

**David Jablonski**  
Secretary  
505.827.8884

**State of New Mexico**  
**Corrections Department**  
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Corrections Industries 505.827.8906  
General Counsel 505.827.8698  
Information Technology 505.827.8713  
Probation & Parole 505.827.8830  
Office of Recidivism Reduction 505.383.2992  
Training Academy 505.827.8900

**Jerry Roark**  
Deputy Secretary  
505.827.8884



**"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."**

**VOLUNTEERS IMPACTING PEOPLE FOR SUCCESS (VIPS)**

*Department Use:*

*Date Application Received*

Please print in blue ink or Type

\_\_\_\_\_  
Last                                      First                                      Middle                                      Maiden Name or other Names Known by

\_\_\_\_\_  
Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Phone                                      Email Address

**ID Card Clearance Information**

\_\_\_\_\_  
Age      Date of Birth (Month, Day, Year)                                      Race                                      Gender

\_\_\_\_\_  
ID Type                                      ID Number                                      SSN

**Emergency Contact Information**

\_\_\_\_\_  
Last                                      First                                      Relationship                                      Address

\_\_\_\_\_  
City                                      State                                      Zip Code                                      Phone

**Motor Vehicle Insurance Information**

This is to certify that I have adequate motor vehicle liability insurance. My motor vehicle is insured according to the New Mexico mandatory financial responsibility act with:

Company name: \_\_\_\_\_ Policy number: \_\_\_\_\_

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**Medical Information**

(Circle one or more)

Do you have any allergies or medical conditions that may cause a medical alert?      Yes      No

If yes, and you wish to disclose the information, please list the allergy or medical condition. \_\_\_\_\_

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**Interests**

Your interest in volunteering with the Department of Corrections is for:

(Circle one or more)      Public Service      Future Employment      Internship

**Assignment Preferences:**

(Circle one or more skill areas)

Academic	Behavioral Health	Career Technical	Cognitive
Clerical Support	Employee Assistance	Health Wellness	Interpersonal
Parenting	Recreation	Reentry	Religious

\*\*Professional Services

Other: Description \_\_\_\_\_

\*\*If you are applying to provide a professional service, please cite your credentials, such as certification, license, etc. Attach copies of license or certification.

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When would you be able to provide volunteer services?      (Circle one or more)

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Weekly ? \_\_\_\_\_ for \_\_\_\_\_ days a month.

From \_\_\_\_\_ (time) to \_\_\_\_\_ (time).

Beginning \_\_\_\_\_ (date) until \_\_\_\_\_ (date).

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**Application Questions**

Do you have a relationship (e.g. parent, spouse, friend, etc.) with or are you on the visiting list of any person currently in NMCD custody and/or on probation and/or parole supervision. (Circle one)

Yes      No

If yes, please explain the nature of the relationship, give the name of the person, inmate number, and assigned location.

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Have you ever been incarcerated or on probation and/or parole supervision? (Circle one)

Yes No

If yes, please explain the incarceration and/or supervision and provide the dates and locations. Please note: omissions may be cause for termination or denial.

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Are you currently volunteering at any other correctional agency (e.g. county jail, federal prison, etc.)? (Circle one)

Yes No

If yes, name of agency \_\_\_\_\_ Supervisor \_\_\_\_\_

Do you have any special knowledge about the criminal justice system or this assignment that you gained through education or experience? If yes, please list by date, giving the name of your supervisor or instructor, his/her phone number, and a brief description of your prior work experience.

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How do you feel about the New Mexico Corrections Department can help offenders change their pattern of criminal and/or violent behavior?

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Provide a brief summary of your interests and desired outcome as a volunteer with the New Mexico Corrections Department. (What do you see as your role?)

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Select which correctional facility/recovery academy would you prefer to volunteer?

- |  |  |
|--|--|
| <input type="checkbox"/> Central New Mexico Correctional Facility (CNMCF)    | <input type="checkbox"/> Springer Correctional Center (SCC)        |
| <input type="checkbox"/> Southern New Mexico Correctional Facility (SNMCF)   | <input type="checkbox"/> Roswell Correctional Center (RCC)         |
| <input type="checkbox"/> Western New Mexico Correctional Facility (WNMCF)    | <input type="checkbox"/> Penitentiary of New Mexico (PNM)          |
| <input type="checkbox"/> Northeastern New Mexico Detention Facility (NENMDF) | <input type="checkbox"/> Otero County Prison Facility (OCPF)       |
| <input type="checkbox"/> Northwestern New Mexico Correctional Center (NNMCC) | <input type="checkbox"/> Lea County Correctional Facility (LCCF)   |
| <input type="checkbox"/> Guadalupe County Correctional Facility (GCCF)       | <input type="checkbox"/> New Mexico Men's Recovery Academy (NMMRA) |
| <input type="checkbox"/> New Mexico Women's Recovery Academy (NMWRA)         | <input type="checkbox"/> The Pavilions                             |

Qualified applicants received consideration without discrimination based on marital status, race, color, creed, national origin, age, or the presence of a non-service related handicap.

PLEASE NOTE: In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

- A. Be 18 years of age or older and submit proof of age, if required.
- B. Submit proof of credentials when providing professional services.
- C. Meet attendance and performance commitments.
- D. Receive no monetary compensation for their services, except as provided for selected programs and services.
- E. Complete mandatory volunteer and site-specific orientation, and/or other training as required.
- F. Conform to other New Mexico Corrections Department policies, regulations, and instructions.

Please read carefully before you sign this application. False statements on this application shall be sufficient cause for termination.

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Warden or their designee

\_\_\_\_\_  
Date



**NCIC CLEARANCE INFORMATION**

ALL ITEMS MUST BE FILLED OUT BEFORE THE APPLICATION WILL BE PROCESSED.

APPLICANT NAME (please print): \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

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

CITY, STATE, ZIP: \_\_\_\_\_

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

CITY/STATE OF BIRTH: \_\_\_\_\_

STATES LIVED IN: \_\_\_\_\_

SEX: M  F  DRIVERS LICENSE #: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

ETHNICITY:

CAUCASIAN  HISPANIC  NATIVE AMERICAN  PACIFIC ISLANDER  AFRICAN AMERICAN

APPLICANT SIGNATURE: \_\_\_\_\_

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

**FOR DEPARTMENT USE ONLY**

DEPUTY WARDEN'S SIGNATURE \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ DATE DISAPPROVED: \_\_\_\_\_

REASON FOR DENIAL:

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