Nevada Department of Corrections Volunteer Services

3955 W. Russell Rd. Las Vegas, NV 89118 Phone: 725-216-6033 Email: NDOCvolunteers@doc.nv.gov

DEPARTMENT OF CORRECTIONS

STATE OF NEVADA

Nevada Department of Corrections Education

P.O. Box 7011 Carson City, NV 89702 Phone: 775-977-5505 **Email:** gilbertgarcia@doc.nv.gov

PLEASE PRINT

www.doc.nv.gov

Submissions with incomplete or missing information will be rejected.

Thank you for your interest in becoming a volunteer for the Nevada Department of Corrections. By donating your time and skills, you will assist offenders and enhance the activities and programs of the Department. To assist you in becoming a volunteer, we need the following information:

Student Intern Faith Based/Religious Services	□ Supervised onetime event □ Other
Name:	Date:
eer Contact Email:	
eer Contact phone number:	
prefer email or phone calls for voluntee	r updates? please circle: EMAIL PHONE
Southern Desert Correctional Center Three Lakes Valley Conservation Camp Florence McClure Women's Correctional Center Jean Conservation Camp Casa Grande Transitional Housing Northern Nevada Transitional	at apply): Ely State Prison Lovelock Correctional Center Stewart Conservation Camp Northern Nevada Correctional Center Other: please list name of institution/ facility
zation Represented:	
f Organization/Chapter person's name:	
	Education (teacher or staff) Student Intern Faith Based/Religious Services Re-entry Name: eer Contact Email: eer Contact phone number: prefer email or phone calls for voluntee (ies) you wish to volunteer (check all the high Desert State Prison Southern Desert Correctional Center Three Lakes Valley Conservation Camp Florence McClure Women's Correctional Center Jean Conservation Camp Casa Grande Transitional Housing Northern Nevada Transitional Housing

Head of Organization/Chapter phone num	iber:
What Program/service(s) are you providi	ng?
Who is <u>your</u> NDOC contact person/sponso to? (Not Volunteer coordinator)	oring staff member that you will be reporting
	oved visitor list? If yes, please note that you ou are on an offender's approved visitor list, their list for your volunteer application to
Offender name:	NDOC #:
contact for approval/assessment of institutional nee	citution's Associate Warden of Programs and/or NDOC ed. You will be notified by email if you progress to the next
step.	
FOR OFFICE ONLY. DO	NOT WRITE BELOW THIS LINE.
Educational Staff, Interns, Volunteers submit Docun (address above)	nents to Northern Administration office in Carson City
Non Educational Staff/Volunteers submit documents (address above)	s to Southern Administration office in Las Vegas
The completed original of this document must be su	bmitted to be processed, copies are not acceptable.
□ Approved	
□ Denied	
Reason for denial:	
NDOC Point of Contact Signature	Volunteer Coordinator Signature