

**Correctional Facility Information Sheet**  
This information is for the Corrections Committee only.

**Facility Information**

Strafford County Department of Corrections

Name

266 County Farm Road

Dover

NH 03820

Address

City

State Zip

Type of Facility:

State Prison

County Jail

½ Way House, Shelter, Work Release, Youth Facility

This facility Houses:

Adult Men

Adult Women

Youth Men

Youth Women

Allowed to take meetings into this facility are:

Men

Women

Please give brief directions:

From North or South; Take Exit 9 (Week's Crossing) off Rt.16 (Spaulding Turnpike). Turn Left at the top of the exit. Turn right at the 1<sup>st</sup> set of lights (2<sup>nd</sup> Light from Northbound exit), 6<sup>th</sup> Street. Follow this 0.8 miles, through 1 set of lights. Turn left at County Farm Road (there's a sign for county offices). Follow this, 1.2 miles. Make a left at the stop sign. SCDOC is the building at the end of this road.

Briefly describe the steps volunteers must take in order to attend meetings at this facility (if forms are required, please attach a copy):

1. Fill out, submit form for approval & background check. Available from Christophe or Rebecca (Not on Computer) Approved / Disapproved, if Approved continue.  
Attend training offered periodically by SCDOC.  
Contact meeting representatives to attend meetings.

Describe any special notes, like "no hardcover books", etc.:

No Hardcover Books  
No Staples

**Facility Volunteer Coordinator Information (Facility Employee)**

Jake Collins

603 742 3310

Ext. ?

Name

Phone

Phone 2

266 County Farm Road

Dover

NH 03820

Mailing Address

City

State Zip

[SCDOCprograms@hotmail.com](mailto:SCDOCprograms@hotmail.com)

M-F; 7:00 AM – 3 PM

E-Mail Address

Best time to Contact

Would you like to receive a reminder postcard for Corrections Committee meetings?

Yes

No

**AA Facility Contact Information (AA Member)**

Christophe C.

603 512 4859 (M)

603 436 6181 (H)

Name

Phone

Phone 2

147 State Street #3

Portsmouth

NH 03801

Mailing Address

City

State Zip

[cloitrey@excite.com](mailto:cloitrey@excite.com); or [ccloitre@excite.com](mailto:ccloitre@excite.com)

M-F after 4:00 PM, weekends after 10 AM

E-Mail Address

Best time to Contact

**APPLICATION FOR VOLUNTEER SERVICE  
STRAFFORD COUNTY DEPARTMENT OF CORRECTIONS**

Thank you for offering your services as a volunteer within the Strafford County Department of Corrections. Please read the following questions carefully and type or clearly print your answers to each before signing.

1. Name: \_\_\_\_\_  
(Last) (First) (Initial)
2. Address: \_\_\_\_\_  
(Including Street and Zip Code)
3. Home Phone/Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_
4. Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male Female
5. Birthplace: \_\_\_\_\_  
(City, State, Country)
6. Former Names: \_\_\_\_\_
7. Social Security Number: \_\_\_\_\_
8. Driver's License, Number: \_\_\_\_\_ State: \_\_\_\_\_
9. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_
10. Are you a citizen of the United States? Yes \_\_\_ No \_\_\_
11. Current Employer:  
Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
12. Sponsor Organization:  
Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
13. Contact in case of emergency:  
Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_
14. Have you ever been convicted of, or forfeited collateral for, a felony? Yes \_\_\_ No \_\_\_
15. Are you now under charges for any violation of law? Yes \_\_\_ No \_\_\_
16. Have you ever been convicted by a military court-martial? If no military service, answer "no." Yes \_\_\_ No \_\_\_
17. Do you have any medical conditions or disabilities that may restrict your volunteer service? Yes \_\_\_ No \_\_\_

If you respond "Yes" to questions 14 - 17, please attach a separate page to explain your response.

Warren Dowaliby  
Superintendent

**Strafford County Department of Corrections**  
COUNTY FARM ROAD  
DOVER, NEW HAMPSHIRE 03820  
TEL. (603) 742-3310 or (603) 742-7423  
FAX (603) 742-2192

## AUTHORIZATION FORM

I hereby authorize the Superintendent of the Strafford County Department of Corrections and/or the Strafford County Sheriffs Office in Dover, New Hampshire to check my Motor Vehicle and Criminal Record history.

I hereby release all individuals connected therewith, including the Strafford County Commissioners of Dover, New Hampshire, for any and all damages whatsoever incurred by furnishing such information.

Signed: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION

You must sign this application, please read the following carefully before you sign.

- I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.
  - I understand any information I give may be investigated, as allowed by law or Presidential order.
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- I consent to the release of information about my ability and fitness as a volunteer by employers, schools, law enforcement agencies, other individuals and organizations to investigators making inquiries on behalf of the Strafford County Department of Corrections.
  - I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.
  - I understand as a volunteer I will not receive any financial reimbursement or compensation from the Strafford County Department of Corrections for my services, time, or expenses.

Signature: \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_