

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

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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.

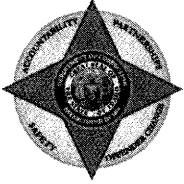
Appendix B

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