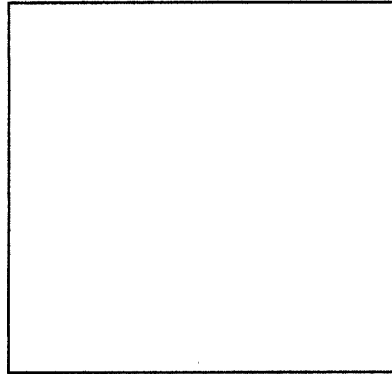


ICC/CCA Private Prison

IDAHO DEPARTMENT OF CORRECTION

Volunteer Job Description



Photograph

Name: _____

Name of organization/affiliation: Alcoholics Anonymous

Name of contact person: _____ Phone _____

Address: _____ Email: _____

Volunteer job title: AA Volunteer

Location: ICC/CCA

Purpose of position: To bring Alcoholics Anonymous meetings to inmates.

Specific duties: Attend and chair AA meetings and provide literature

Qualifications: Member of AA

Benefits to the IDOC: Supporting AA and relapse prevention in the facilities

Training and experience: member of AA

Time commitment and hours: _____

Supervisor: Facility Chaplain

I _____ (Volunteer) agree to the duties listed above.

The Idaho Department of Correction agrees to provide relevant training and appropriate supervision.

Volunteer's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Appendix C

APPLICATION FOR VOLUNTEER SERVICE
SUPPLEMENTAL INFORMATION

PERSONAL:

Full Name _____
(first) (mi) (last)

Race/Ethnicity: _____ Weight: _____ Hair Color: _____ Eye Color: _____

EDUCATION: Highest Level: _____

Major Field of Study: _____

Degree/Certification: _____

Other Schools or Educational Experience: _____

VOLUNTEER: (Church and Secular)

EXPERIENCE: What? _____

Where? _____

With Whom? (Group/Leader) _____

Present Interest as Volunteer: _____

When available (day and time) _____

Other comments: _____

CONTACTS:

Next of Kin: _____ Phone () _____

Address: _____
Street City Zip Code

RELIGIOUS:

Present Church/Denomination: _____

Local Congregation: _____

Address: _____
Street City Zip Code

COMMENTS: Any other information that will be helpful: _____

EXPECTATIONS: To complete your application for volunteer service at this facility, please write a statement of not more than 250 words outlining what you expect to gain from your service and what can we expect from you (can attach separately):

SIGNATURE: Signature of Applicant _____ **DATE:** _____

VOLUNTEER RELEASE OF LIABILITY

I, _____, want to become a volunteer at the Idaho Correctional Center (ICC) to participate in religious activities and/or rehabilitative programs for the inmates incarcerated at ICC. I am not an employee of the Idaho Correctional Center nor do I expect to receive any form of compensation from CCA for services I perform. I agree to hold the Idaho Correctional Center harmless for any damages or injuries that may result from my participation. I am solely responsible for the costs of any medical attention that may be required because of an injury I may experience during my participation as a volunteer.

(VOLUNTEER SIGNATURE)

(VOLUNTEER ADDRESS)

(VOLUNTEERS' TELEPHONE NUMBER)

WITNESS (signature & title) DATE

STATEMENT OF UNDERSTANDING REGARDING CONTRABAND

It is a violation of state law for any person to introduce, or attempt to introduce into a correctional facility, any article of contraband including deadly or explosive materials, currency, weapons, ammunition, intoxicants or controlled substances. All persons entering the Idaho Correctional Center are required to clear a metal detector. All packages and items carried into the facility are subject to search by facility staff and/or state or local law enforcement officials.

When a reasonable suspicion exists that a particular volunteer is attempting to introduce contraband into the facility, the Shift Supervisor or a facility official of higher rank may order a more thorough search of the volunteer's belongings and/or vehicle. Additionally, the Shift Supervisor or official of higher rank may refuse the volunteer entry into the facility and recommend to the Warden that the volunteer's approval to work in the facility be withdrawn. The Warden's decision is final and not subject to appeal.

If deemed appropriate, state or local law enforcement officials will be called to the facility to address the issue of suspected contraband with the volunteer.

Please print your name, date, social security number and sign below. Your signature attests that you have read and understand the above information. Your failure to sign and submit this form as part of your application to serve as a volunteer will result in the disapproval of the application.

NAME: _____
(print)

DATE: _____

SSN: _____

SIGNATURE: _____

CCA
IDAHO CORRECTIONAL CENTER
VOLUNTEER AGREEMENT

As an approved volunteer at the Idaho Correctional Center, CCA; I agree to abide by the following requirements. Also, I understand that any services that I provide to or perform on behalf of CCA are provided or performed voluntarily and without expectation of payment. I understand that any benefits provided to me by CCA are merely gratuitous gestures and are not payment for services provided. I give my services to CCA freely and without coercion from or dependency on CCA. I understand that I am not an employee of CCA nor entitled to any benefits of employment with CCA.

1. I understand that the following actions are prohibited, and I will immediately report any violations to the Facility Volunteer Activities Coordinator, or in his/her absence, the on-duty Shift Supervisor.
 - a. Manifesting any evidence of being under the influence of or having in possession, intoxicating beverages or drugs.
 - b. Bring contraband into the facility.
 - c. Communicating verbally or in writing with an agency or organization outside the facility regarding an inmate/resident, probationer, or parolee.
 - d. Making a false or libelous statement to members of the media, public, legislature or other governmental officials concerning the facility, its employees and/or operations.
 - e. Disclosing any official information which represents a matter of confidence or trust or any of the official information of such character that its disclosure or use would be contrary to the best interests of the State, facility, or the inmate/resident being served. Information concerning an inmate/resident's personal life and/or private affairs is privileged information and will not be the subject of casual conversation or gossip.
 - f. Maintaining a personal unofficial file, containing copies of official records including records prepared by the volunteer.
 - g. Removing a record or copies thereof from the institution without the express written approval of the Warden.
 - h. Stealing or unauthorized use, neglect or destruction of facility owned or leased property, equipment, or supplies.
 - i. Retaining or requesting bribes, gratuity, or introduction of contraband.
 - j. Posting or removing posted materials that are unauthorized, or the unauthorized distribution of written materials.

- k. Violating health, safety and sanitation procedures, directions or requirements.
 - l. Discussing other volunteers, inmate/residents or staff with inmates/residents.
 - m. Engaging in sexual contact of any type with an inmate/resident.
 - n. Using any physical force, except in self-defense, or
 - o. Physically abusing an inmate/resident.
2. I will maintain a professional relationship with inmate/residents at all times. I am not an advocate for inmate/residents, and realize that it is better for the inmate/residents to learn to work through administrative procedures for grievances and complaints.
 3. In working with inmate/residents, I will be fair, firm and consistent. I will abide by the institution's policies, procedures and regulations, and require the inmate/residents with whom I am working to do so also.
 4. I will not do personal favors for any inmate/resident, to include but not limited to making phone calls, giving or lending money, mailing letters, or passing messages.
 5. Unless, I have been specifically approved, and have the proper credentials to do so, which are attached to this form, I will not provide personal counseling or legal advise to any inmate/resident.
 6. I will participate in at least four hours of in-service training for volunteers each year.
 7. I agree to abide by all facility policies, particularly those relating to security and confidentiality of information.
 8. Any failure on my part to follow the regulations set forth above will result in my removal from the institution and termination of my volunteer status.

 Print Name

 Signature

 Social Security Number

 Date

Original: Facility Volunteer Activities Coordinator

IDAHO DEPARTMENT OF CORRECTION

Volunteer Application

Facility: _____

Full Legal Name: _____ Date: _____

Driver's License Number: _____ State-issued: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____
Street City State Zip Code

Telephone No.: _____ Work: _____ Cell: _____

Email Address: _____ Work: _____

Emergency Contact (name): _____ Telephone No.: _____

Have you ever been convicted of a felony? Yes No

If yes, when? _____ Where? _____

Are you presently on probation or parole? Yes No

If yes, where? _____

Are you on an offender's visiting list? Yes No

If yes, name and location of offender: _____

Relationship to offender: _____

Do you have a relative or friend incarcerated at any correction facility in Idaho? Yes No

If yes, give name(s) and facility (attach additional page if necessary): _____

Have you ever been a victim of an offender incarcerated at an IDOC facility? Yes No

Have you ever worked for the IDOC or volunteered at a correctional facility? Yes No

If yes, where and when? _____

Name of organization/affiliation: _____ Telephone No.: _____

Address: _____
Street City State Zip Code

Criminal Background Check: Criminal record No criminal record

ILETS operator's name and associate #: _____ Date: _____

Recommended Yes No _____
Volunteer service coordinator's signature and associate #

Recommended Yes No _____
Deputy warden's signature Date

Approved Yes No _____
Facility head's signature Date

IDAHO DEPARTMENT OF CORRECTION

Volunteer Agreement

As a volunteer for the Idaho Department of Correction, I understand and agree to the following:

1. I understand the risks of volunteering in a correctional facility, including the risk of being taken hostage or being injured.
2. I will follow facility access procedures.
3. I will lock my car, and I will lock valuables, purses, etc., in the trunk.
4. I will only bring items to the facility that IDOC authorities have approved and are specifically needed for my volunteer duties.
5. I will not bring the following: chewing gum, pocketknives, weapons, ammunition, explosives, drugs, tobacco, cell phone, camera, tape recorder, video recorder, or unauthorized item into the facility. Any item the IDOC has not approved is contraband and is not allowed in an IDOC facility. (Note: if you must carry prescription medication, please notify the security staff at check-in.) If I have a question regarding items that can be brought in, I will check with the volunteer services coordinator or a correctional officer.
6. I will follow attire and appearance standards described in section 5 of this SOP.
7. While at a facility, I will maintain control of my personal property.
8. I will take all items that I brought into the facility with me when I leave, unless IDOC officials have authorized me to leave them.
9. I will immediately report the loss of any item to an IDOC employee.
10. I will never exchange any item with an offender.
11. I understand the risks involved in taking my wallet, including money and charge cards, into the facility with me.
12. I will not become involved in any conflicts between offenders and/or staff.
13. I understand the risks of giving my mailing address, phone number, or other personal information to offenders and agree not to do so.
14. I will immediately notify the volunteer services coordinator of any changes to my contact information.
15. I will not have personal contact with any IDOC offender outside my duties as a volunteer to include sending or receiving correspondence or engaging in phone conversations, unless the facility head (or designee) has specifically approved telephone conversations or correspondence by mail. If an offender contacts me, I will immediately report it to the volunteer services coordinator.
16. I will not accept personal service from an offender or perform personal service for an offender, unless IDOC authorities approve it in advance. This includes making phone calls, mailing letters, delivering messages, or delivering packages to anyone in the community or in a correctional facility.
17. I will not make purchases for an offender, sell anything to an offender, enter into any business transaction with an offender or offender's family, accept any personal favor from an offender or offender's family, or do any personal favor for an offender or offender's family.
18. I will not exchange gifts with offenders.
19. I will keep my physical contact with offenders to a minimum, and I know that hugging is prohibited.
20. I will limit advice to topics pertaining to my volunteer job duties.
21. I will not give offenders medical or legal advice.

22. I will immediately report to IDOC staff any offender's request for drugs, alcohol, or medications.
23. I will not bring any drugs, alcohol, or medication to an offender.
24. I will be courteous, friendly, and professional.
25. I realize I may be denied access to any unit and may be subject to search of my person or vehicle for justifiable security purposes.
26. I will arrange my schedule at the facility in advance.
27. I will notify the facility of any change that will affect my delivery of volunteer service at scheduled times.
28. I will stay within the boundaries of my assigned area at the facility.
29. If I am with a group, I will stay with that group.
30. I will conduct my volunteer activities according to IDOC policies and procedures. If I am unclear about a specific policy and procedure, it is my responsibility to seek immediate clarification with the volunteer services coordinator.
31. I understand the importance of maintaining ethical and legal boundaries regarding offender contact while in a volunteer position with the Idaho Department of Correction. I understand that, if during my course of volunteer work I decide that I would like to pursue a personal relationship with an offender, I must immediately end my volunteer status and discuss my decision with IDOC authorities. I further understand that if I violate IDOC rules before I end my volunteer services, I will not receive visiting privileges with an offender.
32. I understand that the completion of volunteer training does not guarantee a volunteer position until my criminal background check is completed and I am approved by the IDOC.
33. I understand that failure to comply with the rules in this agreement may jeopardize my future as a volunteer.
34. I agree to treat as confidential the information that I learn while at the correctional facility.
35. I will not contact or discuss information regarding my volunteer experience with the media or in a public forum without prior written permission from an applicable IDOC authority.

Print Name
Date
Signature



IDAHO DEPARTMENT OF CORRECTION

*"Protecting Idaho through Safety, Accountability,
Partnerships And Opportunities for Offender Change"*

C.L. "Butch" Otter
Governor

Brent D. Reinke
Director

AFFIRMATION STATEMENT

(Required by SOP 606.02.01.001 – Volunteer Services in Correctional Facilities)

I, _____, affirm that I have been continuously sober under nonresidential, independent living conditions for the past two (2) years. I am an active participant in a community support group (AA, NA, 12-Step, or similar).

The support group is:

Alcoholics Anonymous

(Name of support group)

(Location and address of meeting)

Print Name

Date

Signature

File in Volunteer File