



NEVADA DEPARTMENT OF CORRECTIONS
CONSENT FOR RELEASE OF CRIMINAL HISTORY RECORDS

Southern Administration Volunteer
3955 W. Russell Rd.
Las Vegas, NV 89118

Northern Administration Education
PO Box 7011
Carson City, NV 89702

Please PRINT Legibly

VOLUNTEER TYPE: Circle one: Education Staff or Teacher • Student Intern • Faith Based/Religious • Other (specify)

1. NAMES AND ADDRESSES

Applicant Name: Last First MI

Please complete this questionnaire in its ENTIRETY. ANY omission or false statement is SUFFICIENT REASON FOR DENIAL.

List any other names (alias) you are known by. Include your maiden name and any nicknames (if applicable). (Failure to include all names will result in denial.)

Blank lines for listing other names.

Current Physical Address: Full Street City State Zip

Current Mailing Address: Full Street City State Zip

Previous Address: Full Street City State Zip

Home Phone Number ( ) Cell Phone Number ( )

Email address:

List any other states you have lived in; if none enter N/A:

Occupation or Business: Employer:

Business Phone: ( ) Contact Name:

Have you ever worked for the Nevada Department of Corrections? Yes No

If Yes, When? Position?

Have you EVER worked or volunteered in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No

If Yes, When? Where?

2. IDENTIFIERS

Drivers License and/or ID number: State:

Date of Birth: Place of Birth: Age:

SSN: Gender: Male Female

Race: Marital Status: Married Single

Height: Weight: Hair Color: Eye Color:

Scars, Marks or Tattoos; if none enter N/A:

**3. CRIMINAL HISTORY: ALL arrests must be listed, whether there was a conviction or not.** You must also list arrests in other states and countries. **Do not exclude anything. Any omission of an arrest is sufficient reason for denial.**

**Have you EVER been arrested?** Yes  or No

**Have you EVER been convicted of a Felony, Gross Misdemeanor or Misdemeanor?** Yes  or No

If yes to either of the above, complete the following and attach additional sheets if necessary.

Charge \_\_\_\_\_ Disposition \_\_\_\_\_ Date of Arrest \_\_\_\_\_ City/State \_\_\_\_\_

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Charge \_\_\_\_\_ Disposition \_\_\_\_\_ Date of Arrest \_\_\_\_\_ City/State \_\_\_\_\_

**4. Have you EVER been incarcerated in a Correctional Facility/Prison?** Yes  or No

If yes, what Facility/Prison (s) and state: \_\_\_\_\_

**Are you currently on Probation?** Yes  or No  If yes, in what state? \_\_\_\_\_

**5. Do you or have you ever visited or corresponded with an inmate incarcerated in any Correctional Facility or Prison?** Yes  or No

**6. Do you know or correspond with anyone on parole/probation?** Yes  or No

If yes to the above questions, complete the following section and attach additional sheets if necessary.

Name and Inmate Number	Relationship	Indicate whether you visit or write
_____	_____	_____

### 7. Authorization

Chapter 179A100 of the Nevada Revised Statutes permits an Agency of Criminal Justice to obtain records of criminal history regarding a prospective employee. Consent is not required in order to obtain information reflecting only convictions. Consent is required in order to obtain a complete record of criminal history.

The applicant, contractor or volunteer's signature on this consent form will permit the Department of Corrections to obtain complete information regarding arrests, detention, indictments, information or other formal criminal charges and disposition of charges, including dismissals, acquittals, convictions, sentences, correctional supervision and release.

This information will be used only for purposes of determining volunteer eligibility. Chapter 179A of NRS prohibits an employer from dissemination of this information.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Agency Authorization for Records Check \_\_\_\_\_ Date \_\_\_\_\_

#### *For Official Use Only*

**Application Review**  
Approved  Denied

Signature of Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_