



Application for Volunteer/Intern Services

Status Requested

- Unit Volunteer Will be limited to volunteering at a single unit
- Statewide Volunteer One year volunteer experience or prior approval of Chief of Corrections Operations or designee required
- Researcher Human Subject Research Review Committee recommendation required
- Re-entry Resource Will be selected only for designated re-entry events in multiple facilities
- Internship Unpaid Student or Personal Interest Internship

Program Affiliation: _____ Point of Contact: _____

Briefly describe the volunteer/intern services you are requesting to provide: _____

Personal Information

Full Name _____

Last First Middle

Home Address _____

Street Address City/County State Zip Code

Phone () _____ Email Address _____

Education (years in school) 1-11 12 13-16 17+

Occupation _____ Present Employer _____

Have you ever been convicted of a law violation as an adult, including moving traffic violations Yes No

Are you currently under active parole or probation supervision Yes No

Are you now or have you ever been a member or associated with any gang, motorcycle club, racial supremacy group, or other such group or organization as defined in Code of Virginia §18.2-46.1 Yes No

Have you ever engaged or attempted to engage in sexual abuse in an institutional setting Yes No

Have you been convicted of engaging or attempting to engage in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse Yes No

Have you been civilly or administratively adjudicated for engaging in sexual activity in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse Yes No

If **yes** to any of the above questions, please explain: _____

Have you ever been employed by the Virginia Department of Corrections or another agency or contractor to work in a Virginia DOC facility Yes No

If yes to the above question, please explain:

Are you visiting, have you ever visited, or are you corresponding with an offender confined in any institution of the Virginia Department of Corrections Yes No

If **yes** to the above question, please explain/identify the offender(s): _____



Please list any known family, friends or associates who are currently under supervision of the Virginia Department of Corrections (includes confined or paroled)

Do you agree to a background/reference check Yes No

In accordance with Operating Procedure 102.3, *Background Investigation Program*, volunteers and interns serving in sensitive positions must have a Full Background Investigation conducted. Full Background Investigations for facilities shall be forwarded to the Background Investigations Unit for processing. P&P Offices may conduct their own Background Investigations in accordance with procedure. The Unit Head will approve all volunteers and interns serving in non-sensitive positions and grant preliminary approval for volunteers and interns serving in sensitive positions in facilities. The following documents must be sent to the Backgrounds Investigations Unit for all volunteers and interns.

Non -sensitive Positions

Application for Volunteer/Intern Services 027_F2
Authority for Release of Information 102_F7
Copy Driver's License or other government issued picture Identification
Fingerprint Cards (if applicable) or provide Livescan TCN number

Sensitive Positions

Application for Volunteer/Intern Services 027_F2
Authority for Release of Information 102_F7
Background Investigation Questionnaire 102_F2
Copy Driver's License or other government issued picture Identification
Copy of License or Certification (if applicable)
Fingerprint Cards (if applicable) or provide Livescan TCN number
Confidential Summary Background Investigation Report 102_F10 (P&P only)
Request for Background Investigation 101_F12 (Facilities, only)

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to such verification as may be necessary in reference to my volunteer/intern service.

Applicant Signature/Date

For office use only (applicant does not write in this space)

Application Received Date: _____	Interview Date: _____	Orientation Date: _____
Does volunteer/intern service require a license or certification? <input type="checkbox"/> Yes <input type="checkbox"/> No (if applicable, obtain a copy)		
VCIN Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Conducted: _____	
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	SID # (if applicable) _____	
Finger Print Cards <input type="checkbox"/> or TCN Number: _____		
(After review by the Volunteer or Internship Coordinator and Facility Unit Head, the VCIN must be destroyed)		
VCIN destroyed by: _____	Date destroyed: _____	
Visitation Record: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Please provide offender name, number, facility, and date of last visit in space below)	
Volunteer/Internship Coordinator: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Volunteer/Internship Coordinator Signature/ Date _____		
Unit Head/Chief of Corrections Operations: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Unit Head/Chief of Corrections Operations Signature/ Date _____		
*Chief of Corrections Operations or designee Approval Required for Statewide Volunteer		



Authority for Release of Information

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the Department of Corrections bearing this release or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. The information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct the release of such information upon the request of the bearer.

This release also authorizes the National Personnel Records Center, or other custodian of my military service record, to release any information and/or copies of documents from my military service record. I understand that the information released is for official use by the Department of Corrections and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature: (Full Name) _____

Print Full Name: _____

Other Names Used:
(Include All Maiden and Aliases) _____

Social Security Number: _____

Date: _____

Current Address: _____

Telephone Number: _____

Date of Birth: _____

Sex:

Male

Female

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, or in the termination of your employment.

PERSONAL IDENTIFICATION INFORMATION

The information requested below is necessary in order to complete your background investigation. Please complete all categories and sign below.

Print Full Name: _____

Birth State _____

Race _____

Height _____

Weight _____

Eye Color _____

Hair Color _____

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This information is needed for fingerprinting and completing the preliminary background. Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment.
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Volunteer/Intern Agreement

PLEASE READ THESE RULES CAREFULLY AND REQUEST A COPY FOR YOUR PERSONAL REFERENCE

1. I agree to abide by all work procedures, guidelines, laws, rules, and regulations that apply to paid employees, including confidentiality and security regulations. I shall, as part of my volunteer/intern service, be exempt from all provisions of law relating to state employment, such as hours of work, rate of compensation, leave time, and employee benefits. Failure to abide by this Agreement, violation of any state law, or any official Department procedure may result in my termination as a volunteer/intern and possible prosecution under applicable state law. The Department of Corrections agrees to make every effort possible to ensure the safety of those individuals participating in the volunteer/intern program.
2. You are subject to search at any time you are on Department of Corrections property. Refusal to agree to a search will result in suspension or termination from volunteer/intern service.
3. You should comply with instructions given to you by staff. If you have questions regarding a directive, you may consult the Unit Head. In the event of an emergency, everyone must follow orders to ensure the safety of all.
4. Any item brought on to state property must have prior approval of the Unit Head.
5. Volunteers/interns will not be under the influence of un-prescribed drugs or alcohol while performing duties for the Department. Volunteers/interns may not bring drugs, weapons, or alcoholic beverages onto facility grounds unless specifically reviewed and approved in advance by the Unit Head. Items such as pocketknives, nail files, or other similar items may not be carried into facilities. Failure to comply with this rule may result in prosecution.
6. When on Department of Corrections property, always wear your I.D. Badge or facility visitors Badge.
7. Volunteers/interns should dress appropriately when working with offenders. Tight clothing or revealing apparel is not appropriate.
8. Report immediately any information related to escapes or other breaches of security to the Unit Head or Officer-in-Charge.
9. Keep commitments. If a meeting or session has to be canceled, notify the unit in advance. Expectations are developed by offenders and maintained by you, make your commitments meaningful. The Unit Head retains the right to postpone, curtail, or suspend any activity when there is a threat to the secure or orderly operation of the unit. Whenever possible written notification will be given.
10. In the event of a serious disagreement or problem between a volunteer/intern and an offender, the volunteer/intern should notify the closest corrections employee immediately.
11. Please maintain confidentiality of information. Offenders often assume that their relationship is confidential with a volunteer/intern. Do not take personal information regarding an offender outside the workplace under any circumstances. *NOTE: Information that is obtained from an offender or employee suggesting there is a possibility of escape, assault, or other possible danger to yourself or others (staff, offenders, community) or property, **MUST** be reported immediately to the Unit Head or Officer-in-Charge.*
12. Do not discuss any sensitive personal information about individual offenders, including the identities of offenders, except with other staff and volunteers/interns involved in the provision of services to that specific offender.
13. Do not share your personal business with offenders, or discuss personal information where offenders may hear you.
14. Volunteers/interns are prohibited from sending or receiving secure messages with offenders, unless the offender is an immediate family member of the volunteer/intern and prior approval to correspond has been received from the Facility Unit Head where you are volunteering and the Facility Unit Head where your family member is incarcerated.
15. Volunteers/interns are prohibited from purchasing publications for an offender and sending or receiving personal mail or funds without the prior approval of the Facility Unit Head where you are volunteering and the Facility Unit Head where the offender is incarcerated.
16. Correspondence to include letters, notes, greeting cards, etc. must be submitted on the volunteer's organizational letterhead and contain a Post Office Box or business address. Home addresses are not allowed. Volunteers/ interns are prohibited from including personal addresses, personal phone numbers, personal pictures, and personal items in correspondence.



17. Personal relationships (romantic or sexual) with offenders under the control of the Department of Corrections (including Community Corrections) is a crime, volunteers/interns must be extremely cautious to not blur the line between professional and personal relationships. You should be familiar with Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Offenders*.
18. Volunteers/interns are required to abide by guidelines and standards for reporting *Prison Rape Elimination Act (PREA)* related concerns and issues (see Operating Procedure 038.3). Questions regarding these standards should be addressed with the Unit Head.
19. Volunteers/interns are required to abide by and keep current with all required Annual Trainings.
20. Some types of physical contact (hugging, etc.) are often misunderstood by offenders. Volunteers/interns should be aware of potential misinterpretation of any physical contact.
21. Many offenders under the custody or supervision of the Department are married with families. Care should be taken to avoid being involved in family disputes.
22. Vulgar, profane, and abusive language should not be used toward staff, another volunteer/intern, or an offender.
23. Malicious starting of rumors, or agitating staff or offenders is against Department procedure and is not acceptable.
24. Do not give offenders or accept from an offender any items such as gifts, money, gift cards, etc.
25. Do not take letters or other items out of a facility for a confined offender; do not bring letters or any other items not approved by the Unit Head into a facility for an offender.
26. Do not agree to make business transactions on the street for offenders.
27. Do not promise offenders anything over which you have no authority.
28. Do not play favorites with offenders. Be fair and consistent in your relationships and interactions with offenders. Do not take sides.
29. Facility volunteers/interns may not visit an offender at any facility without approval of the Unit Head. If an offender requests that you visit on visiting days; explain to the offender that you cannot visit him while you are a volunteer/intern. Ask your unit volunteer/intern coordinator for assistance as necessary.
30. Please notify the Unit Head or Volunteer/Intern Coordinator if you have served on a jury or have previous knowledge of an offender's criminal history that may impact your ability to provide volunteer/intern services to a specific offender at that unit.
31. Please share with the Unit Head or Volunteer/Intern Coordinator, any past experiences that you or a loved one have had as a victim of crime. The conversation should address potential conflicts in the performance of volunteer/intern duties.
32. Physical force will not be used against an offender **unless** in self-defense and then **only** the force needed to establish and maintain control.
33. You are to park in provided parking areas. Be sure that all car windows are closed and doors are locked. Do not leave the keys in the car or leave the car idling.
34. If you are approved to use a state vehicle in the performance of your volunteer/intern duties, you are subject to all rules and regulations governing use of state vehicles by paid staff.
35. Volunteers/interns must report to the Volunteer/Intern Coordinator any misdemeanor or felony convictions they receive while in a volunteer/intern status. Such convictions may result in termination of the volunteer/intern status.
36. Volunteers/interns must receive prior authorization from the DOC Director through the Director of Communications before reporting to any mass media on behalf of the Department of Corrections using *Request for Media Contact 022_F2*. Volunteers/interns, other than those authorized on the *Request for Media Contact*, who make comments to the media, must clearly indicate they are speaking as a private citizen not in any official capacity

I HAVE READ, DISCUSSED AND UNDERSTAND THE ABOVE RULES PRIOR TO ENTERING INTO VOLUNTEER/INTERN SERVICE AND AGREE TO ABIDE BY THEM.

Volunteer/Intern Signature/Date

Volunteer/Intern Coordinator Signature/Date



Volunteer/Intern Data Sheet

Name: _____

Address: _____

Phone (please specify if this is home/work/cell): _____

Assignment: _____

Supervisor: _____

Starting Date of Service: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____

Address: _____

Phone: _____

Do you have any medical problems of which we should be aware? Are you taking prescription medication?

(Please explain) _____

