



Note: [Reference document = CD 024](#)

VOLUNTEER APPLICATION AND INFORMATION

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▶ 1777-13

Please select the application type below.

Your information is protected under the [Access to Information Act and the Privacy Act](#). The personal information is only collected to facilitate the processing of CSC volunteer applications and the management of Correctional Service of Canada (CSC) volunteers and will not be used for any other purpose.

☐ Correctional Service Canada (CSC) Volunteer ☐ Citizen Advisory Committee (CAC) Member ☐ Regional Ethnocultural Advisory Committee (REAC) Member

Institution or Parole Office you would like to volunteer at

Last name (print)

First name (print)

Initial(s)

Gender: (Refers to gender identity which may be different from sex assigned at birth and may be different from what is indicated on legal documents.)

☐ Female ☐ Male ☐ Other

Contact Information

Home Address

Civic Address (number and street name)

PO Box

City

Province / Territory

Postal Code

Country

Telephone no. (primary)

Telephone no. (secondary)

E-mail address

Are you a Canadian citizen or have you been a permanent resident of Canada for more than 5 yrs? ☐ Yes ☐ No

Are you the age of majority in the province where you are applying to volunteer? ☐ Yes ☐ No

Language(s) of choice: ☐ English ☐ French

Additional Language(s) you speak and are fluent in? (Please specify:)

Do you have any affiliations to community groups? (i.e. faith based; service organizations, etc.) ☐ Yes ☐ No

If Yes, (specify) :

Do you possess academic, professional or other qualifications, licences, certificates, hobbies or recreational interests that you could utilize as a CSC volunteer? ☐ Yes ☐ No

If Yes, (specify) :

Are you currently volunteering or applying to volunteer at any other CSC facility (institution/parole office)? ☐ Yes ☐ No

Have you any previous volunteer experience? ☐ Yes ☐ No

If Yes, please describe briefly indicating the names of any organizations involved:

Do you personally know any incarcerated offenders or anyone under federal jurisdiction? ☐ Yes ☐ No

Are you on an inmate's visiting list?				<input type="radio"/> Yes <input type="radio"/> No	
Have you been convicted of a criminal offence for which a record suspension has not been granted?				<input type="radio"/> Yes <input type="radio"/> No	
Do you have any outstanding charges before the courts?				<input type="radio"/> Yes <input type="radio"/> No	
What type of volunteer activity(ies) interest you?					
<input type="checkbox"/> Administrative		<input type="checkbox"/> Community Escort		<input type="checkbox"/> Cultural / Ethnic	
<input type="checkbox"/> Faith-Based		<input type="checkbox"/> Indigenous		<input type="checkbox"/> Instruction / Education	
				<input type="checkbox"/> Counseling / Mentoring	
				<input type="checkbox"/> Leisure Activities	
				<input type="checkbox"/> Self-help	
<input type="checkbox"/> Other (Specify)					
Reason(s) for your choice(s)					
Why do you want to volunteer for CSC?					
HOW DID YOU HEAR ABOUT THIS OPPORTUNITY?					
<input type="checkbox"/> Community organization		<input type="checkbox"/> CSC staff		<input type="checkbox"/> CSC Website	
<input type="checkbox"/> Friend		<input type="checkbox"/> Internet		<input type="checkbox"/> Work	
				<input type="checkbox"/> Family	
				<input type="checkbox"/> Other (specify)	
If Other (specify)					
Please provide at least one reference (other than family).					
Reference name (print)	Title (ie. Dr., Mr., Mrs., Ms., Executive Director)	Contact email address	Contact phone number	Nature of the relationship (personal / professional)	
Please provide at least one emergency contact. (If more than one is provided, the first will be considered the primary.)					
Emergency contact name (print)					
Relationship		Telephone no.(primary)		Telephone no.(secondary)	
Address					
Emergency contact name (print)					
Relationship		Telephone no.(primary)		Telephone no.(secondary)	
Address					
Please specify your preferred availabilities for volunteering		Day(s):		Time(s):	
DECLARATION					
<p>I hereby certify that all information is true to the best of my knowledge. I understand that I will be required to obtain and maintain a valid security status as a condition of being a CSC volunteer, CAC member or REAC member.</p> <p>I hereby give the Correctional Service of Canada my consent to use information provided in this form or expressly by me to conduct such inquiries as may be necessary to ascertain my suitability and/or reliability as a CSC volunteer. Finally, I acknowledge that the Correctional Service of Canada has no responsibility for any harm that may come to me in the course of my activities as a CSC volunteer, except where such harm is the direct result of negligence on the part of an employee or employees of the Service, and except as provided for by Treasury Board Secretariat policies, directives, standards and guidelines.</p>					
Signature				Date (YYYY-MM-DD)	

EXCERPTS FROM CORRECTIONS AND CONDITIONAL RELEASE ACT

Summary Conviction Offences

45. Every person commits a summary conviction offence who:

- (a) is in possession of contraband beyond the visitor control point in a penitentiary;
- (b) is in possession of anything referred to in paragraph (b) or (c) of the definition "contraband" in section 2 before the visitor control point at a penitentiary;
- (c) delivers contraband to, or receives contraband from, an inmate;
- (d) without prior authorization, delivers jewellery to, or receives jewellery from, an inmate; or
- (e) trespasses at a penitentiary.

NOTE: Contraband is defined as: anything an inmate is not permitted to have in their possession; is not authorized by the Institutional Head, or as defined within the Corrections and *Conditional Release Act*, Part I.

SEARCHES OF VISITORS

59. A staff member may conduct routine non-intrusive searches or routine frisk searches of visitors, without individualized suspicion, in the prescribed circumstances, which circumstances must be limited to what is reasonably required for security purposes.

60. A staff member may conduct a frisk search of a visitor where the staff member suspects on reasonable grounds that the visitor is carrying contraband or carrying other evidence relating to an offence under section 45.

SEARCHES OF VEHICLES

61. A staff member may, in the prescribed manner, conduct routine searches of vehicles at a penitentiary, without individualized suspicion, in the prescribed circumstances, which circumstances must be limited to what is reasonably required for security purposes.

CAUTION

(1) Under no circumstances may a visitor transport into the institution any prescription or non-prescription drug. All drugs in a visitor's possession shall be deposited in the security lockers provided prior to entry into the institution. All personal effects in the visitor's possession with the exception of worn jewellery, shall also be deposited in the lockers provided.

(2) Under no circumstances will visitors transport or consume alcoholic beverages on penitentiary property.

(3) All vehicles must be locked while on penitentiary property.

(4) CSC volunteers may be refused entry if prescribed identification is not available.

The following information will help answer specific questions you may have about cannabis and what this means when volunteering or visiting a Correctional Service of Canada (CSC) institution. <https://www.csc-scc.gc.ca/security/001003-5001-en.shtml>

CONFIDENTIALITY OF PERSONAL INFORMATION

CSC volunteers shall agree to respect confidentiality pertaining to any personal information they may acquire concerning an inmate or their family, staff members or other CSC volunteers. (For the purposes of this section, "inmate" includes an offender on parole or statutory release in the community.)

FOR ADMINISTRATIVE PURPOSES

RECOMMENDATION

First name:	Last name:	Title:
I confirm that the applicant has been assessed and screened in accordance with CD 024 Management of CSC Volunteers and recommend approval of the applicant. <input type="radio"/> Yes <input type="radio"/> No		(please provide a rationale in comments)

Comments

Signature	Date (YYYY-MM-DD)
▶	

APPROVAL AUTHORITY (CAC/REAC applicants require Regional Deputy Commissioner (RDC) approval)

First name:	Last name:	Title:
Signature		Date (YYYY-MM-DD)
▶		