



Department of Public Safety and Correctional Services Volunteer Visitor Application

Personal and Contact Information

Name: _____
Last First Middle

Address: _____
Number, Street and Apt.

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____
Home Work Mobile

Email Address: _____

First and last name at birth, nicknames or any other names you have been known by:

Volunteer Status - Have you ever volunteered for the Department of Public Safety and Correctional Services or the State of Maryland No ___ Yes ___ Dates _____

Veteran's Information - Have you ever been in the armed services? ___ Yes ___ No

Organization Affiliation - If you are affiliated with an organization, please provide the following information:

Name of the organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____

Please provide copies of any applicable and relevant ecclesiastical endorsements, ordination certificates professional or trade licenses, or certificates.

Background Information (Please respond to the following questions)

If you have been convicted of a violation of law other than a minor traffic violation, provide the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from being a volunteer. Other information that you feel relevant to a response to any of the following items should be provided as part of this application. This information will be used in conjunction with other elements of the application process to determine suitability for participation in the Volunteer Program.

(Please use additional sheets of paper to provide additional information or requested explanations and submit as part of the application. Please identify by the item number)

(1) Are you: ___ Between 18 and 20 years old or ___ 21 years old or older?

(2) Are you a: ___ U.S. Citizen ___ Legal Alien ___ Other?

(3) Are you currently addicted to: ___ Alcohol ___ Illegal Drugs ___ Legal Prescription medication? ___ N/A

- (4) Are there open arrest warrants or detainers on file for you? Yes No (If Yes, explain)
- (5) Are there unresolved criminal charges against you? Yes No (If Yes, explain)
- (6) Have you been convicted of a crime involving (Please explain each "Yes" response):
 Yes No Sexual abuse Yes No Sexual harassment Yes No Physical force or violence
- (7) Are you associated with a gang or security threat group? Yes No (If Yes, explain)
- (8) Are you currently under an active restraining, protective or peace order? Yes No (If Yes, explain)
- (9) Are you currently involved in civil litigation involving the federal, state or local government? Yes No (If Yes, explain)
- (10) Are you currently under supervision by a federal, state, or local criminal justice agency? Yes No (If Yes, explain providing supervising agency, reason for supervision, conditions of supervision, dates supervision began and ends)
- (11) Are you a fugitive from a federal, state, or local government? Yes No (If Yes, explain)
- (12) Have you been incarcerated in a federal, state, or local government correctional facility? Yes No (If Yes, explain)
- (13) Do you have a family member, friend, or other relationship with an individual who is currently incarcerated under the authority of a federal, state, or local criminal justice agency? Yes No (If Yes, explain providing the relationship and the location where the individual is incarcerated)
- (14) Are you on an offender's visiting card or list? _____ If yes, what is the offender's name and what correctional facility is the offender housed? _____
- (15) Are you living in a household with an individual in a home detention program? Yes No

Do you have limitations that may prevent you from safely performing as a participant volunteer? Please explain.

I understand that the Department is under no obligation to accept me into the Volunteer Program and, if accepted, my participation in the Volunteer Program may be terminated for any reason.

I agree to hold harmless the Department of Public Safety and Correctional Services and officials and employees for any claims arising from the course of my provision of volunteer services to the Department.

Date

Applicant's Signature

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and that I will not be approved for placement in the Volunteer Program. I am aware that a false statement is punishable under law by fine or imprisonment or both.

Date of Application

Applicant's Signature

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
Volunteer Visitor Background Check

AUTHORIZATION FOR RELEASE OF INFORMATION

Print: First Middle Last SSN

hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Department of Public Safety and Correctional Services, whether the said records are public or private, The intention of this authorization is to provide information which will be utilized for investigation resource material regarding acceptance into the Department of Public Safety and Correctional Services (Department) Volunteer Program. Information obtained shall be maintained in your volunteer services file.

I authorize the full and complete disclosure of the records of educational institutions and the Motor Vehicle Administration; employment and reemployment records including background investigation reports, efficiency ratings, accidents or injuries sustained in the course of employment; and any and all records of any arrest, conviction, or incarceration.

I further understand that refusal to provide access to the above mentioned records, may delay or prevent my acceptance in the Department Volunteer Program. In addition, I understand my right to inspect, amend or correct information contained in my volunteer service file maintained by the Department.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth: _____
MM/DD/YYYY

Driver's License or State Identification Card: _____
(Number and State of Issuance)

Applicant's Signature

Date

Signature of Witness

VOLUNTEER VISITOR EMERGENCY CONTACT FORM

Name of facility or office _____

Volunteer name _____

Street address _____

City, State, Zip _____

Home phone _____ Mobile phone _____

Email address _____

List any medications that must be carried into the facility:

List any condition that may require emergency attention and medications that you may be allergic to: _____

Affiliation _____

Emergency contact name _____

Relationship _____

Home phone _____ Mobile phone _____

Work phone _____

Emergency contact name _____

Relationship _____

Home phone _____ Mobile phone _____

Work phone _____

Volunteer assignment:

Location _____

Supervisor and/or Lead Volunteer _____



VOLUNTEER VISITOR GUIDELINES
Rules of Conduct
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These are important rules of conduct. Violation may result in suspension and/or rescission of Volunteer Visitor status Department-wide and criminal prosecution. Remember:

**Nothing in -Nothing out - Nothing personal
(including cell phones).**

1. Know the name of your supervisor or the lead volunteer for your group. That person will answer questions you may have and is ultimately responsible for you while in this facility.
2. Facility Entry and Exit
 - Lock your vehicle and leave all items not authorized for your volunteer duties in your vehicle. Most, but not all facilities have lockers for your personal belongings. Cell phones, pagers, tobacco products and lighters/matches must be left in your vehicle.
 - You will be refused admittance if you are acting unruly.
 - Bring any personal items such as glasses and pen in a clear plastic container
 - A briefcase must be clear view and approved, in writing, by the managing official.
 - If you want to bring in a recording device or camera, speak with your supervisor or lead volunteer to seek approval. (Pictures inside the facility, as well as outside, are not permitted without the prior permission of the managing official or unit head.)
 - Contact your supervisor or lead volunteer to determine if any items have been disapproved for entry.
 - If there is no facility entry paperwork when you arrive, ask the officer to contact the shift commander. The shift commander's office should have a copy of the paperwork.
 - Sign in as instructed.
 - Routine search procedures are listed below. Failure to cooperate will result in instruction to leave the premises and you may lose your volunteer privileges.
 - Belongings search.
 - Search of pockets of outerwear and clothing.
 - Search of headwear, including religious headwear.
 - Walk-through metal detector (a metal implant may require documentation from your physician).
 - Handheld metal detection wand.
 - Clothed pat-down search.
 - Drug detection dog.
 - Vehicle search.
 - Fast ID (electronic fingerprinting devices for preliminary record checks).
 - Go directly to your assigned location. It is imperative not to deviate from your route.
 - Refrain from having conversations with offenders until you have reached your assigned location. Continue moving and do not stop on the compound to talk with offenders. This may place the facility or office at risk and cause a security issue.
 - When leaving the facility:
 - Make sure you have everything you brought in with you.
 - Do not take out anything you did not bring in with you.
 - Return volunteer visitor identification.
 - Sign out as instructed.
3. Arrive about 20 minutes early (or an appropriate amount of time for the location of your volunteer assignment).
4. Inquire about the policy regarding late arrival for activities.



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5. If you know you will be late, please call ahead and staff will do their best to accommodate your arrival. However, you may be denied entry if you arrive late.
6. Understand that your activity may be cancelled or you may be refused admittance to a facility or office without notice or explanation due to security needs. While every effort will be made to contact you so you will not make an unnecessary trip, sometimes this is not possible. If you travel a long distance you are always encouraged to call ahead to see if there is a reason you may not enter the facility, such as lockdown.
7. Always follow instructions, suggestions and requests from any correctional officer or staff member. Uncooperative behavior will result in dismissal from the volunteer program and the facility or office.
8. Never interfere with a correctional officer or staff member acting in the line of duty. While every attempt will be made to not interrupt any program, from time to time an officer will enter your program to account for offenders, to call an offenders or for other purposes.
9. Remain in your designated program area. Try to seat yourself between the door and the offenders. Do not leave the assigned area to confer privately with an offender.
10. Do not give offenders anything not authorized for use in your program. Non authorized items such as candy, gum, a note, a newspaper are considered contraband in a facility.
11. Limit physical contact with offenders to a handshake and program exercises that include all offenders in the group.
12. Respect the confidentiality of what offenders share with you about feelings and personal events. Do not ask an offender about his or her crime unless you have been instructed by your supervisor and/or lead worker as part of your volunteer position. **Remember, what you see and hear here stays here.**
13. Proselytizing and making disparaging remarks about a faith or someone's faith are prohibited.
14. Do not engage in any significant interaction with any offenders other than those in your program.
15. Report to the correctional officer or staff member if you have any information about a planned act of homicide, assault, suicide, disturbance, drug or contraband smuggling, hostage taking, escape or any other act that may threaten the safety of others or the security of the facility or office.
16. Do not accept anything from offenders or their families. This includes gifts, favors, articles or items. Report attempts to give you something to a correctional officer or staff member.
17. Do not accept phone calls from offenders unless you have written authorization from your supervisor. All offenders' calls are collect.
18. Do not place money in an offender's account.
19. Report to your supervisor or the lead volunteer any offender requests to mail a package or letters, deliver messages, contact friends or family, etc. on his or her behalf.
20. If an offender asks you to do something you know or suspect is prohibited, some suggested responses are to say that you:
 - Don't think you are allowed to do that, but you will ask your supervisor about it, or
 - Are not allowed to do that, or
 - Do not want to do that, as your interest is working with the group as a whole and not assisting offenders with individual needs.
21. You may not have contact with an offender's family or friends.



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22. Never give offenders or their families any personal identifying information about you; other volunteers or participants; or your family members. This includes last name, address, phone numbers, social security number, work locations, marital status, family details, personal interests or date-of-birth.
23. Do not send anything to an offender.
24. You may not volunteer at a facility where a friend or relative resides.
25. You may not be on a visiting list of an offender currently incarcerated in a federal, state, or local correctional facility or living in a household with an individual under home detention.
26. Volunteers may not perform marriage ceremonies.
27. Dress professionally and conservatively; follow the Department's dress code. Leave excess jewelry at home.
28. Conduct yourself in a professional manner at all times.
29. You may not smoke, be under the influence of alcohol or be under the inappropriate influence of prescription or non-prescription drugs while on State of Maryland property.
30. Respect the confidentiality of all Department staff, offenders, ex-offenders and volunteers. Do not share any information or photographs you have access to while performing volunteer service. This includes but is not limited to friends and family, the media, and social media sites such as Face Book, Twitter, Linked-In, Instagram, etc.
31. The Department has an Internal Investigative Division (IID), responsible for investigating alleged acts of criminal and administrative wrongdoing. If you are suspected of engaging in or knowing about such acts, you may be interviewed by IID staff, in which case your full cooperation is expected.
32. If you want to apply and be screened to be a full volunteer, talk with your supervisor or lead volunteer about the next steps. You may not engage in any activity you have not been screened and approved to participate within the facility.
33. The Prison Rape Elimination Act (PREA) of 2003 is a federal law which established a set of standards designed to prevent, detect and respond to sexual abuse in confinement facilities. After the standards were finalized in 2012 the Department of Public Safety and Correctional Services committed to integrating these standards into its operating procedures. The Department demonstrates compliance with these standards through a series of independent audits conducted at each facility on a three year cycle.
 - The Department of Public Safety and Correctional Services has a ZERO Tolerance policy regarding sexual misconduct. Any form of sexual conduct, consensual or otherwise, is prohibited in a correctional facility. This includes inmate on inmate as well as staff (including volunteers) on inmate contact, coercion or sexual violence. Zero Tolerance means no excuses, no jokes, and no brushing aside as unimportant or ignoring any incidents or inmate complaints. Inmates have the right to be free from sexual abuse and sexual harassment.
 - All volunteer visitors must understand it is their duty to report all acts of sexual misconduct. If you observe an act of sexual misconduct in progress, report the incident to the nearest correctional officer immediately. Do not attempt to intervene in a situation that can be confrontational or dangerous. Your responsibility is limited to reporting the incident.
 - If you otherwise become aware of or suspect acts of sexual misconduct you must report that information immediately. You can make the report to your supervisor, the most senior staff in the area, a chaplain, a medical practitioner, the volunteer coordinator, or a social work, psychology or case management staff member. You may also call the Internal Investigative Division complaint number at (Give Current



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Number). The report may be verbal, written, anonymous or third party. The information will be kept strictly confidential. Allegations of sexual misconduct will be thoroughly investigated and may be reported to appropriate law enforcement officials in accordance with DPSCS policy. Prompt reporting assures effective investigations, facilitates the collection of evidence, improves crisis intervention and affords specialized mental health services to victims.

- Retaliation against victims, witnesses, and individuals reporting sexual abuse is not permitted. PREA standards require that individuals involved in an investigation be protected from all forms of retaliation.
- A volunteer accused of sexual misconduct will be prohibited from contact with inmates until an investigation is conducted. If the accusation is substantiated the individual's volunteer status will be terminated and the individual will be subject to criminal prosecution if the behavior is deemed to be criminal in nature.

34. Sexual Harassment.

- The Department is committed to providing employees and service providers with a work environment free of sexual harassment and retaliation.
- The Department shall ensure that all complaints of sexual harassment or retaliation are thoroughly investigated and promptly resolved in accordance with State policies and regulations.
- The Department has zero tolerance for sexual harassment and shall take appropriate disciplinary or administrative action, up to and including termination, against an employee or service provider determined to have engaged in sexual harassment.
- The Department has zero tolerance for retaliation against an employee or service provider who filed a charge of sexual harassment or retaliation, participated in a sexual harassment or retaliation investigation or proceeding, or otherwise opposed sexual harassment or retaliation, and shall take appropriate disciplinary or administrative action, up to and including termination, against an employee or service provider determined to have engaged in retaliation.
- "Service provider" may include, but is not limited to a volunteer, an intern, a chaplain, An employee of a vendor under contract to the Department, and an employee of another unit of State government working in the Department.
- Sexual harassment means unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:
 - (i) Submission to such conduct is made either explicitly or implicitly a term or condition of the individual's employment;
 - (ii) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual; or
 - (iii) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.
- An employee or service provider who has personal knowledge of, or a reasonable belief that, sexual harassment or retaliation is occurring or has occurred shall:
 - (i) If the circumstances are such that the alleged harasser may have reason to believe that the behavior may be welcome, the victim shall inform the alleged harasser that the conduct is unwelcome and needs to immediately cease (A victim is not required to confront an alleged harasser as long as the victim's conduct clearly demonstrates that the alleged harasser's behavior is unwelcome).
 - (ii) If the alleged sexual harassment continues after circumstances under (i) above are met, report the circumstances immediately to a supervisor.



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- An employee or service provider shall cooperate fully with an investigation into an allegation of sexual harassment or retaliation.
35. Sexual Misconduct. The Department does not:
- Tolerate sexual misconduct by an employee, by either omission or commission; and
 - Consider alleged or actual consent as a defense to an allegation of sexual misconduct.
 - The Department shall ensure that existing efforts and new strategies to prevent, detect, and respond to acts of sexual misconduct comply with applicable federal standards (28 CFR Part 115 – August 20, 2012) established under the authority of the Prison Rape Elimination Act (PREA) of 2003 (P.L. 108-79).
 - Sexual misconduct means any behavior or act of a sexual nature, by an employee directed toward an inmate; or by an employee directed toward an inmate's personal or professional associate who believes the employee exercises influence or authority over the inmate.
 - An employee (including a visitor volunteer) may not commit, participate in, support, or otherwise condone sexual misconduct; dissuade, advise, or discourage or attempt to dissuade, advise, or discourage an individual from filing a complaint of sexual misconduct; or retaliate, threaten to retaliate, or attempt to retaliate against an individual who files a complaint of or participates in the investigation or resolution of an allegation of sexual misconduct.
36. Volunteer, Intern and Contractor Contact and Personal Information.
- The Department shall maintain contact and personal information as part of a volunteer visitor's confidential volunteer file.
 - The Department shall use contact and personal information contained in a volunteer visitor's volunteer file consistent with the statutory and regulatory requirements related to official Department business needs.
 - Personal information" means an individual's first name or first initial and last name, personal mark, or unique biometric or genetic print or image, in combination with one or more of the following data elements:
 - (i) A Social Security number;
 - (ii) A driver's license number, state identification card number, or other individual identification number issued by a unit;
 - (iii) A passport number or other identification number issued by the United States government;
 - (iv) An Individual Taxpayer Identification Number; or
 - (v) A financial or other account number, a credit card number, or a debit card number that, in combination with any required security code, access code, or password, would permit access to an individual's account.
 - A volunteer visitor shall provide the Department with contact and personal information necessary to conduct official Department business as part of volunteer service.
 - A volunteer visitor shall notify the Department of changes to the volunteer visitor's contact and personal information to ensure that the information on file with the Department is accurate.
37. Employee and Inmate Visiting and Communication.
- Communicate means an exchange of thoughts or ideas between individuals using signs, signals, pictures, speech, or writing that may be transferred in person, by a third party, by mail, telephonically, or electronically using the Internet.
 - Except under specific circumstances that require written authorization from the appointing authority, the Department prohibits a volunteer visitor from visiting or communicating for non-business related reasons with any individual who is known to be an inmate, a relative of an inmate, or a friend of an inmate.



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- A Department volunteer visitor may not become socially, personally, or intimately involved with any individual who is known to be an inmate, a relative of an inmate, or a friend of an inmate.
- In those circumstances in which a Department volunteer visitor has received authorization to visit or communicate with any individual who is known to be an inmate, a relative of an inmate, or a friend of an inmate, the volunteer visitor shall ensure that visiting or communication does not:
 - (i) Undermine the good order, efficiency, or discipline of the Department;
 - (ii) Negatively reflect on the Department or employees; or
 - (iii) Impair the Department's ability to protect the public, employees, volunteers, or individuals under the authority of the Department.
- The Department shall ensure that all authorized non-business related visits or communication between a volunteer visitor and an inmate, a relative of an inmate, or a friend of an inmate are appropriately monitored.
- A volunteer visitor may not visit the homes of inmates, offenders or clients, relatives of inmates, offenders or clients, or known friends of inmates, offenders or clients for any purpose other than official Department business. If such a visit is necessary, prior written approval from the appointing authority, or a designee, shall be obtained and made a matter of record. Such contacts shall be handled in an objective and professional manner.
- A volunteer visitor may not contact or visit inmates at any correctional facility, regardless of whether he/she is on or off duty, for any purpose other than official Departmental business. The exception to this shall be for a volunteer visitor who is related to the inmate. Any request for permission to visit relatives shall be approved by both, the volunteer visitor's appointing authority, or a designee, and by the appointing authority, or a designee, of the institution or facility where the relative is incarcerated.
- A volunteer visitor may not become socially, personally or intimately involved in relationships with inmates, offenders or clients of the Department. This includes communication through written correspondence, telecommunications and social interactions.
- A volunteer visitor may not allow inmates to contact or visit with them for any purpose while off duty
- A volunteer visitor shall advise the appropriate supervisor of attempts by an inmate to establish prohibited or non-business communication with the volunteer visitor.
- If under the volunteer visitor needs to communicate with an inmate or the inmate's family, relative, or friend, the volunteer visitor shall obtain written authorization from the volunteer visitor's appointing authority, or a designee, before the volunteer visitor communicates with the inmate or the inmate's family, relative, or friend.
- If under the volunteer visitor intends to visit or communicate with an inmate because the inmate is a relative, the volunteer visitor shall obtain written authorization from the volunteer visitor's appointing authority, or a designee, and the appointing authority, or a designee, with responsibility for the inmate before the volunteer visitor visits with the inmate.



**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
VOLUNTEER VISITOR
AGREEMENT and ACKNOWLEDGEMENT of ORIENTATION**

I participated in the Department of Public Safety and Correctional Services (Department) Volunteer Visitor Orientation at _____ (location) on _____ (date)
completed by _____ (name of trainer).

I attest that I have received, read, and clearly understand the Volunteer Visitor Guidelines – Rules of Conduct _____ (Initials), which contain information on the following topics:

- (1) PREA guidelines and duty to warn _____ (Initials)
- (2) Summaries of the following Department policies concerning:
 - (a) Prison Rape Elimination Act _____ (Initials)
 - (b) Sexual Harassment _____ (Initials)
 - (c) Sexual Misconduct _____ (Initials)
 - (d) Volunteer, Intern and Contractor Contact and Personal Information _____ (Initials)
 - (e) Employee and Inmate Visiting and Communications _____ (Initials)

I agree to comply with all security and program regulations and requirements as set forth in writing in the material given to me (rules of conduct).

I understand that

- I assume all risks that result in normal operation at my location or anywhere else in the Department. I agree to hold harmless the Department of Public Safety and Correctional Services and officials and employees for any claims arising from the course of my provision of volunteer visitor services to the Department
- Any and all information that I may utilize or have access to during the course of volunteering shall remain confidential. I agree not to disclose such information to any unauthorized third parties.
- Violation of any regulations, policies, or requirements may result in termination as a volunteer visitor with the Department and may result in civil litigation or criminal prosecution, or both.
- The State and the Department of Public Safety and Correctional Services reserve the right to terminate any volunteer visitor for any reason or no reason at all, except as precluded by law.
- Under the Prison Rape Elimination Act (PREA), I have a duty to report any sexual misconduct I observe or become aware of during the course of my volunteer service.

Volunteer Visitor Printed Name

Date

Volunteer Visitor Signature

Trainer's Signature

Date