

# Volunteer Application Processing Checklist

Host Facility \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Last 4 SSN

**Final Approval:**    Yes     No     Date: \_\_\_\_\_

By: \_\_\_\_\_

## Approval Chain:

1. GCIC/NCIC                                              Recommend     DO NOT Recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. OPD Background Check                                              Recommend     DO NOT Recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Host Facility  
a. Warden                                              Accept     Not Accepted

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Chaplain/Volunteer Coordinator                                              Accept     Not Accepted

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. State Chaplaincy/Volunteer Services Review                                              Complete

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.