

Attached is the New Hampshire Department of Health and Human Services, Youth Development Center (YDC) application packet for members of Alcoholics Anonymous. The information attached is new as of June, 2006. Please go to www.nhaa.net to make sure you have the most current application. Applicants must be clear of the criminal justice system for at least 3 years to apply and have been sober a minimum of 1 year.

If you are already cleared for work with YDC then fill out the **12 Step Volunteer Intent of Renewal form**. Otherwise please fill out the other three pages of the application with all required information and please remember to sign your application. Note that two of the forms require notarized signatures. Incomplete applications will not be processed. When you have completed the application mail it to:

Youth Development Center
Office of Intern/Volunteer Services
Attn: Annette Wood
1056 North River Road
Manchester, NH
03104

You will be contacted when your application has cleared, and asked to attend a mandatory Volunteer Orientation.

Thank you
Tom P.
Area 43 Corrections Chair



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Operations Officer II/Department of Health & Human Services – DJJS/YDC

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 1056 North River Road Manchester NH 03104
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

PDDHHSRO1/DJJS Volunteers only

CENTRAL REGISTRY

DJJS

NOTIFICATION OF RELEASE OF INFORMATION

In accordance with Department of Health & Human Service Policy, I understand that the NH DH&HS Division for Children, Youth, & Families will be contacted to inquire whether there is a record of any founded complaint(s) of child abuse and/or neglect in which I am listed as responsible for the abuse and/or neglect of a child. If there is any information to that effect, I understand that I will be contacted.

Signature _____

Date _____

Printed Name _____

Social Security Number _____

Date of Birth _____

Other names I have previously used _____

Witness _____

Date: _____

Return to: DHHS – VOLUNTEER COORDINATOR



John A. Stephen
Commissioner
Rodney H. Forey
Director

State of New Hampshire
Department of Health and Human Services
Division for Juvenile Justice Services
1056 North River Road, Manchester, NH 03104
(603) 625-5471 Fax: (603) 624-0512 TDD Access: 1-800-735-2964

Required Information

12 Step Program
 AA NA Al-Anon

Sobriety Date: _____

Application Date: _____

Application for 12 Step Volunteer

Name: _____
(Last) (First) (M.I.)

Social Security Number: _____ Email: _____

Address: _____
(Street) (City) (State) (Zip Code)

Telephone: _____
(Home) (Work) (Best Time to Call)

In Case of Emergency Notify: _____
(Name) (Telephone)

Have you ever been convicted of a felony? _____

If yes, please provide details: _____

Have you ever worked with troubled youth/prisoners before? _____

If yes, please provide details: _____

Your Eligibility may be influenced by mandatory Criminal Record Repository and/or DCYF Registry Check.

Please return completed application packet to:

Annette M. Wood
Office of Intern/Volunteer Services
DHHS Division for Juvenile Justice
1056 North River Road
Manchester, NH 03104

I certify that there is no willful misrepresentation in, or Falsification of the above information. I understand that Should investigation discover any such misrepresentation And falsification, my application may be rejected. If I am Accepted as a volunteer, and misrepresentation and Falsification are discovered later, my services may be terminated.

12 Step Coordinator Date

Volunteer Signature Date

DJJS/YDC Service Program Coordinator Date



John A. Stephen
Commissioner
Rodney H. Forey
Director

State of New Hampshire
Department of Health and Human Services
Division for Juvenile Justice Services
1056 North River Road, Manchester, NH 03104
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Required Information

12 Step Program
 AA NA Al-Anon

Date: _____

12 Step Volunteer Intent of Renewal

I _____
(Please print full name) (Date of Birth)

would like to remain active in the YDC 12 Step Volunteer program for the upcoming calendar year. I certify that since the date of my original application there have been no changes in my legal status. I understand that should investigation discover any such misrepresentation and/or falsification, my services may be terminated immediately.

(Volunteer signature) (Date)

Please return signed and dated form to:
Failure to accurately fill out and return form will result revocation of Volunteer Status at YDC

**Volunteer Services
DHHS Division for Juvenile Justice
1056 North River Road
Manchester, NH 03104**

12 Step Coordinator Date DJJS/YDC Service Program Coordinator Date