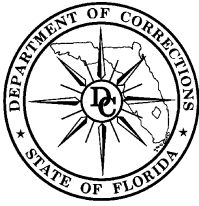


Regular-Services Volunteer Information Sheet



STATE OF FLORIDA

DEPARTMENT OF CORRECTIONS
Bureau of Programs

F.A.S.T. Pin #: _____

Name: _____

Address: _____

City State Zip

Telephone #1: _____

Telephone #2: _____

Email: _____

SS#	Hair	Eyes	Ht	Wt	DOB	Sex	Race

(This information is confidential)

Official Use:

Facility/Department: _____

Training Date: _____ **FCIC/NCIC¹ Date:** _____ **Hits:** Yes No

Approved: _____ **Date:** _____
(Approving Authority²)

¹ An annual background check should be done for each active regular service volunteer. The temporary volunteer badge is produced in accordance with "Identification Cards," Procedure 604.002.

² The Chaplaincy Services Administrator or institutional lead Chaplain is the approving authority when the volunteer has no previous period of incarceration or supervision. When a proposed volunteer has a previous period of incarceration or supervision, the approving authority is the Assistant Secretary for institutions or designee. ("Volunteers," Procedure 503.004).