

REQUEST FOR VOLUNTEER CONTACT WITH INMATE

CDCR 2037 (02/20)

- INSTRUCTIONS:**
1. Any volunteer wishing to contact an inmate(s) outside of their volunteer program must complete this form.
 2. If the inmate is transferred to a new facility, a new application must be completed.
 3. The volunteer must complete this form at each facility where services are provided by the volunteer.
 4. If providing services to 5 or more facilities, requests must be submitted to the Director, DAI.

New Request

Update Contact Information

Terminate Inmate Contact

SECTION I – REQUEST INFORMATION			
Printed name of volunteer		Approved facility to provide regular volunteer services	
Volunteer organization and role within approved facility		Date of volunteer start (month, day, year)	Date of request (month, day, year)
Volunteer mailing address		Volunteer email address	Volunteer telephone number
Name of inmate	CDCR number	CDCR housing of inmate	Association with inmate prior to volunteer service? Yes No
Type of contact requested: Written		Telephone	
Reason for request to provide mentor services to inmate (Attach additional page if needed):			
Signature of volunteer			Date (month, day, year)

SECTION II – COMMUNITY RESOURCES MANAGER (CRM)			
This request is:	Approved	Denied	Other:
Type of contact approved:	Written	Telephone	
Comments:			
Signature of CRM or designee			Date (month, day, year)

SECTION III – HIRING AUTHORITY			
This request is:	Approved	Denied	Other:
Type of contact approved:	Written	Telephone	
Comments:			
Signature of hiring authority or designee			Date (month, day, year)

SECTION IV – DIRECTOR, DIVISION OF ADULT INSTITUTIONS (5 or more facilities)			
This request is:	Approved	Denied	Other:
Type of contact approved:	Written	Telephone	
Comments:			
Signature of Director or designee			Date (month, day, year)

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SECTION V – ADDITIONAL REQUEST INFORMATION			
Name of inmate	CDCR number	CDCR housing of inmate	Association with inmate prior to volunteer service? Yes No
Type of contact requested: Written		Telephone	
Reason for request to provide mentor services to inmate (Attach additional page if needed):			
Name of inmate	CDCR number	CDCR housing of inmate	Association with inmate prior to volunteer service? Yes No
Type of contact requested: Written		Telephone	
Reason for request to provide mentor services to inmate (Attach additional page if needed):			
Name of inmate	CDCR number	CDCR housing of inmate	Association with inmate prior to volunteer service? Yes No
Type of contact requested: Written		Telephone	
Reason for request to provide mentor services to inmate (Attach additional page if needed):			
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