

Volunteer Preferences/Information

Which gender population are you willing to work with?

How long are you planning to volunteer?

Which facility/facilities would you like to volunteer at?

Why do you want to volunteer with the Oregon Department of Corrections (DOC)? - Please be specific. The more information provided will give us a better idea of what your goals are for volunteering and how that will impact the institutions and the programs they offer to adults in custody (AICs). Attach additional pages as needed. *A few questions to keep in mind; Are you wanting to start a new program or join an existing program? If you want to start a new program, what will that program offer? How will your volunteering impact AICs?*

If you are a member of a group, church or organization (such as AA, job corps, Toastmasters, FITS, CCCF Quilter, etc.) who currently offers a program with the DOC, and you wish to volunteer with the program please fill out the following information. **Please note, the contact person should be someone in a lead role within the Organization.**

Organization Name:

Address:

Contact Person:

Contact Phone:

If a professional license (i.e., RN, teaching certificate, etc.) is required for the volunteer work you will be doing, please fill out the following information.

Type of License:

License Number:

State:

Expiration:

License Authority:

Existing Relationship(s) with Adults in Custody (AIC's)

Are you related to or a close friend of any adult in custody currently housed in an Oregon DOC Facility?

Are you on the visiting list of an adult in custody currently house in an Oregon DOC Facility?

Please note, DOC policy states; *"Current Department of Corrections employees, volunteers and contractors are ineligible to visit an AIC unless the AIC is a member of the employee's, volunteer's, or contractor's immediate family..."*. Therefore, if you are on the visiting list of anyone who is not an immediate family member, you must remove yourself from their visiting list to be eligible to volunteer. If you have any questions about eligibility please contact Volunteer Services at doc.volunteerprogram@doc.oregon.gov. Also, if you answered 'yes' to either one of the above two questions you must fill out a notice of Non-Employee Service Provider (NSP)/AIC Relationship form for each AIC you are on a visiting list for, related to or a close friend of. Please email Volunteer Services to request the form.

Background Investigation Section

Have you ever worked or volunteered in a prison, assisted-living facility, senior-living facility, group home for any age person, any other type of home where care is given to someone, or provided care to any person?

Have you ever been accused or investigated for sexual harassment or sexual involvement of any type in any place you've worked or volunteered?

Have you ever engaged in any type of sexual or intimate relationship with anyone in the workplace?

Have you ever been the subject of any job-related complaint or investigation?

Have you ever been the victim of a crime?

If yes, please provide below the date(s) when it happened and names of the person(s) who committed the crime.

Date(s)

Name(s) of person(s) who committed the crime

Have you ever been convicted of a crime (excluding juvenile adjudications)?

If yes, please list below.

Date of Offense

Offense (be specific)

Disposition (be specific)

If you are/were a co-defendant, please provide the name(s) of the other defendant(s) below.

Are you currently on parole or probation?

If yes, please provide the name and contact information for your Parole Officer below.

Are you a current or former Oregon State Government Employee?

If yes, please list the state agencies in Oregon you've worked for below.

Continue to the next page for volunteer terms and conditions and information about next steps

Other Required Forms and Next Steps

Please note there are 5 additional forms needing reviewed, signed and submitted along with the application to the Oregon DOC Volunteer Program. They start on page 5. Please make sure all forms are submitted with the application to avoid any delay in processing. Once signed, email the application packet to doc.volunteerprogram@doc.oregon.gov. Also, please remember to include any NSP/AIC Relationship forms with the email. A relationship form needs to be filled out for each AIC you are related to, a close friend of or for whom you are on a visitor list for. If you need the NSP/AIC Relationship form please send a request for the form to doc.volunteerprogram@doc.oregon.gov.

Things to remember when entering an Institution

- DO NOT WEAR BLUE DENIM OR BLUE CLOTHING OF ANY KIND. This is for security purposes, since AICs themselves wear blue and blue denim clothing.
- Bring in only the items you have been approved to use when volunteering. Your Institution Volunteer Supervisor will go over the items you're approved to bring prior to you entering the institution.
- Items to leave at home or in your car:
 - Non-emergency medications, prescribed or non-prescribed. Any medications that are prescribed for emergency purposes, such as inhalers or nitro tablets are to be left at the Sergeant's desk for security reasons.
 - Any tobacco products, vaporizers, etc.; smoking of any kind is not allowed within a correctional institution or on State of Oregon property.
 - Cash or other negotiable instruments other than \$15 in quarters (for purchase of items in the vending machine).
 - Cell phones, smart watches, pagers, or any device that sends/receives a signal.
 - Weapons of any kind. EVEN IF YOU HAVE A CONCEAL CARRY PERMIT.
 - Hats are not allowed to be worn inside the facility. Some exceptions can be made for religious head coverings. **Please Note** - Lockers are available at the institution for you to store your bags. Most items listed above can also be stored with your bag. However, under no circumstances should you bring a weapon or any electronic devices into the institution.

Terms, Conditions, and Acknowledgments

By signing below, I understand the Oregon Department of Corrections (DOC) will verify the information in my application and my failure to provide true, accurate, and complete information is grounds for my disqualification/rejection from participating in the volunteer program as a volunteer. I grant the DOC permission to run a Law Enforcement Data System (LEDS) background check on me before making a decision whether to grant me volunteer status and at anytime thereafter, to verify the volunteer background clearance eligibility requirements. I agree to be photographed and fingerprinted. I understand the duties of a volunteer take place inside a DOC facility and may expose me to potential hazards and risks that accompany exposure to adults in custody. I've reviewed the above items to remember when entering an institution and will follow these guidelines when volunteering. I will abide by all Oregon Department of Corrections rules, policies, and procedural statements; and will treat all information gained through my volunteer activities as confidential. I understand there is no remuneration or compensation for the services I perform.

Signature:

Date:



OREGON DEPARTMENT OF CORRECTIONS Volunteer Program LEADS Information Form (Confidential)

Last Name: _____ First Name: _____ Middle Name: _____

Other Names: _____

Date of Birth: _____ Ethnicity (Optional) : _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License #: _____ State: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

By signing, you grant DOC permission to run a LEADS check and certify that the information provided above is correct and true to the best of your knowledge.

Signature: _____ Date: _____

Information/Permission received by phone.

The information below to be provided by ODOC section requesting the background check.

Section Requesting LEADS Check: _____ Institution/Facility: _____
Purpose/Reason for LEADS Check: _____

The information provided will be used only for the purpose indicated above and will be handled with confidentiality.

For Volunteers: Guest Speaker Becoming a Regular Volunteer

OJIN Needed: Yes No

State(s) Wanted for LEADS Check: _____

Function Unit Manager/Designee must review and approve in all cases where criminal history is discovered.

No Criminal Record Criminal Record Approved Denied

Reviewed by FUM: _____

Non-Carded Status Extended
NOTE: When the box above is checked: CC the Volunteer Program and all Superintendents

LEADS Check Completed By: _____



**STATE OF OREGON
DEPARTMENT OF CORRECTIONS
Volunteer Program**

Statement of Professionalism and Ethics per DOC Policy 90.2.6

If selected as a volunteer or intern of the Oregon Department of Corrections,
I, _____, will value and maintain the highest
ideals of professional and compassionate public service by respecting the dignity, cultural diversity, and human
rights of all persons; and protect the safety and welfare of the public.

I accept that my fundamental duty would be to serve the public; to safeguard lives and property; and to protect
Department of Corrections incarcerated persons against deception, oppression or intimidation, violence, or
disorder.

I will be constantly mindful of the welfare of others. To the best of my ability, I will remain calm in the face of
danger and maintain self-restraint in the face of scorn or ridicule.

I will be honest and truthful. I will be exemplary in obeying the law, following the regulations of the
Department, and reporting dishonest or unethical conduct.

I acknowledge that if selected for volunteer or intern service, I have been selected for a position of public trust,
and will constantly strive to be worthy of that trust and to be true to the mission and values of the Department
of Corrections.

Volunteer/Intern Signature:

Date:



**STATE OF OREGON
DEPARTMENT OF CORRECTIONS
Volunteer Program**

CONDITIONS OF VOLUNTEER/INTERN SERVICE

As a person working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully, and sign below.

TORT LIABILITY

You will be protected from civil liability for injuries or damage to the person or property of other, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with intent to inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of General Services Risk Management Division Policy Manual, 125-7-201.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State-provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

VOLUNTEER INJURY COVERAGE

Workers Compensation is not provided. However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer/intern duties. The state will pay medical treatment bills; disability, death, and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

REPORTING RESPONSIBILITY

Anytime you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform the agency supervisor as soon as possible.

ASSIGNED DUTIES

Assigned duties are those listed on the Position Description Form.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER/ INTERN SERVICE.

Volunteer/Intern Signature:

Date:



**State of Oregon
Department of Corrections
Volunteer Program**

Authorized State Volunteer Partial Waiver and Release of Rights under the Oregon Tort Claims Act ORS 30.260-300

PLEASE READ CAREFULLY

If selected as an authorized state volunteer performing activities on behalf of the State of Oregon Department of Corrections, I, _____, understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer/intern duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause or suit or action, known or unknown, that I may have against the State of Oregon and/or its officers, agents or employees, and from all liability under Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from, or arising out of my state volunteer/intern activities.

This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim suit, or action brought against me or liability I may be subject to, or may arise out of my authorized state volunteer/intern activities.

In the event that I am injured while performing state volunteer activities, I will notify my Department of Corrections supervisor and apply for injury coverage benefits.

Volunteer/Intern Signature: _____

Date: _____



Prison Rape Elimination Act (PREA)

PREA Acknowledgment Statement

The Oregon Department of Corrections has a zero-tolerance of sexual abuse and sexual harassment and retaliation for reporting an incident.

You have an obligation to maintain clear boundaries and an ethical, objective, and professional relationship with adults in custody (AIC). You must not allow the development of personal, overly familiar, emotional, or a sexual relationship to occur with AICs. Any sexual contact between a staff member, contractor, or volunteer and an AIC is sexual abuse.

All forms of sexual contact are considered sexual abuse and all sexual abuse is prohibited by ODOC policy, federal PREA standards, and may be against Oregon law in some cases. Custodial sexual misconduct may result in criminal prosecution.

You must report all allegations, suspicion, or information regarding sexual abuse and sexual harassment either to your supervisor or the Officer in Charge at your facility, or the Inspector General's Office as soon as you are aware of the issue. Failure to report may lead to discipline, up to and including termination from your employment, and/or criminal negligent charges.

AICs have the right to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to a routine cell check. You must be aware of the facilities' processes for this, including the requirement for opposite gender staff announcing their presence when entering a housing unit.

All staff must be professional when addressing AICs, including appropriate conduct to transgender, intersex, and nonbinary AICs. Staff should utilize the gender pronoun the AIC identifies as or stay gender neutral when speaking or referring to an AIC. Intentional misuse or demeaning references to an AIC's gender may be considered sexual harassment.

By signing this form, you acknowledge that you have read PREA Policy 40.1.13, that you understand ODOC's zero-tolerance policy for sexual abuse, sexual harassment and retaliation, and that you will report any relevant information immediately.

Print Name: _____

Signature: _____ Date: _____

Work Location: _____