_\_ *Sobriety Date:* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Place of Worship:* \_\_\_\_\_ *Practicum Student*  Yes  No
- Windham School District**  **Sex Offender Treatment Program**  **Parole Division**  **Victim Services**
- Student Intern**  **TTC/Halfway House**  **\*Other** \_\_\_\_\_

\* Other may include non-traditional programs, administrative/clerical assistance, or areas not indicated on this form. Please explain.

**Unit(s) of interest (includes offices):** \_\_\_\_\_

*For the security and safety of volunteers, offenders, and employees, criminal histories of applicants are reviewed and may require fingerprinting in some instances. Volunteer applicants with previous felony convictions are not necessarily excluded from participation. All applications will be reviewed and will receive a response.*

**Please complete ALL information and mail both packages to:**

**Texas Department of Criminal Justice  
Volunteer Services**  
P.O. Box 99  
Huntsville, TX 77342-0099

**For Windham School District, mail to:  
Windham School District**  
Division of Instruction  
PO Box 40  
Huntsville, TX 77342-0040

**Criminal History**

*When answering the following questions, do not include any violation of the law committed before your 17th birthday if the final decision was made in juvenile court or under a youth offender law; any conviction record that was expunged under federal or state law; or minor traffic violations. All other convictions must be included.*

- 1. Have you ever served time in any adult correctional facility? If yes, please provide the following:  Yes  No  
 Years served: \_\_\_\_\_ State: \_\_\_\_\_ ID #: \_\_\_\_\_ Release date: \_\_\_\_\_
- 2. Have you ever been a member of a gang?  Yes  No  
 If yes, name and description of gang: \_\_\_\_\_
- 3. Do you have any criminal charges currently pending?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- 4. Are you now or have you ever been placed on probation or parole?  Yes  No  
 If yes, provide beginning and ending dates: \_\_\_\_\_
- 5. Have you ever forfeited property/bond as a result of being charged with any criminal act?  Yes  No  
 If yes, please explain: \_\_\_\_\_
- 6. Do you have a maiden name, alias, or nickname? If yes, provide: \_\_\_\_\_  Yes  No
- 7. Have you ever been convicted\* of a crime?  **Felony**  **Misdemeanor**  Yes  No  
 \*Convicted includes deferred adjudication, community supervision and those that may not appear on record at this time, but excludes minor traffic violations. If yes, provide the information below. All convictions apply. Attach additional pages as needed.

When: \_\_\_\_\_ Where: \_\_\_\_\_

Charges: \_\_\_\_\_ Disposition: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Mo. Day Year

**Additional required documentation / information:**

- If you are currently on community supervision (parole or probation), a statement from your supervising officer indicating they are aware that you are applying to volunteer with the TDCJ and that you are meeting the requirements of your supervision must be submitted to Volunteer Services on original letterhead, signed and dated (see address above).
- If you are applying to volunteer with the chaplaincy program and have a criminal history, a recommendation/support letter from your pastor, or the spiritual advisor of the fellowship you are associated with, must be submitted to Volunteer Services on original letterhead, signed and dated (see address above).
- If you are applying to volunteer with the Victim Services program, a personal and professional letter of support must also be included with this application.

**Application must be filled out in its entirety or it will be returned.**

**Notice:** With few exceptions, you are entitled upon request: (1) to be informed about the information the Texas Department of Criminal Justice (the Agency) collects about you; and (2) under Texas Government Code §§552.021 and 552.023, to receive and review the collected information. Under Texas Government Code §559.004, you are also entitled to request, in accordance with the Agency's procedures, that incorrect information the Agency has collected about you be corrected.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
VOLUNTEER SERVICES PROGRAM**

**MONTHLY VOLUNTEER APPLICATION SUMMARY**

<b>FY _____</b>	<b>Number of Applications Received</b>	<b>Less those applications returned for completion</b>	<b>Less those applicants that have a current electronic file in VS00</b>	<b>Net Increase in Volunteer Applications Processed</b>
<b>September</b>				0
<b>October</b>				0
<b>November</b>				0
<b>December</b>				0
<b>January</b>				0
<b>February</b>				0
<b>March</b>				0
<b>April</b>				0
<b>May</b>				0
<b>June</b>				0
<b>July</b>				0
<b>August</b>				0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Texas Department of Criminal Justice**

**VOLUNTEER SERVICES  
CRIMINAL HISTORY QUESTIONNAIRE  
(Request for Additional Information)**

1. NAME \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ ST: \_\_\_\_\_  
LAST FIRST MI

2. Date released from institution (County Jail / TDCJ/ Federal/ Out of State) \_\_\_\_\_

3. Length of sentence served: \_\_\_\_\_ TDCJ# \_\_\_\_\_

4. Are you currently on parole or probation? **YES** or **NO** **If yes, please provide:**  
Parole expiration date: \_\_\_\_\_ Probation expiration date: \_\_\_\_\_

5. List prison (s) assigned to during incarceration: (e.g. Huntsville Unit, Ellis Unit, etc.)  
\_\_\_\_\_

6. If time served was in a state other than Texas please list:  Not applicable  
\_\_\_\_\_

7. Do you have any relatives, friends, enemies or victims incarcerated in TDCJ?  Yes  No  
Name of Offender: \_\_\_\_\_ Name of Offender: \_\_\_\_\_  
ID#: \_\_\_\_\_ Facility: \_\_\_\_\_ ID#: \_\_\_\_\_ Facility: \_\_\_\_\_  
 Relative  Friend  Enemy  Victim  Relative  Friend  Enemy  Victim

8. What unit(s) are you interested in providing volunteer services at: \_\_\_\_\_  
\_\_\_\_\_

9. What organization are you affiliated with? (i.e., Church, Mosque, AA, NA, etc.)  
\_\_\_\_\_

*Attach additional information if needed*

**Return to:  
Volunteer Services  
P.O. Box 99  
Huntsville, Texas 77342**

**Texas Department of Criminal Justice  
Volunteer Services**

**Volunteer Training Sign-In Roster**

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Name</b> (Please Print)	<b>Drivers License #</b> (last four digits only)
1	XXXX-
2	XXXX-
3	XXXX-
4	XXXX-
5	XXXX-
6	XXXX-
7	XXXX-
8	XXXX-
9	XXXX-
10	XXXX-
11	XXXX-
12	XXXX-
13	XXXX-
14	XXXX-
15	XXXX-
16	XXXX-
17	XXXX-
18	XXXX-
19	XXXX-
20	XXXX-
21	XXXX-
22	XXXX-
23	XXXX-
24	XXXX-
25	XXXX-

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Offender Volunteer Service Agreement**

\_\_\_\_\_  
(Print offender volunteer service title on this line)

\_\_\_\_\_  
(Print name of offender)

\_\_\_\_\_  
(Print unit name)

General Description: Offenders desiring to be a \_\_\_\_\_ must have a high level of commitment to chapel activities. Interested offenders shall send an I-60 to the chaplain requesting to be considered as \_\_\_\_\_. Offenders appointed shall be offenders who have demonstrated \_\_\_\_\_ and have shown a commitment to their faith. Offenders appointed shall be scheduled to \_\_\_\_\_.

Accountability: The offender shall report to the unit chaplain and the chaplain of their faith, where appropriate. The following factors are considered in selection: attendance and participation in religious study programs, attendance at worship services, medical and educational status, overall behavior and attitude, and disciplinary records. Members are expected to conduct themselves on the unit in a manner that demonstrates religious principles and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

Length of Service: Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The chaplain, unit staff, or an approved free world volunteer shall directly supervise the offender. Assignments shall be appropriate to the service and selected or approved by the unit chaplain. An approved and authorized free world volunteer may organize and provide directions for this volunteer activity.

Agreement: I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

Anticipated Schedule/Hours: \_\_\_\_\_ Circle Days: M T W Th F Sat Sun

\_\_\_\_\_  
(Signature of offender)

\_\_\_\_\_  
(TDCJ Number)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Chaplain, if approved)

\_\_\_\_\_  
(Date)

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Volunteer Assignment Description Form**

Name of Unit/Office <hr/> Name of Volunteer Assigned Staff Member <hr/> <input checked="" type="checkbox"/> Volunteer Assigned Staff Member Signature	Volunteer Name (Last, First, MI) <hr/> <input checked="" type="checkbox"/> Volunteer Signature <hr/> <input checked="" type="checkbox"/> Administrative Approval
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**Building and Housing Area Pastor**

**Responsibilities and Duties:**

This volunteer is accountable to the facility administrator or designee, chaplain, and security, and will participate in an on-going program of training, discussion, and evaluation by the chaplain;

Provides a ministry of visibility and availability for the chaplain;

Expedites some requests as directed by the chaplain, such as delivering literature and studies. All materials to be distributed to offenders shall be pre-approved by the unit chaplain;

Provides limited pastoral care, counseling, and religious education training to offenders in offender housing areas as assigned by the chaplain, including buildings, dorms, wings, pods, trusty camps, or wilderness camps, and in cell-to-cell contact with offenders who because of security or health restrictions cannot otherwise access chaplaincy services; and

Performs other duties as assigned by the chaplain.

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**Volunteer Purpose Code: CH** \_\_\_\_\_

**Anticipated Schedule:**

Hours: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Location of Volunteer Service: \_\_\_\_\_

Length of Service Commitment: \_\_\_\_\_

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Offender Volunteer Service Agreement**

**Chapel Card and Religious Literature Crew Member**

\_\_\_\_\_

*(Print name of offender)*

\_\_\_\_\_

*(Print unit name)*

General Description: Offenders desiring to be a part of the greeting card and religious literature ministry shall be persons faithful in attendance to chapel. Interested offenders shall send an I-60 to the chaplain requesting to be considered as a member of the chapel card and literature crew. The crew shall be limited to three offenders with one preferably bilingual, in English and Spanish. Offenders in the ministry will be involved in handing out cards religious literature at scheduled times through the unit's Chaplaincy Department.

Accountability: Card and literature crew members report to the unit chaplain. The following factors are considered in the selection: attendance and participation in religious study programs, attendance at worship services, medical and educational status, overall behavior and attitude, and disciplinary records. Card and literature crew members are expected to conduct themselves on the unit in a manner that demonstrates religious principles and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

Length of Service: Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

Duties: Sorting cards, Christmas, Mother's Day, Father's Day, Graduation, Get Well, and Sympathy and religious literature, such as study tracts, devotionals, denominational and prison ministry materials, and books into appropriate categories; making a display of cards and religious literature for offenders to choose from; storage of cards and religious literature; or hand-outs of cards and religious literature in the chapel at approved and scheduled times under the supervision of the chaplaincy staff. Offenders must be available to sort and hand out approved cards and literature during days and times scheduled by the unit chaplain. An authorized free world volunteer may organize and provide directions for this volunteer activity.

Agreement: I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

Anticipated Schedule/Hours: \_\_\_\_\_ Circle Day(s): M T W Th F Sat Sun

\_\_\_\_\_

*(Signature of offender)*

\_\_\_\_\_

*(TDCJ Number)*

\_\_\_\_\_

*(Date)*

\_\_\_\_\_

*(Signature of Chaplain, if approved)*

\_\_\_\_\_

*(Date)*

File in Chaplain's Unit file  
 Retention: length of service (1 yr. or less) + 1 year

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Offender Volunteer Service Agreement**

**Chapel Musician**

\_\_\_\_\_

*(Print name of offender)*

\_\_\_\_\_

*(Print unit name)*

General Description: Offenders desiring to be a chapel musician must demonstrate an ability to play the instrument of their choice. Interested offenders shall send an I-60 to the chaplain requesting an audition for consideration as a chapel musician. Offenders must demonstrate an ability to play the instrument of choice, be responsive to music directions, and have a desire to serve in music ministry to the unit. Musicians appointed must be available for authorized and scheduled chapel ministries and functions.

Accountability: Musicians shall report to the appropriate unit chaplain; for instance, music for mass would be the Catholic chaplain. The following factors are considered in selection: attendance and participation in religious study programs, attendance at rehearsals and worship services, medical and educational status, music and instrument experience, overall behavior and attitude, and disciplinary records. Musicians are expected to conduct themselves on the unit in a manner that demonstrates religious principles and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

Length of Service: Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

Duties: Musicians shall perform under the direction of the unit chaplain or an approved and authorized free world volunteer choir or music director. The chaplain, unit staff, or an approved free world volunteer shall directly supervise the musician. Musicians shall practice music approved by the chaplain for worship services and special activities. They shall attend practice and rehearsal sessions. Rehearsals shall be scheduled at the direction of the chaplain and in preparation for upcoming ministry functions.

Agreement: I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

Anticipated Schedule/Hours:

Circle Day(s): M T W Th F Sat Sun

\_\_\_\_\_

*(Signature of offender)*

\_\_\_\_\_

*(TDCJ Number)*

\_\_\_\_\_

*(Date)*

\_\_\_\_\_

*(Signature of Chaplain, if approved)*

\_\_\_\_\_

*(Date)*

File in Chaplain's Unit file

Retention: length of service (1 yr. or less) + 1 year

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Offender Volunteer Service Agreement**

**Choir Conductor**

\_\_\_\_\_ (Print name of offender)

\_\_\_\_\_ (Print unit name)

General Description: Offenders desiring to be a choir conductor must have a high level of commitment to chapel functions and activities. Interested offenders shall send an I-60 to the chaplain requesting to be considered as a choir conductor. The appointed offender must demonstrate an aptitude to conduct music and choirs.

Accountability: The choir conductor shall report to the appropriate unit chaplain; for instance, music for mass would be the Catholic chaplain. The following factors are considered in the selection: attendance and participation in religious study programs, attendance at rehearsals and worship services, medical and educational status, music experience, overall behavior and attitude, and disciplinary records. The choir conductor is expected to conduct oneself on the unit in a manner that demonstrates religious principles, spiritual leadership, and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

Length of Service: Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

Duties: The choir conductor shall lead the choir under the direction of the unit chaplain or an approved and authorized free world volunteer choir or music director. The chaplain, unit staff, or an approved free world volunteer shall directly supervise the choir conductor and choir. Ministry shall take place in a variety of settings scheduled by the chaplain. All music and songs practiced and performed by the choir shall be selected or approved by the chaplain. The choir conductor shall present the selection of music to the choir, lead or conduct choir rehearsals, and be accountable for any printed materials or resources assigned as the conductor's responsibility.

Agreement: I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

Anticipated Schedule/Hours:

Circle Day(s): M T W Th F Sat Sun

\_\_\_\_\_ (Signature of offender)

\_\_\_\_\_ (TDCJ Number)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature of Chaplain, if approved)

\_\_\_\_\_ (Date)

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Offender Volunteer Service Agreement**

**Choir Member**

\_\_\_\_\_

*(Print name of offender)*

\_\_\_\_\_

*(Print unit name)*

General Description: Offenders desiring to be a member of the choir must have a high level of commitment to chapel functions and activities. Interested offenders shall send an I-60 to the chaplain requesting to be considered as a member of the choir. Offenders appointed to the choir must demonstrate an ability to sing, be responsive to choral directions, and have a desire to serve in music ministry to the unit.

Accountability: Choir members shall report to the appropriate unit chaplain; for instance, music for mass would be the Catholic chaplain. The following factors are considered in selection: attendance and participation in religious study programs, attendance at rehearsals and worship services, medical and educational status, singing experience, overall behavior and attitude, and disciplinary records. Choir members are expected to conduct themselves on the unit in a manner that demonstrates religious principles and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment, etc., linked to this service.

Length of Service: Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

Duties: Choir members shall perform under the direction of the unit chaplain or an approved and authorized free world volunteer choir or music director. The chaplain, unit staff, or an approved free world volunteer shall directly supervise the choir conductor and choir. Choir members shall rehearse and perform music approved and assigned to the choir conductor by the chaplain. Ministry will take place in a variety of settings. Rehearsals shall be scheduled at the discretion of the chaplain. A regular weekly rehearsal will be provided for the choir members.

Agreement: I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

Anticipated Schedule/Hours:

Circle Day(s): M T W Th F Sat Sun

\_\_\_\_\_

*(Signature of offender)*

\_\_\_\_\_

*(TDCJ Number)*

\_\_\_\_\_

*(Date)*

\_\_\_\_\_

*(Signature of Chaplain, if approved)*

\_\_\_\_\_

*(Date)*

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Offender Volunteer Service Agreement**

**Christian Communion Server**

\_\_\_\_\_

*(Print name of offender)*

\_\_\_\_\_

*(Print unit name)*

General Description: Christian, non-Roman Catholic, offenders desiring to be communion servers must demonstrate a high level of commitment to chapel activities. Interested offenders shall send an I-60 to the unit chaplain requesting to be considered as a Christian communion server. Communion servers appointed will be involved in the preparation of communion elements for the scheduled worship services of the chapel.

Accountability: Communion servers shall report to the appropriate unit chaplain. The following factors are considered in selection: attendance and participation in Bible study programs, attendance at worship services, medical and educational status, overall behavior and attitude, and disciplinary records. Members are expected to conduct themselves on the unit in a manner that demonstrates religious principles and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

Length of Service: Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

Duties: The chaplain, unit staff, or an approved free world volunteer shall directly supervise the Christian communion servers. Communion servers arrive at the meeting place at least 30 minutes in advance of the worship service or meeting in order to prepare the communion elements, assist in serving the communion elements to offenders in a manner prescribed by the chaplain, wash the communion ware after use and safely place it in the chapel storage area, monitor the supply of communion elements, report to the chaplain each week how many offenders participated, and any other communication which would ensure the continued service of the Holy Communion. An approved and authorized free world volunteer may organize and provide directions for this volunteer activity.

Agreement: I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

Anticipated Schedule/Hours:

Circle Day(s): M T W Th F Sat Sun

\_\_\_\_\_

*(Signature of offender)*

\_\_\_\_\_

*(TDCJ Number)*

\_\_\_\_\_

*(Date)*

\_\_\_\_\_

*(Signature of Chaplain, if approved)*

\_\_\_\_\_

*(Date)*

File in Chaplain's Unit file

Retention: length of service (1 yr. or less) + 1 year

### CVCA Internship Training Program Report

Chaplain: \_\_\_\_\_ Unit: \_\_\_\_\_

Intern's Name: \_\_\_\_\_ DL#: \_\_\_\_\_

Starting Date: \_\_\_\_\_ **Volunteer's Initial & Date Completed** **Chaplain's Initial**

- |  |       |       |
|--|-------|-------|
| 1. Religious Policy Statement (ED-07.29)   | _____ | _____ |
| 2. Administration of Volunteer Services (AD-07.35;<br><i>Volunteer Services Plan</i> )                           | _____ | _____ |
| 3. Administration of Mentor Services (AD-07.38)  | _____ | _____ |
| 4. CVCA Policy (CP-14.04)  | _____ | _____ |
| 5. Curriculum/Programming/Program Notebook<br>(CP-02.01; CP-02.03)   | _____ | _____ |
| 6. Offender family emergency procedures (CP-11.04; CP-11.05)   | _____ | _____ |
| 7. Emergency Phone Calls for Offenders (CP-11.11)  | _____ | _____ |
| 8. Offender Housing Ministry<br>(Buildings/Dorms, Segregation, Medical, etc.)                                    | _____ | _____ |
| 9. Impermissible Offender Conduct (AD-03.02)   | _____ | _____ |
| 10. Confidentiality<br>(TDCJ Non-Disclosure Agreement - EMPL3, Rev. 03/30/07)                                    | _____ | _____ |
| 11. Chaplaincy Department Manual   | _____ | _____ |
| 12. Pluralistic ministry (Program schedules, Worship, Studies, etc.)   | _____ | _____ |
| 13. Office procedures/record keeping<br>(IOC'S, I-60 Requests, Lay-ins, Monthly Reports, VS00, R050, TP00, etc.) | _____ | _____ |
| 14. Unit specific policies/procedures identified by warden/chaplain  | _____ | _____ |
| 15. <i>Helping Hands</i> , Daniel J. Bayse – Required reading  | _____ | _____ |
| 16. <i>Games Criminals Play</i> , Allen/Bosta - Strongly Recommended   | _____ | _____ |

Total Training Hours: \_\_\_\_\_ Completion Date: \_\_\_\_\_

The above named person has completed the requirements of the CVCA internship training program:

\_\_\_\_\_  
(Chaplain's Signature)

\_\_\_\_\_  
(Date)

Regional Chaplain's Approval: \_\_\_\_\_  
(Signature) (Region) (Date)

Volunteer Services - VS00 Noted and Certificate Issued: \_\_\_\_\_  
(Initial) (Date)

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

### Non-Disclosure Agreement

Name: \_\_\_\_\_ SS No: \_\_\_\_\_

Organization: \_\_\_\_\_ Dept/Unit: \_\_\_\_\_

Position: \_\_\_\_\_ Requesting Chaplain: \_\_\_\_\_

Warden: \_\_\_\_\_ Warden's Signature: \_\_\_\_\_

VS00 Requested: Yes or No (Please note: not every volunteer will be granted access)

#### I understand and agree to abide by the following:

1. Any information concerning any person, system, or asset of the Texas Department of Criminal Justice (TDCJ) which is obtained while performing my duties is of value to the state and may be confidential or sensitive. I will disclose information to which I have access only as authorized by the TDCJ owner of the information.
2. Computer system passwords I receive or devise is confidential. I will NOT disclose any password or post them where they may be viewed by others; this includes a coworker, manager, supervisor, friend, partner, administrative assistant, or others. The only exception to this rule is in the event an Information Technology specialist requires the password to resolve an access problem. Once the problem has been corrected I will immediately change my password. Use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited. I am responsible for any computer transaction performed as a result of access authorized by use of my password.
3. I will use information resources for authorized purposes only. I will NOT attempt to circumvent the computer security system by using or attempting to use any transaction, software, files, or resources I am not authorized to use.
4. Any copyrighted material, including but not limited to commercial computer software, which may be made available, is protected by copyright laws and is NOT to be copied for any reason without permission from the copyright owner.
5. Failure to observe these restrictions may constitute a "Breach of Computer Security" as defined in the Texas Penal Code section 33.02.

TDCJ Employee/

Non-TDCJ User

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Employee/Non-TDCJ User:** With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Sections 552.021 and 552.023 of the Government Code, to receive and review the collected information. Under Section 559.004 of the Government Code you are also entitled to request, in accordance with TDCJ procedures, that incorrect information that the TDCJ has collected about you be corrected.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Volunteer Assignment Description Form**

<b>Name of Unit/Office</b>	<b>Volunteer Name (Last, First, MI)</b>
<b>Name of Volunteer Assigned Staff Member</b>	<b>Volunteer Signature</b>
<input checked="" type="checkbox"/> _____ <b>Volunteer Assigned Staff Member Signature</b>	<input checked="" type="checkbox"/> _____ <b>Administrative Approval</b>

**Certified Volunteer Chaplain's Assistant**

I agree to uphold the policies and procedures of the Texas Department of Criminal Justice. I recognize that the services I provide are voluntary and that I am accountable to the unit chaplain(s) as my immediate supervisor, and to the unit volunteer authority (warden/designee) as well as unit security. I have completed 60 hours of Chaplaincy Department training, and have read and been instructed in:

Religious Policy Statement (ED-07.29, AD-07.30); Volunteer Policy (AD-07.35; *Volunteer Services Plan*); Mentoring Policy (AD-07.38); CVCA Policy (CP-14.04); Curriculum/Programming/Program Notebook (CP-02.01; CP-02.03); Offender family emergency procedures (CP-11.04; CP-11.05); Emergency Phone Calls for Offenders (CP-11.11); Offender Housing Ministry; Impermissible Offender Conduct (AD-03.02); Confidentiality; Chaplaincy Department Manual; Pluralistic Ministry; and office procedures and record keeping.

**Responsibilities and Duties:**

1. All duties shall be under the supervision (direct or indirect) of the unit chaplain(s);
2. Assist the unit chaplain(s) in managing a comprehensive chapel program;
3. Provide pastoral and administrative leadership in the absence of the unit chaplain(s);
4. Help coordinate the schedule of volunteers and ministry groups, but not supervise;
5. Make routine unescorted visits throughout the unit;
6. When authorized, deliver crises messages and providing emotional and spiritual support;
7. When authorized, provide offender phone calls to the appropriate family member in the case of offender family critical illness or death;
8. Assist with Offender I-60 Requests;
9. Assist in screening religious material for compliance with AD-7.30;
10. When authorized, use office equipment for administrative support and day-to-day office management tasks; and
11. With authorized "USERID," access mainframe to enter offender program lay-ins, record volunteer visits on the VS00 screen, and track offender program activity on chaplaincy ITP screens.
12. The CVCA shall **NOT**: Supervise offenders; supervise other volunteers; attend unit staff meetings in an official capacity; attend unit committees such as UCC, ACA, etc.; work offender deaths, even in the absence of the unit chaplain; and have access to confidential information, such as offender travel cards, offender files, disciplinary screens, etc.

**Anticipated Schedule:**

Hours: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Location of Volunteer Service: \_\_\_\_\_

Length of Service Commitment: \_\_\_\_\_

### Denominational Leave Request Form

To: RPD Manager III-Support Services Date: \_\_\_\_\_

Thru: Warden Subject: Denominational Leave Approval

Unit Name: \_\_\_\_\_ Faith Group: \_\_\_\_\_

From: \_\_\_\_\_  
(print name) Chaplain

Chaplain's  
Signature \_\_\_\_\_

Dates requested: From: \_\_\_\_\_ To: \_\_\_\_\_

**Description of Leave:**

Requesting denominational leave to attend training or seminar as mandated to obtain endorsement and to enhance professional growth that is vital to support others in their spiritual growth. Denominational leave absence is carried as regular work time and not administrative leave.

**Other comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*This form along with the required documentation must be received by the RPD Manager III – Support Services or designee office no later than 14 days before the event date. \*\*\***

\_\_\_\_\_  
Warden's Signature      Concur      Non-concur      Date: \_\_\_\_\_

\_\_\_\_\_  
RPD Manager III – Support Services or designee's signature      Concur      Non-concur      Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Denominational Leave Balance: \_\_\_\_\_ Date Verified By: \_\_\_\_\_  
Denominational Leave Taken: \_\_\_\_\_ Verified By: \_\_\_\_\_  
Denominational Leave Remaining: \_\_\_\_\_ Date approval sent to Chaplain/Unit HR: \_\_\_\_\_

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Faith-Based Dorm Offender Participation Form**

I, (Print Name) \_\_\_\_\_ (TDCJ #) \_\_\_\_\_ do hereby volunteer to participate in the \_\_\_\_\_ unit faith-based dorm. The program in its entirety has been explained to me, and I understand that:

1. The program is a faith-based program of support.
2. I will live in a housing unit that is set aside for the program.
3. I will abide by the rules for program participation and of the facility.
4. In order to stay in the program, I must participate in every component of the program, unless given an excused absence in advance. Non-participation will result in removal from the program.
5. Participation in the faith-based dorm is not contingent upon my faith preference.
6. I may voluntarily leave the program at any time without negative repercussions. However, if I choose to leave the program, future application to participate may be denied.
7. I will not be given extra credit to shorten my sentence by volunteering for the program.
8. I will encourage my family members to be involved with support services offered.
9. I understand that I may not have the same privileges that are provided to general population due to the schedule and requirements for participation in the program.
10. My decision to participate in the program will not affect my consideration for discharge or parole.
11. I acknowledge that my decision to participate in the program is of my own free will.
12. Disciplinary infractions may result in my program removal. Major disciplinary will apply based on TDCJ Rules of Conduct. Minor disciplinary will be reviewed by the warden and chaplain on an individual basis.
13. I agree that the state may release information in its possession regarding my criminal history, education information, parole information, family history and substance abuse history to appropriate staff, both paid and unpaid, of the primary faith-based collaborators which is necessary and appropriate for obtaining the maximum benefit from the program.
14. ***Consent of Release to photograph, film or record vocally for publicity purposes:*** I hereby grant to the TDCJ and its agents while actively participating in the faith-based dorm, the right and authority to photograph, film, and record vocally. These records may be used for promotional or publicity purposes and may be published in mass media publications, collaborator web sites, or shown on television or movie presentations. This release is given without promise of compensation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFENDER DEATH NOTIFICATION WORKSHEET**

To: \_\_\_\_\_ Date: \_\_\_\_\_  
From: \_\_\_\_\_ Subject: Offender Death Notification

**1. Offender Information:**

Name: \_\_\_\_\_ TDCJ#: \_\_\_\_\_ Unit: \_\_\_\_\_  
Cause of Death: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_  
Place of Death (unit/hospital): \_\_\_\_\_  
Certifying Physician/RN/JP: \_\_\_\_\_

**2. Next of Kin Contact (In order of priority, "Next of Kin" shall mean: Spouse; Adult children or guardians of minor children; Parents; Siblings):**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

**3. Objection to Autopsy by Next of Kin (DO NOT Ask For Permission to Conduct an Autopsy):**

Yes \_\_\_\_\_ No \_\_\_\_\_ Unable to contact \_\_\_\_\_ N/A \_\_\_\_\_

**4. Other Family / Friend Contact:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Tel.: (\_\_\_\_) \_\_\_\_\_

**5. Sheriff's Office / Police Department Contact:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_  
SO/PD: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**6. Burial Arrangements:**

\_\_\_\_\_ **The family will claim the body.** The family was instructed to call the Carnes Funeral Home at (409)986-9900.

\_\_\_\_\_ **The family will not claim the body.** The family was instructed to send a message by overnight mail or fax (936/295-8073) to the Huntsville Unit Warden with the following statement: "I am unable to claim the body of offender \_\_\_\_\_, TDCJ# \_\_\_\_\_. I am requesting that he/she be buried in the TDCJ prison cemetery." Name, address, telephone number, and relationship to the offender should be included in the letter or fax.

\_\_\_\_\_ **I was unable to contact a family member or friend, burial is recommended in the TDCJ cemetery** (Fax this worksheet to the Huntsville Unit Warden).

**7. Reports – Send a copy of the Death Notification E-Mail, IOC detailing the notification process, letter of condolence to the family, and this worksheet to:**

\_\_\_\_\_ Unit Warden;  
\_\_\_\_\_ Director of Chaplaincy Operations; and  
\_\_\_\_\_ Chaplain's unit file

Chaplain's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### *Offender Ministerial or Spiritual Advisor Visit*

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

FROM: Chaplain \_\_\_\_\_

UNIT: \_\_\_\_\_

OFFENDER: \_\_\_\_\_ TDCJ#: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION OF VISIT: \_\_\_\_\_

MINISTER/SPRITUAL ADVISOR: \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_  
*State & Number*

RELIGIOUS ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**CREDENTIALS PROVIDED:**

- Minister ID card supplied by authorizing denomination or religious group;
- License or Ordination Certificate;
- Official letter from organized religious body or congregation indicating the status of the letter holder as an official representative of the body or congregation for all religious functions or for specific prison-related religious functions; or
- Current listing as a clergy person in an official listing of ministers/clergy from an organized religious body.

**ITEMS REQUIRING APPROVAL:** *(Per AD-07.30, the visiting minister or spiritual advisor may bring a holy book, religious instructional material, and communion with pre-approval by the warden and chaplain.)*

\_\_\_\_\_

VISIT APPROVED:  YES  NO \_\_\_\_\_

*Warden/Designee's Signature*

PC:

## Offender Request for Change of Faith Preference

### PROCEDURES:

1. Upon intake, an offender may designate any or no faith preference;
2. After the initial declaration of faith preference, an offender may officially record only one change of faith preference in a 12-month period;
3. An offender may change a designated faith preference by submitting an I-60 request to the unit chaplain;
4. The chaplain shall complete the "Offender Request for Change of Faith Preference" form;
5. This form shall be signed and dated by the offender, and the signature shall be verified by the chaplain or designee;
6. The chaplain shall verify eligibility for a faith preference change by checking the TDCJ SSNO screen on the mainframe computer system and the offender's travel card;
7. The original "Offender Request for Change of Faith Preference" form shall be forwarded to the RPD Manager III – Support Services or designee where the change shall be entered on the TDCJ SSNO screen;
8. A copy of the "Offender Request for Change of Faith Preference" form shall be placed in the offender's unit file;
9. The chaplain shall note the change, date and initial the offender's travel card or similar record; and
10. The offender shall be notified of any action taken.

**Offender Name:** \_\_\_\_\_ **TDCJ Number:** \_\_\_\_\_

**Faith preference requested:** \_\_\_\_\_  
*Offender shall designate only one religion or faith*

\_\_\_\_\_  
 ✎ *Offender's signature*

\_\_\_\_\_  
*Date*

### *Chaplain's Office Use Only*

**Unit/Facility:** \_\_\_\_\_ **Chaplain:** \_\_\_\_\_

**Offender ID verified by:** \_\_\_\_\_  
 Printed name

**Current offender faith preference:**

Travel Card: \_\_\_\_\_

TDCJ SSNO: \_\_\_\_\_

\_\_\_\_\_  
 ✎ *Chaplain's signature*

\_\_\_\_\_  
*Date Travel Card Changed*

## Offender Volunteer Service Agreement Muslim Offender Coordinator or Assistant Coordinator

As the Muslim offender coordinator or assistant coordinator for the \_\_\_\_\_ unit, I agree to:

(Circle Appropriate)

1. Conduct myself on the unit with an attitude and behavior which demonstrates that I am guided by the Holy Qur'an and Sunnah and conscientiously practicing the teachings of Prophet Muhammad;
2. Maintain my credibility and respect among the Muslim offender community, unit chaplain, and warden at this unit;
3. Maintain positive working relationships with the unit chaplain, warden or designee, and security staff;
4. Maintain a good relationship with my work supervisor and other unit staff with whom I interact;

**I understand that:**

1. I shall not make any determinations or decisions that may serve to permit or forbid access to Islamic religious services by other offenders;
2. I expect no special privileges for job assignments, housing, or any preferential treatment as a result of holding this position;
3. I shall not act in a supervisory or administrative capacity over other attendees;
4. That my period of service is at the discretion of the area Muslim chaplain and unit chaplain with continuous review; and
5. That the unit chaplain in cooperation with the area Muslim chaplain will conduct an evaluation of my performance in this position with me in approximately 30 days after I accept this position and yearly or on an as-needed basis.
6. I shall present messages in writing to be reviewed by the unit chaplain prior to presentation. Sermons or messages **shall not** disparage the religious beliefs of any offender or compel any offender to make a change of religious preference. Sermons or messages **shall not** be used to criticize TDCJ policies and procedures, administration, staff, or offenders. Sermons or messages **shall not** be used to make political, inflammatory, or any other statements that may offend or incite the listeners. **All sermons or messages shall be recorded, and the audio tape retained by the chaplain for 90 days.**
7. I shall not keep attendance records, which shall be kept by the chaplain or security staff.

**As the Muslim offender coordinator or assistant coordinator, I am expected to perform the following duties:**

1. Attend Islamic worship services, studies in Islamic faith and other Islamic religious functions and activities as requested when an ordained Islamic chaplain or approved volunteer is unavailable in order to lead service;
2. Continue to study the Holy Qur'an with diligence;
3. Clearly explain fundamental beliefs and principals of Al-Islam;
4. Lead the Jumah prayer in Qur'anic Arabic;
5. Maintain a good disciplinary record on the unit;
6. Communicate regularly with the unit chaplain, identifying concerns and upcoming Islamic events;
7. Communicate regularly with the area Muslim chaplain, keeping the chaplain briefed on every aspect of the Muslim community and program at the unit;
8. Keep a line of communication open with the unit chaplain so that the area Muslim chaplain is kept aware of all Islamic issues and activities;
9. The Muslim chaplain and unit chaplain with the approval of the warden may make exceptions to the above.

*Agreement: I (Print Name & TDCJ#) \_\_\_\_\_, do fully understand the responsibilities and limitations of the position as Muslim offender coordinator or assistant coordinator and agree to abide within the defined limitations and responsibilities for my entire length of service. I further understand that my tenure as Muslim offender coordinator or assistant coordinator is subject to the ongoing support and approval of all three authorities – area Muslim chaplain, unit chaplain and warden and that my responsibilities as coordinator may be terminated at any time by the area Muslim chaplain for any or no reason.*

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
TDCJ #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Muslim Chaplain Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Chaplain Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warden Signature

\_\_\_\_\_  
Date

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
OFFENDER'S FAMILY MEMBER DEATH OR ILLNESS WORKSHEET  
*To Be Used When Taking Emergency Telephone Messages*

Person Taking Call \_\_\_\_\_

Date of Call \_\_\_\_\_ Time of Call \_\_\_\_\_

Offender's Name \_\_\_\_\_ TDCJ # \_\_\_\_\_

Name of Caller \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Telephone # to Call Back ( ) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Relationship of Caller to Offender \_\_\_\_\_

Name of Deceased or Sick Person \_\_\_\_\_

Relationship to Offender \_\_\_\_\_

Condition \_\_\_\_\_ Illness \_\_\_\_\_ Critical Illness \_\_\_\_\_ Death \_\_\_\_\_

**IN CASE OF DEATH OR CRITICAL ILLNESS OF FAMILY MEMBER:**

Offender notified: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Who Notified: \_\_\_\_\_

Allowed Offender to Make Phone Call Yes \_\_\_\_\_ No \_\_\_\_\_

Gave Family Information About Furlough Yes \_\_\_\_\_ No \_\_\_\_\_

- 1) In a case involving ***DEATH***, the party should be told to have the funeral home send a fax to the **Bureau of Classification, P. O. Box 99, Huntsville, Texas 77342, Fax # (936) 437-8721** (if no Fax is available, a telegram can be sent). They should be informed to include:
  - The identity of the inmate (name and number)
  - The name of the deceased
  - The relationship of the deceased to the inmate
  - The date, time, and place for the scheduled service
  
- 2) In the event of ***CRITICAL ILLNESS***, the calling party should be informed to ask the physician to send a Fax to the **Bureau of Classification, P. O. Box 99, Huntsville, Texas 77342, Fax # (936) 437-8721** (if no Fax is available, a telegram can be sent). It should identify:
  - The inmate (name & number)
  - The name of the ill person
  - The relationship of the ill person to the inmate
  - Physician's telephone number
  - The cause of the emergency

**ADDITIONAL INFORMATION:**

Name of Funeral Home \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Room # \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Person to whom this worksheet was given \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_



# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## PERSONAL PROPERTY DONATION

THE STATE OF TEXAS §  
§  
COUNTY OF \_\_\_\_\_ §

Unit Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Telephone/Ext.: \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS:**

That I, \_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_, in consideration

(Printed name)

of my desire to contribute to the economic well-being of taxpayers of the State of Texas, do hereby give, grant, confirm, and convey unto the TEXAS DEPARTMENT OF CRIMINAL JUSTICE (TDCJ), an agency of the STATE OF TEXAS, all and singular the following described property (and any other article[s] listed on the attached sheet[s]):

Description of Items Donated	Qty	Manufacturer Model & Serial Numbers	Original Acquisition Date	Fair Market Value Unit Cost	Fair Market Value Total Cost
Example: <i>Folding Chairs</i>	15	N/A	2000	\$5.00	\$75.00
1.					
2.					
3.					
4.					

TO HAVE AND TO HOLD the above-described property to the TDCJ of the STATE OF TEXAS, its successors and assigns forever.

I acknowledge that I am responsible for determining the fair market value of the item being donated and that TDCJ, the TEXAS BOARD OF CRIMINAL JUSTICE, and the STATE OF TEXAS have no duty to verify such fair market value.

I understand that donated items **valued at \$500 or more** are subject to approval by the **TEXAS BOARD OF CRIMINAL JUSTICE, all other donations are subject to approval by the Director of Accounting and Business Services.**

I also understand that some donations are accepted on a **conditional** basis until which time they are deemed and certified as worthy for the purpose for which they are being donated. If my donation does not prove worthy for its intended use, I understand that it will be returned to me.

IN TESTIMONY whereby, witness my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Grantor's signature: \_\_\_\_\_

Authorized Representative of: \_\_\_\_\_ (if applicable)  
*Print Business/City/County/Entity Name*

**WARDEN/DIVISION HEAD: All forms are due within 15 days of signature** including any additional departmental approval from below:

- Computer Equipment-send to IT (John Day, Program Administrator II) Separate IT Approval Form
- Any Building/Building Equipment (ie. 13,000 BTU AC Unit, Generator, Heat Pump) – send to Facilities (Frank Inmon, Director) Separate IOC Approval
- Vehicles, Highway Equipment and Trailers-send to Fleet Management Department (Craig Wilson, Manager) Separate Vehicle Assessment Form
- Animals-send to Agribusiness, Land & Minerals (Matt Demny, Director) Separate IOC Approval

**STATEMENT BY WARDEN OR DIVISION HEAD:**

This is to acknowledge willingness to accept the above-mentioned donation when approved by the TEXAS BOARD OF CRIMINAL JUSTICE AND/OR DIRECTOR OF ACCOUNTING AND BUSINESS SERVICES for the intended use of \_\_\_\_\_.

\_\_\_\_\_  
Warden or Division Head's signature

\_\_\_\_\_  
Date

All donation requests must be sent to **Property Accounting-Accounting & Business Services, 861-B IH 45, Rm 224, Huntsville, Texas 77320.**

(If approved by the Board and/or Director of Accounting and Business Services, this form will be returned to you with confirmation of that approval or you will be notified if the donation is disapproved.)

**PHONE LOG FOR APPROVED OFFENDER CALLS**

**UNIT:** \_\_\_\_\_

**MONTH:** \_\_\_\_\_

**YEAR:** \_\_\_\_\_

<b>DATE</b> <i>MM/DD/YY</i>	<b>TIME</b> <i>AM/PM</i>	<b>OFFICER PLACING CALL</b> <i>(Print First and Last Name)</i>	<b>APPROVED BY</b> <i>(Print Name and Title)</i>	<b>COMMENTS</b>	
<b>CALL ACCEPTED / REJECTED</b>		<b>OFFENDER NAME AND TDCJ NUMBER</b>	<b>CALL PLACED TO</b> <i>(Print Name and Relationship to Offender)</i>		<b>PHONE NUMBER DIALED</b> <i>(Area Code) ###-####</i>
<b>DATE</b> <i>MM/DD/YY</i>	<b>TIME</b> <i>AM/PM</i>	<b>OFFICER PLACING CALL</b> <i>(Print First and Last Name)</i>	<b>APPROVED BY</b> <i>(Print Name and Title)</i>	<b>COMMENTS</b>	
<b>CALL ACCEPTED / REJECTED</b>		<b>OFFENDER NAME AND TDCJ NUMBER</b>	<b>CALL PLACED TO</b> <i>(Print Name and Relationship to Offender)</i>		<b>PHONE NUMBER DIALED</b> <i>(Area Code) ###-####</i>
<b>DATE</b> <i>MM/DD/YY</i>	<b>TIME</b> <i>AM/PM</i>	<b>OFFICER PLACING CALL</b> <i>(Print First and Last Name)</i>	<b>APPROVED BY</b> <i>(Print Name and Title)</i>	<b>COMMENTS</b>	
<b>CALL ACCEPTED / REJECTED</b>		<b>OFFENDER NAME AND TDCJ NUMBER</b>	<b>CALL PLACED TO</b> <i>(Print Name and Relationship to Offender)</i>		<b>PHONE NUMBER DIALED</b> <i>(Area Code) ###-####</i>
<b>DATE</b> <i>MM/DD/YY</i>	<b>TIME</b> <i>AM/PM</i>	<b>OFFICER PLACING CALL</b> <i>(Print First and Last Name)</i>	<b>APPROVED BY</b> <i>(Print Name and Title)</i>	<b>COMMENTS</b>	
<b>CALL ACCEPTED / REJECTED</b>		<b>OFFENDER NAME AND TDCJ NUMBER</b>	<b>CALL PLACED TO</b> <i>(Print Name and Relationship to Offender)</i>		<b>PHONE NUMBER DIALED</b> <i>(Area Code) ###-####</i>
<b>DATE</b> <i>MM/DD/YY</i>	<b>TIME</b> <i>AM/PM</i>	<b>OFFICER PLACING CALL</b> <i>(Print First and Last Name)</i>	<b>APPROVED BY</b> <i>(Print Name and Title)</i>	<b>COMMENTS</b>	
<b>CALL ACCEPTED / REJECTED</b>		<b>OFFENDER NAME AND TDCJ NUMBER</b>	<b>CALL PLACED TO</b> <i>(Print Name and Relationship to Offender)</i>		<b>PHONE NUMBER DIALED</b> <i>(Area Code) ###-####</i>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Offender Volunteer Service Agreement**

**Prayer Leader**

\_\_\_\_\_

*(Print name of offender)*

\_\_\_\_\_

*(Print unit name)*

General Description: Offenders desiring to be a prayer leader must have a high level of commitment to chapel activities. Interested offenders shall send an I-60 to the chaplain requesting to be considered as a prayer leader. Offenders appointed as prayer leaders shall be offenders who have demonstrated an ability to read well publicly, have shown a commitment to their faith and chaplaincy through prior religious volunteer service, demonstrate a high level of spirituality and are persons of reflection and prayer.

Accountability: Prayer leaders shall report to the unit chaplain and the chaplain of their faith, where available. The following factors are considered in selection: attendance and participation in religious study programs, attendance at worship services, medical and educational status, overall behavior and attitude, and disciplinary records. Prayer leaders are expected to conduct themselves on the unit in a manner that demonstrates religious principles, spiritual leadership, and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

Length of Service: Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

Duties: Lead pastoral prayer and congregational prayer in regularly scheduled worship services as assigned by the unit chaplain. The chaplain, unit staff, or an approved free world volunteer shall directly supervise the prayer leader. Prayers shall be appropriate to the service or meeting and selected or approved by the appropriate chaplain. An approved and authorized free world volunteer may organize and provide directions for this volunteer activity.

Agreement: I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

Anticipated Schedule/Hours:

Circle Days: M T W Th F Sat Sun

\_\_\_\_\_

*(Signature of offender)*

\_\_\_\_\_

*(TDCJ Number)*

\_\_\_\_\_

*(Date)*

\_\_\_\_\_

*(Signature of Chaplain, if approved)*

\_\_\_\_\_

*(Date)*

File in Chaplain's Unit file

Retention: length of service (1 yr. or less) + 1 year

## PROGRAM INFORMATION SHEET

**Program Title:** \_\_\_\_\_

**Track #:** \_\_\_\_\_

**Program Code:** \_\_\_\_\_

**Purpose Code:**  
\_\_\_\_\_

**Teacher/Facilitator:** \_\_\_\_\_

**Location of Program:** \_\_\_\_\_

**Day/s Meeting:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Average Attendance/Class Limit:** \_\_\_\_\_

**Additional Information:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Proposal Form for Service Providers**

New  Expansion to Additional Facilities

Texas Department of Criminal Justice  
 Rehabilitation Programs Division  
 861B IH-45  
 Huntsville, TX 77320

In order to best understand the activity you are proposing, please complete this form, attach documentation as necessary, and mail to the above address:

Agency Name:		Job Title:	
Facilitator Name (Last, First, Middle):		Driver License #: (Last 4 digits)	Work Phone No.:
Address:		City/State:	Zip:
Web Address:		E-Mail Address:	Fax No.:
Type (please check appropriate box):			
Literacy/Education <input type="checkbox"/>	Employment/Job Skills <input type="checkbox"/>	Substance Abuse/Education <input type="checkbox"/>	
Medical Issues/Prevention <input type="checkbox"/>	Arts/Crafts <input type="checkbox"/>	Victim Awareness <input type="checkbox"/>	
Support Groups <input type="checkbox"/>	Religious/Faith-Based <input type="checkbox"/>	Other <input type="checkbox"/>	
Name of Activity/Program:			
To the degree possible, the TDCJ will accommodate the scheduling needs of providers; however, the secure and orderly operation of the facility is imperative to the safety of offenders, staff, and guests. For that reason, please indicate your scheduling <b>preference</b> in the boxes below:			
Preferred Length:		Preferred Duration:	
60 minutes <input type="checkbox"/>	90 minutes <input type="checkbox"/>	6 weeks <input type="checkbox"/>	12 weeks <input type="checkbox"/>
120 minutes <input type="checkbox"/>	Other <input type="checkbox"/> _____ min.	18 weeks <input type="checkbox"/>	Other <input type="checkbox"/> _____ weeks
Preferred Time Schedule:	Preferred Hours:	Capacity:	Preferred Cycle:
A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>			Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
			Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/>
Target Population:	Geographic Preference or Facility Name:		Gender:
State Jail <input type="checkbox"/>			Male <input type="checkbox"/>
Institution <input type="checkbox"/>			Female <input type="checkbox"/>
No Preference <input type="checkbox"/>			No Preference <input type="checkbox"/>

**For new proposals only.** Activity and Program Components: Please list goals, objectives, and intended benefit to offenders, as well as evaluation methods or outcome measures to be utilized. You may attach additional pages, if needed. Please list your expectation of services to be provided by TDCJ. If your activity or program includes a curriculum, workbooks, or handouts, please attach those items when submitting this request.


**Volunteer Application:** In order to provide regularly scheduled services within secure facilities of the TDCJ, you must be an Approved Volunteer. The application to become an approved volunteer may be requested by calling 936-437-2857 or found at [http://itd.tdcj.state.tx.us/TDCJ\\_Intranet/docs/Appendix\\_A\\_Volunteer\\_Application.doc](http://itd.tdcj.state.tx.us/TDCJ_Intranet/docs/Appendix_A_Volunteer_Application.doc) and mailed to the above address.

**For RRPD Office Use Only**

Receive Date:	Database Tracking #:	Review Date:	Forward to Expert:	Due Date:	Copied to Volunteer Services: Date:
Unit Notified Y N Date:	Meeting Needed Y N Date:	Approved by Warden Y N  Approved by Unit Chaplain Y N	Approved by Expert Y N Date:	Effective/Begin Date:	VS00 Dept. Code:
ED Code:	Chaplaincy Track #:	Returned With Comments Y N	Date Volunteer Services Notified of Program/Activity Status:		

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

### Records Disposition Log

Once records have been maintained for the required amount of time, as specified in the Records Retention Schedule, they shall be prepared for final disposition. Final disposition will either be the destruction of records, or the transfer of records to the State Archivist for review and/or further archiving. Upon disposition, the information below must be completed for each record series and a copy returned to:

TDCJ Records Management Officer  
Executive Services

U.S. Mail:  
P. O. Box 99  
Huntsville, TX 77342-0099

Truck Mail:  
TDCJ Headquarters Complex  
Huntsville

Record Series Title	Agency Item No.	Retention Period	Dates of Records / Additional Description	Disposition	Signature Authorizing Disposition	Disposition Date

Submitted by: \_\_\_\_\_ Unit/Department/Division Name: \_\_\_\_\_

Warden/Department Head: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ Date Submitted: \_\_\_\_\_

### Religious Neckwear and Devotional Item Approval/Denial and Witness Statement Form

Unit/Facility: \_\_\_\_\_ Date: \_\_\_\_\_  
Offender Name: \_\_\_\_\_ TDCJ Number: \_\_\_\_\_  
Religious Preference: \_\_\_\_\_ Verified by: \_\_\_\_\_  
> Verify religious preference on offender Travel Card  and TDCJ Computer Database (SSNO)   
NOTE: If the Travel Card and SSNO do not agree, resolve the discrepancy before proceeding.

Religious Neckwear/Devotional Item requested: \_\_\_\_\_  
> Neckwear/Devotional Item Approved per CP-05.01:  YES  NO  
NOTE: If neckwear/devotional item requested has not been approved per CP-05.01, complete an HQ-150 Religious Practice Issue Assessment Form, to include an accurate description and/or picture of the medallion, and forward to the Manager of Chaplaincy Operations.  
> Religious neckwear/devotional item listed on offender property inventory:  YES  NO  
If yes, what is listed? \_\_\_\_\_  
> Is religious neckwear/devotional item offered in Unit Commissary?  YES  NO  
NOTE: If devotional item is not available through unit commissary, list below the name of vendor/provider, address, city, state, zip, phone number, and cost of item:  
\_\_\_\_\_  
Cost: \$ \_\_\_\_\_ Vendor/Provider verified by: \_\_\_\_\_

Chaplain:  APPROVED  DENIED \_\_\_\_\_ print/sign/date  
Warden:  APPROVED  DENIED \_\_\_\_\_ print/sign/date  
**Reason for denial:**  
 NOT appropriate for faith preference on record  
 RELIGIOUS NECKWEAR/DEVOTIONAL ITEM not approved per CP-05.01 (Complete HQ-150)  
 OFFENDER has same or other religious neckwear/devotional item listed on property record  
 OTHER (explanation) \_\_\_\_\_

**Witness Statement:**  
Package received from: \_\_\_\_\_ Date: \_\_\_\_\_  
Package opened by: \_\_\_\_\_ print/sign/date  
In the presence of: \_\_\_\_\_ print/sign/date  
Description of item received: \_\_\_\_\_  
> If item does not meet agency specifications, explain: \_\_\_\_\_

**Property Paper and Neckwear/Devotional Item Issued by:**  
Staff Member: \_\_\_\_\_ print/sign/date  
Received by Offender: \_\_\_\_\_ print/TDCJ#/sign/date

**\*\* Approval is voided if neckwear or devotional item is not ordered within 30 days from approved date, if it is not received from the approved vendor/provider, or if it does not meet agency specifications upon receipt.**

*TDCJ Office-Offender Communications*

**To:** Jewish Offenders

**Date:** August 2012

**From:** RPD Manager III – Support Services

**Subject:** Request for Reassignment for Jewish Services

The Texas Department of Criminal Justice provides kosher meals and religious services conducted by a contract rabbi for Jewish offenders assigned to a limited number of Jewish designated units. Offenders desiring to participate in such services and meals must meet the following requirements, complete the form, and return it to the unit chaplain for further processing.

Normally, offenders may access these services if:

1. They have a Jewish faith preference on TDCJ record; and
2. They are verified by Jewish authorities as Jewish.

*Please read the following sentences. Check only the one that applies to you.*

I desire to be reassigned to a unit where Jewish services and the Kosher Diet Program are offered. I realize that this reassignment may affect my ability to participate in some or all of the special programs that are available to me on my current unit. I further understand that once I have submitted this form, my request is for assignment to a Jewish designated unit. I understand that specific unit assignment among the units with Jewish services is subject to normal classification procedures. I understand that I may be subject to transfer to another unit or back to the unit from which I was originally transferred if I change my religious preference. I further understand that if (1) I purchase, possess, or consume non-kosher food items; (2) am disciplined for trading, selling, or giving any or all of my kosher meal to any other offenders; or (3) I fail to attend Jewish services 50% of the time, I may be transferred to a non-Jewish designated unit. If I voluntarily request withdrawal from the Kosher Diet Program, I must do so in writing (I-60) and must wait at least six months to apply for reinstatement.

I am Jewish but I am **not** interested in reassignment from my current unit. I understand that I will retain the right to practice my religion privately as consistent with TDCJ policies and procedures even though I choose not to request reassignment. I also recognize that I can change my mind and be reconsidered by a written request to the unit chaplain.

**Please sign and then clearly print your name:**

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

TDCJ #: \_\_\_\_\_ Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Chaplain: \_\_\_\_\_ Date: \_\_\_\_\_

**Request for Reassignment for Native American Services or Transfer to a Designated Unit**

The Texas Department of Criminal Justice provides Native American Circle religious services at a limited number of Native American designated units. Offenders desiring to participate in such services must meet the following requirements, complete this form, and return it to the unit chaplain for further processing.

1. The opportunity to be reassigned for approved specialized religious programs is limited to offenders whose custody level is G1, G2, or G3. Offenders in G4 custody, as a result of a security precaution designator code with a one year clear major disciplinary history, may also be approved for specialized religious programs. Eligibility for reassignment and unit of reassignment is determined by the TDCJ State Classification Committee.
2. Offenders may access these services if:
  - They are eligible to attend non-programmatic activities. G5, J5, and P5 and administrative segregation offenders are not eligible. Medical condition, required participation in SATP or SOTP, or completion of a college or school program may preclude eligibility for reassignment;
  - They have Native American faith preference listed on their TDCJ record; and
  - They successfully complete the NA Assessment on Native American beliefs and practices designed to help the participant be prepared for meaningful participation.

**Please read the following sentences and check only the one that applies to you:**

- I desire to participate in Native American services. I understand that by submitting this form, I am requesting reassignment to a Native American designated unit; and if reassigned, this may affect my ability to participate in some or all of the special programs that are available to me on my current unit. I further understand that my reassignment is subject to normal state classification procedures.
- I am on a designated unit and wish to attend services on this unit.

I understand that I may be subject to reassignment to another unit if I change my religious preference, or if my attendance level falls below 50% at any time. In addition, I will be **ineligible** to re-apply for a Native American designated unit if removed due to attendance or a faith preference change.

Please clearly print your name, sign and date:

Offender Name: \_\_\_\_\_ TDCJ#: \_\_\_\_\_  
Unit: \_\_\_\_\_ Custody: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Chaplain: \_\_\_\_\_

Native American information packet distributed to offender on: \_\_\_\_\_  
*Date*

Native American Assessment administered on: \_\_\_\_\_  
*Date*

Date declared Native American by SSNO screen: \_\_\_\_\_  
*Date*

Assessment Results: \_\_\_\_\_ Date: \_\_\_\_\_

**Answer sheet for Assessment:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_
16. \_\_\_\_\_
17. \_\_\_\_\_
18. \_\_\_\_\_
19. \_\_\_\_\_
20. \_\_\_\_\_

**Circle the Native American Assessment version you received:**

- A
- B
- C
- D
- E
- F
- G

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Offender Volunteer Service Agreement**

**Scripture Reader**

\_\_\_\_\_

*(Print name of offender)*

\_\_\_\_\_

*(Print unit name)*

**General Description:** Offenders desiring to be a scripture reader must have a high level of commitment to chapel activities. Interested offenders shall send an I-60 to the chaplain requesting to be considered as a scripture reader. Offenders appointed as scripture readers shall be offenders who have demonstrated an ability to read well publicly and have shown a commitment to their faith and a high level of spirituality. Offenders appointed shall be scheduled to read from the Holy Bible, Torah, Koran, or other recognized and approved religious texts.

**Accountability:** Scripture readers shall report to the unit chaplain and the chaplain of their faith, where available. The following factors are considered in selection: attendance and participation in religious study programs, attendance at worship services, medical and educational status, overall behavior and attitude, and disciplinary records. Members are expected to conduct themselves on the unit in a manner that demonstrates religious principles and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

**Length of Service:** Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

**Duties:** Read scripture assigned by the chaplain for the appropriate time in worship services. Read only from the version of the sacred writings approved by the unit chaplain. The chaplain, unit staff, or an approved free world volunteer shall directly supervise the scripture reader. Assignments shall be appropriate to the service as selected or approved by the chaplain. An approved and authorized free world volunteer may organize and provide directions for this volunteer activity.

**Agreement:** I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

**Anticipated Schedule/Hours:**

**Circle Days:** M T W Th F Sat Sun

\_\_\_\_\_

*(Signature of offender)*

\_\_\_\_\_

*(TDCJ Number)*

\_\_\_\_\_

*(Date)*

\_\_\_\_\_

*(Signature of Chaplain, if approved)*

\_\_\_\_\_

*(Date)*

File in Chaplain's Unit file

Retention: length of service (1 yr. or less) + 1 year

<b>Offender-Led Program/Service Lesson Plan</b>	This form must be completed and returned to the chaplain for review <b><u>one week prior</u></b> to the meeting date. Forms shall be submitted for every offender-led service or the service shall be suspended or canceled.
<b>Name and TDCJ # of Offender Presenter:</b>	
<b>Name of Program/Service:</b>	
<b>Date of Program/Service:</b>	
<b>If applicable, list any materials to be utilized such as book/video/cassette/DVD/CD:</b>	
1.	
2.	
3.	
4.	
<b>Brief description of your lesson/speaking topic:</b>	
<b>The lesson/speaking topic discusses the following point(s):</b>	
<b>Questions for discussion (if any):</b>	
1.	
2.	
3.	

**Offender-Led Program/Service**

**Lesson Plan**

This form must be completed and returned to the Chaplain for review one week prior to the meeting date. Forms shall be submitted for every offender-led meeting or the meeting may be suspended or canceled.

**Name and TDCJ # of Offender Presenter:**

**Message:** (Use if additional space is needed)

Large empty rectangular area for writing the message.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Offender Volunteer Service Agreement**

**Sermon or Message Presenter**

\_\_\_\_\_ *(Print name of offender)*

\_\_\_\_\_ *(Print unit name)*

**General Description:** A sermon or message presenter shall be selected by the unit chaplain, and shall be an offender who has demonstrated a high level of commitment to chapel activities, and commitment to their faith and chaplaincy through prior religious volunteer service. They shall have adequate communication skills, and have an aptitude to assist the chaplain in regularly scheduled chapel services or programs.

**Accountability:** The offender shall report to the unit chaplain or the chaplain of their faith, where available. The following factors shall be considered in selection: Attendance and participation in religious study programs; attendance at worship services; medical and educational status; overall behavior and attitude; and disciplinary record. Offenders are expected to conduct themselves on the unit in a manner that demonstrates religious principles, spiritual leadership, and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

**Length of Service:** Service is at the discretion of the unit chaplain, and shall be reviewed on an annual basis.

**Duties:** Assist by preparing and presenting a sermon or religious message as assigned by the chaplain for the appropriate time in a worship service or program. The chaplain shall provide direct supervision to any service or program utilizing an offender sermon/message presenter.

**Additional Guidelines:** All sermons or messages shall be written out and reviewed by the unit chaplain prior to being presented. Sermons or messages shall not disparage the religious beliefs of any offender or compel any offender to make a change of religious preference. Sermons or messages shall not be used to criticize TDCJ policies and procedures, administration, staff, or offenders. Sermons or messages shall not be used to make political, inflammatory, or any other statements that may offend or incite the listeners. All sermons or messages shall be recorded, and the audio tape retained by the chaplain for 90 days.

**Agreement:** I understand the duties and responsibilities, and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

**Anticipated Schedule/Hours:**

**Circle Day(s):** M T W Th F Sat Sun

\_\_\_\_\_ *(Signature of offender)*

\_\_\_\_\_ *(TDCJ Number)*

\_\_\_\_\_ *(Date)*

\_\_\_\_\_ *(Signature of Chaplain, if approved)*

\_\_\_\_\_ *(Date)*

TO: Offender's Unit File

DATE:

FROM: Chaplain

SUBJECT: Shahada Declaration –  
Addition to Jumah

**Shahadatain:**

Bearing witness: In order to become a Muslim one must verbally declare and believe in the Shahada (Shahadatain):

**ASHHADU AN LA ILAHA ILLA'LLAH.** Translation: "I bear witness that there is no deity worthy of worship except Allah (God)."

**ASHHADU ANNA MUHAMMADUR RASULU'LLAH.** Translation: "I bear witness that Muhammad Ibn Abdullah is the Messenger of Allah (God)."

The SHAHADATAIN is the gateway to Islam and the gateway to Paradise. It is easy to say, but to act on it is a vast undertaking, which has far reaching consequences, in both inward awareness and outward action, in this world and the next.

I, \_\_\_\_\_ (print name), TDCJ # \_\_\_\_\_,  
affirm that I have taken the Shahadatain on this date: \_\_\_\_\_

X \_\_\_\_\_  
*Offender Signature* *Unit (print)*

X \_\_\_\_\_  
*Area Muslim Chaplain or Unit Chaplain Signature* *Date*

X \_\_\_\_\_  
*Witness (Muslim Offender Coordinator)* *Date*

**Note to Chaplain:** If the area Muslim chaplain is unavailable for the Shahadatain, the Muslim offender coordinator may serve as the Islamic witness with the permission of the offender making Shahada. When this form is completed the unit chaplain may use this form as the justification for adding an offender to the Jumah list of participants. A copy of this form shall be forwarded to the area Muslim chaplain. ***The offender must still submit an I-60 requesting a faith preference change in order to facilitate lay-ins for religious observances.***

Pc: Muslim Chaplain  
Unit Chaplaincy File



**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Volunteer Assignment Description Form**

<b>Name of Unit/Office</b> <hr/> <b>Name of Volunteer Assigned Staff Member</b> <hr/> <input checked="" type="checkbox"/> <b>Volunteer Assigned Staff Member Signature</b>	<b>Volunteer Name (Last, First, MI)</b> <hr/> <input checked="" type="checkbox"/> <b>Volunteer Signature</b> <hr/> <input checked="" type="checkbox"/> <b>Administrative Approval</b>
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**Mentor**

**Responsibilities and Duties:**

The mentor volunteer works in a one-on-one basis with same-sex offenders to provide spiritual and emotional support on a long-term basis; a husband and wife team may be approved. The offender and mentor are matched by the unit chaplain and proceed through a four-phase relationship that may lead to parole or release from incarceration:

- Phase I**            Mentor - Offender (Meeting at least once a month for a term of 12 months.)
- Phase II**           Mentor - Offender - Family
- Phase III**          Mentor - Offender - Family - Church/Support Group
- Phase IV**          Parole - Reintegration Into Society

In order for mentors to receive additional training and direction from the unit chaplain regarding their activities, mentors shall be scheduled at least monthly to attend a debriefing with the chaplain or other appropriate program staff. This meeting includes a discussion of activities and the number of contacts made with the offender. This discussion should allow the mentor and chaplain an opportunity for the awareness and resolution of any mentoring issues. The chaplain shall authorize any progression to the next mentoring phase.

All materials to be distributed to offenders shall be pre-approved by the unit chaplain, and any copyrighted resources such as audio recordings shall have a written copyright release for use.

Mentoring activities are at the discretion and approval of the facility administrator. I understand that I am accountable to the unit chaplain, the unit volunteer authority, the warden or designee, and unit security.

**Volunteer Purpose Code: CH** \_\_\_\_\_

**Anticipated Schedule:**

Hours: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Location of Volunteer Service: \_\_\_\_\_

Length of Service Commitment: \_\_\_\_\_



**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Volunteer Assignment Description Form**

<b>Name of Unit/Office</b>	<b>Volunteer Name (Last, First, MI)</b>
<b>Name of Volunteer Assigned Staff Member</b>	<b>Volunteer Signature</b>
<input checked="" type="checkbox"/> _____ <b>Volunteer Assigned Staff Member Signature</b>	<input checked="" type="checkbox"/> _____ <b>Administrative Approval</b>

**Study Group Leader**

**Responsibilities and Duties:**

This volunteer is responsible for leading classroom type experiences of learning on a regular basis. These classroom-learning experiences shall not denigrate other religious faiths or coerce a change of faith in offenders but are intended to enhance the faith of offenders. These groups will use a variety of teaching resources that may include audio or video recordings. All materials to be distributed to offenders shall be pre-approved by the unit chaplain, and any copyrighted resources such as audio recordings shall have a written copyright release for use. I understand that I am accountable to the unit chaplain, the unit volunteer authority, the warden or designee, and unit security.

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**Volunteer Purpose Code:** CH \_\_\_\_\_

**Anticipated Schedule:**

Hours: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Location of Volunteer Service: \_\_\_\_\_

Length of Service Commitment: \_\_\_\_\_

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Volunteer Assignment Description Form**

<b>Name of Unit/Office</b>	<b>Volunteer Name (Last, First, MI)</b>
<b>Name of Volunteer Assigned Staff Member</b>	<b>Volunteer Signature</b>
<input checked="" type="checkbox"/> _____ <b>Volunteer Assigned Staff Member Signature</b>	<input checked="" type="checkbox"/> _____ <b>Administrative Approval</b>

**Worship Leader**

**Responsibilities and Duties:**

This volunteer is responsible for providing and leading or coordinating large group experiences of worship or seminars. This ministry may be provided through preaching, music, drama, or teaching in order to enhance the spiritual and devotional life of offenders. These services will be ecumenical in nature and will not in any way denigrate other religious faiths or coerce a change of faith in offenders. All materials to be distributed to offenders shall be pre-approved by the unit chaplain and any copyrighted resources such as audio recordings shall have a written copyright release for use. I understand that I am accountable to the unit chaplain, the unit volunteer authority, the warden or designee, and unit security.

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**Volunteer Purpose Code:** CH \_\_\_\_\_

**Anticipated Schedule:**

Hours: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Location of Volunteer Service: \_\_\_\_\_

Length of Service Commitment: \_\_\_\_\_

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Volunteer Assignment Description Form**

Name of Unit/Office	Volunteer Name (Last, First, MI)
Name of Volunteer Assigned Staff Member	X _____ Volunteer Signature
X _____ Volunteer Assigned Staff Member Signature	X _____ Administrative Approval

\_\_\_\_\_  
(Volunteer Assignment)

**Responsibilities and Duties:**

This volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All materials to be distributed to offenders shall be pre-approved by the unit chaplain, and any copyrighted resources such as audio recordings shall have a written copyright release for use. I understand that I am accountable to the unit chaplain, the unit volunteer authority, the warden or designee, and unit security.

**Volunteer Purpose Code:** CH \_\_\_\_\_

**Anticipated Schedule:**

Hours: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Location of Volunteer Service: \_\_\_\_\_

Length of Service Commitment: \_\_\_\_\_

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
Volunteer Assignment Description Form**

<b>Name of Unit/Office</b>	<b>Volunteer Name (Last, First, MI)</b>
<b>Name of Volunteer Assigned Staff Member</b>	<b>Volunteer Signature</b>
<b>X</b> _____ <b>Volunteer Assigned Staff Member Signature</b>	<b>X</b> _____ <b>Administrative Approval</b>

**Family Life Specialist**

**Responsibilities and Duties:**

This volunteer provides emotional and spiritual support and encouragement to offenders and their families through their work in the visiting room, family visitor center, marriage seminar or special family day emphasis. This work is one of hospitality and affirmation as the volunteer interacts with offender family members to assist in meeting their needs and to make them comfortable and at ease. This service will be ecumenical in nature and will not in any way denigrate other religious faiths or coerce a change of faith in offenders or their family members. All material to be distributed to offenders or their families shall be pre-approved by the unit chaplain, and any copyrighted resources such as audio recordings shall have a written copyright release for use. I understand that I am accountable to the unit chaplain, the unit volunteer authority, the warden or designee, and unit security.

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**Volunteer Purpose Code:** CH \_\_\_\_\_

**Anticipated Schedule:**

Hours: \_\_\_\_\_ Days of the Week: \_\_\_\_\_

Location of Volunteer Service: \_\_\_\_\_

Length of Service Commitment: \_\_\_\_\_

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Offender Volunteer Service Agreement**

**Worship Leader**

\_\_\_\_\_

*(Print name of offender)*

\_\_\_\_\_

*(Print unit name)*

General Description: Offenders desiring to be a worship leader must have a high level of commitment to chapel activities. Interested offenders shall send an I-60 to the chaplain requesting to be considered as a worship leader. Offenders appointed as worship leaders shall be offenders who have demonstrated a musical ability, commitment to their faith and chaplaincy through prior religious volunteer service, and have an aptitude to assist the chaplain or a duly authorized volunteer in regularly scheduled chapel services, etc.

Accountability: Worship leaders shall report to the unit chaplain and the chaplain of their faith, where available. The following factors are considered in selection: attendance and participation in religious study programs, attendance at worship services, medical and educational status, overall behavior and attitude, and disciplinary records. Worship leaders are expected to conduct themselves on the unit in a manner that demonstrates religious principles, spiritual leadership, and a lifestyle beyond reproach. There shall be no privileges as to job assignments, housing, or preferential treatment linked to this service.

Length of Service: Service is at the discretion of the chaplain and may be for up to one calendar year, January through December, with continuing reviews. The unit chaplain shall conduct an evaluation with the offender at least once per year or on an as-needed basis.

Duties: Assist by leading worship and the singing of hymns, religious songs, etc. assigned by the chaplain for the appropriate time in worship services. The chaplain, unit staff, or an approved free world volunteer shall directly supervise the worship leader. Assignments shall be appropriate to the service and selected or approved by the chaplain. An approved and authorized free world volunteer may organize and provide directions for this volunteer activity.

Agreement: I understand the duties and responsibilities and agree to volunteer for this service. Either the offender or chaplain may void this agreement upon notification.

Anticipated Schedule/Hours:

Circle Days: M T W Th F Sat Sun

\_\_\_\_\_

*(Signature of offender)*

\_\_\_\_\_

*(TDCJ Number)*

\_\_\_\_\_

*(Date)*

\_\_\_\_\_

*(Signature of Chaplain, if approved)*

\_\_\_\_\_

*(Date)*

File in Chaplain's Unit file

Retention: length of service (1 yr. or less) + 1 year