

VOLUNTEER APPLICATION PACKET

Instructions: Interested volunteers must complete and return attachments A through F.

Incomplete applications, including failure to disclose accurate information of your prior criminal convictions, are **automatic grounds for denial** of your application. **PLEASE PROVIDE ALL INFORMATION REQUESTED.** If you have questions or need assistance with this application packet; contact the Community Resources Manager at (916) 985-2561 extension 3101, prior to submitting your application.



- Attachment A: CDCR Application for Community Volunteer Gate Clearance or ID Card (CDCR 966 REV 1/14)
- Attachment B: Emergency Notification Information (CDC 894)
- Attachment C: Oath of Allegiance & Declaration of Permission to Work for Persons Employed by the State of California (STD 689)
- Attachment D: Primary Laws, Rules & Regulations Regarding Conduct & Association with State Prison Inmates (CDC 181)
- Attachment E: Certification of Volunteer Participation (CDC 1049)
- Attachment F: Health Questionnaire (STD 910)
- Attachment G: CDCR Prison Rape Elimination Policy
- Copy of TB Test

| |
|--|
| <p>RETURN COMPLETED TO:</p> <p>Folsom State Prison Attn: Business Services PO Box 910 Folsom, CA 95763 or FAX: (916) 351-3000</p> |
|--|

Volunteer Applicant Name _____
 Institution _____

| | |
|--|----------------------------------|
| INSTITUTION USE ONLY | |
| <input type="checkbox"/> New Volunteer | <input type="checkbox"/> Renewal |

5. Have you ever been arrested and/or convicted of any offense? Yes No *If yes, list all detentions, arrests, and/or convictions. Attach additional sheet(s), if necessary.*

| Offense | Approx. Date | Disposition (Dismissed, Probation, Jail, Prison, etc.) | County | State | Country |
|---------|--------------|--|--------|-------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

6. Are you currently on parole or probation? Yes No *If yes, list name, telephone number and county of parole agent/probation officer.* _____

7. Are you discharged from prison or parole? Yes No *If yes, list date of discharge, name of institution, and attach letter addressed to the Warden outlining circumstances.*

(If information is not disclosed or inaccurate information is provided, your application may not be approved)

I certify that:

- > No salaries, wages, or unemployment benefits are to be paid for volunteer services.
- > There is no Worker's Compensation provided.
- > Use of State supplies may be permitted when directed to do so.
- > I must attend any required training as directed.
- > I have read and understand the CDCR Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates (CDCR Form 181).
- > I authorize CDCR to obtain information from law enforcement sources regarding my criminal history.
- > I understand that I must notify the Community Resources Manager immediately in the event there is any change to any of the information I have provided.

The information you provide is entered and stored in a secure electronic database for a minimum of three years. By signing this application, you acknowledge and agree to this process.

 Applicant's Signature

 Date

VOLUNTEERS WITH DISABILITIES: If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Volunteers with guide dogs will need to provide the dog's certification paperwork upon visit check-in. The CDCR will make every effort to provide reasonable accommodations for all qualified/eligible volunteers with disabilities in keeping with the safety and security of the institution and the public. If you have any questions and/or concerns, please contact the Community Resources Manager.

Volunteer Applicant Name _____
 Institution _____

| | |
|--|----------------------------------|
| INSTITUTION USE ONLY | |
| <input type="checkbox"/> New Volunteer | <input type="checkbox"/> Renewal |

SECTION II: To be Completed by CDCR Staff

Purpose of Entry (Circle specific program):

Activity Group Religious

Name of Program: _____

Location of Volunteer Service (List institution and location, example: chapel, Facility A, classroom #, etc.): _____

Duration of volunteer service: (ie, one, two or more months): _____

Day(s) of Week (circle): M T W Th F S Su Hours _____

Escort: Yes No

TB Test Required: Yes No (Annual TB Testing is required for all volunteers with more than 6 months of volunteer service)

| | | |
|---------------------------|-----------|------|
| Print Name/Classification | Signature | Date |
|---------------------------|-----------|------|

COMMUNITY RESOURCES MANAGER

Reviewed and submitted for background clearance

| | | |
|--|-----------|------|
| | Signature | Date |
|--|-----------|------|

CUSTODY STAFF

NLETS Cleared Yes No

NLETS Cleared Date: _____

Needs further review

| | | |
|--|-----------|------|
| | Signature | Date |
|--|-----------|------|

WARDEN/WARDEN'S DESIGNEE

APPROVED DISAPPROVED

| | | |
|--|-----------|------|
| | Signature | Date |
|--|-----------|------|

FOR USE BY CRM ONLY

GATE CLEARANCE ONLY

Background clearance (NLETS) date: _____

Live Scan Date/Location: _____

(required after six months of volunteer service)

Verification of TB Test provided:
 Yes No N/A (if less than 6 months):
 Date: _____

Copy of Volunteer Emergency Notification (CDC-894) sent to:

| | | |
|--------------|------------------------------|-----------------------------|
| Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Watch Office | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

FOR USE BY PERSONNEL ONLY

VOLUNTEER IDENTIFICATION CARD (ID CARD)

Title: **VOLUNTEER** (For all volunteer ID Cards)

Live Scan: _____

(Date/Location required after six months of volunteer service)

Verification of TB Test provided:
 Yes No N/A (if less than 6 months):
 Date: _____

Date ID Card Issued: _____

ID Card Expiration Date: _____

Thumb Print Date: _____

ID Picture Date: _____

Copy of Volunteer Emergency Notification (CDC-894) sent to:

| | | |
|--------------|------------------------------|-----------------------------|
| Control | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Watch Office | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments: _____

EMERGENCY NOTIFICATION INFORMATION

CDCR 894 (12/06)

| THIS INFORMATION WILL BE KEPT CONFIDENTIAL IN YOUR SUPERVISOR'S EMPLOYEE RECORDS AND WILL BE USED ONLY FOR EMERGENCIES PLEASE PROVIDE UPDATES TO YOUR SUPERVISOR AS YOUR INFORMATION CHANGES. | | |
|---|------------------|--------------------------|
| EMPLOYEE FULL NAME | HOME ADDRESS | |
| HOME TELEPHONE | WORK TELEPHONE | CELL PHONE |
| PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY | | |
| NAME | HOME ADDRESS | RELATIONSHIP TO EMPLOYEE |
| HOME TELEPHONE | WORK TELEPHONE | CELL PHONE |
| NAME | HOME ADDRESS | RELATIONSHIP TO EMPLOYEE |
| HOME TELEPHONE | WORK TELEPHONE | CELL PHONE |
| MEDICAL INFORMATION | | |
| PERSONAL PHYSICIAN NAME | TELEPHONE NUMBER | MEDICAL GROUP |
| MEDICAL PLAN | CARD NUMBER | MEDICAL FACILITY NUMBER |
| SPECIAL MEDICAL CONDITIONS (ALLERGIES, ETC.) | | |
| SPECIAL INSTRUCTIONS (IF APPLICABLE) | | |
| EMPLOYEE COMPLETED | DATE | |

OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA

STD. 689 (REV. 2/2014)

Oath may be administered by a person having general authority by law to administer oaths or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.

PART 1 OATH OF ALLEGIANCE

TO BE COMPLETED BY UNITED STATES CITIZENS ONLY

WHO MUST SIGN OATH - As required in Section 3 of Article XX of the Constitution of the State of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

WHEN OATH MUST BE SIGNED - As required in Government Code Sections 18153 and 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the Office of Emergency Services must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

OATH OF ALLEGIANCE (Type or print name of employee then complete Part 3.)

I _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

WHERE OATHS ARE FILED - As required in Government Code Sections 18153 and 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the Office of Emergency Services shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record.

FAILURE TO SIGN - As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the Office of Emergency Services unless such public employee has taken and subscribed to the oath or affirmation.

PENALTIES (Government Code)

"3108. Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for two, three, or four years."

PART 2 DECLARATION OF PERMISSION TO WORK

TO BE COMPLETED BY LEGALLY EMPLOYED NONCITIZENS ONLY

I am a lawful permanent resident alien of the United States. YES NO

If **NO**, please read the following:

I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

PART 3 SIGNATURE AND CERTIFICATION (No fee may be charged for administering)

TO BE COMPLETED BY UNITED STATES CITIZENS AND LEGALLY EMPLOYED NONCITIZENS

EMPLOYEE'S SIGNATURE



STATE DEPARTMENT OR AGENCY

DIVISION/UNIT

Taken and subscribed before me this _____ day of _____

AUTHORIZED OFFICIAL'S SIGNATURE



DIVISION/UNIT

(SEAL)

**PRIMARY LAWS, RULES, AND REGULATIONS REGARDING
CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES
CDCR 181 (Rev.10/14)**

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates, Title 15, Section 3285. The following is a summation of pertinent information when individuals not employed by the department (volunteers, media, contractors and their employees and dignitaries) come in contact with prison inmates.

1. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.
SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3283, 3285, 3289, 3292 and 3415
2. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, non-employees and employees shall be made aware of this.
SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304
3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises or restrictions to visiting or facility access.
SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3267, 3288, 3289, and 3292.
4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Secretary, Director of Division of Adult Institutions (DAI), Warden, Regional Parole Administrator and /or their designees.
SOURCE: PC Sections 2086, 5054 and 5058; CCR, Title 15, Sections 3283 and 3289
5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.
SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173, 3283 and 3289
6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, wireless communication devices or components thereof, tobacco products, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.
SOURCE: PC Sections 2772, 2790, 4535, 4550, 4573, 4573.5, 4573.6, 4574, 4576 and 5030.1; CCR, Title 15, Sections, 3172.1, 3188 and 3292
7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.
SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425
8. In an emergency situation the visiting program and other inmate program activities may be suspended by the Warden or designee.
SOURCE: PC Sections 2086 and 2601; CCR, Title 15, Section 3383
9. For security reasons, volunteers, media, contractors, dignitaries and guests must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).
SOURCE: CCR, Title 15, Sections 3174 and 3349.2.3(g) (3) (B)
10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.
SOURCE: CCR, Title 15, Section 3261.5

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH CDCR INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDCR INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

| | | |
|--|-----------|-------------|
| VOLUNTEER/MEDIA/CONTRACTOR/GUEST NAME AND TITLE (Print) | SIGNATURE | DATE SIGNED |
|--|-----------|-------------|

DISTRIBUTION: Original – Warden, Parole Administrator *and/or designee*

STATE OF CALIFORNIA
CERTIFICATION OF VOLUNTEER PARTICIPATION
 CDC 1049 (Rev 8/88)

DEPARTMENT OF CORRECTIONS

To be completed by the volunteer's supervisor/sponsor at completion of the volunteer service agreement or termination.

| | | | |
|--------------------------|--------------------------|--|---------------|
| Please Print | | | |
| Volunteer Name: | | Supervisor/Sponsor Name: | |
| Address: | | Institution/Headquarters | |
| | | Telephone Number: | Unit/Division |
| Telephone Number (Home): | Telephone Number (Work): | Area Where Volunteer Provided Service: | |

Describe duties performed: special skills/credentials held, equipment or tools used.

Length of Service: FROM: / / TO: / /

Did the volunteer supervise inmates? Yes No If Yes, how many?

Performance Rating: Excellent Good Needs Improvement Unsatisfactory

If dismissed, give reason:

 VOLUNTEER'S SIGNATURE DATE SIGNED SUPERVISOR'S/SPONSOR'S SIGNATURE DATE SIGNED

DISTRIBUTION: ORIGINAL - Volunteer; Copy - File; Copy - Supervisor

ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE

APPLICANT INFORMATION

| | | | | | |
|-------------------|-------------------|----------------|------------------------|---|----------|
| LAST NAME | | FIRST NAME | SOCIAL SECURITY NUMBER | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | |
| ADDRESS | | | CITY | STATE | ZIP CODE |
| DAYTIME TELEPHONE | EVENING TELEPHONE | CLASSIFICATION | HIRING DEPARTMENT | | |

CONTACT INFORMATION

| | |
|----------|-----------|
| NAME | TITLE |
| LOCATION | TELEPHONE |

LIST OF ESSENTIAL FUNCTIONS

Enter list of essential functions of the job from current duty statement here, or attach duty statement:

ACKNOWLEDGEMENT

I certify that the duties listed above represent the essential functions of the job and classification listed above.

| | | |
|--------------------------|---|------|
| SUPERVISOR'S NAME | SUPERVISOR'S SIGNATURE <i>[Signature]</i> | DATE |
| PERSONNEL OFFICER'S NAME | PERSONNEL OFFICER'S SIGNATURE <i>[Signature]</i> | DATE |

APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS

I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check one of the boxes below):

- I am able to perform all of the essential functions of the job without a need for reasonable accommodation.
- I am able to perform all of the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).
- I am unable to perform one or more of the essential functions of the job, even with reasonable accommodation.
- I am not sure if I am able to perform one or more of the essential functions of the job. I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the job in the Request for Essential Functions Evaluation section below.

REASONABLE ACCOMMODATION (If necessary, you may attach additional pages)


For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:

REQUEST FOR ESSENTIAL FUNCTIONS EVALUATION (If necessary, you may attach additional pages)

I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Board's Medical Officer, or his/her delegate, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

ACKNOWLEDGEMENT

I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.

| | | |
|----------------------------------|--|------|
| APPLICANT'S NAME (Print or type) | APPLICANT'S SIGNATURE  | DATE |
|----------------------------------|--|------|

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
PRISON RAPE ELIMINATION POLICY
Volunteer/Contractor Informational Sheet

The Prison Rape Elimination Policy for the California Department of Corrections and Rehabilitation (CDCR) is explained on this informational sheet. As a volunteer or private contractor who has contact with CDCR offenders, it is your responsibility to do what you can, within the parameters of your current assignment, to reduce incidents of sexual violence, staff sexual misconduct, and sexual harassment and to report information appropriately when they are reported to you or when you observe such an incident.

Historical Information

Both the Congress and State Legislature passed laws, the Federal Prison Rape Elimination Act (PREA) of 2003, the Sexual Abuse in Detention Elimination Act, Chapter 303, Statutes of 2005, and most recently the United States, Department of Justice Final Rule; National Standards of 2012 to help prevent, detect and respond to sexual violence, staff sexual misconduct and sexual harassment behind bars. It is important that we, as professionals, understand all aspects of these laws and our responsibilities to help prevent, detect, and respond to instances by offenders and staff.

The CDCR policy is found in Department Operations Manual (DOM), Chapter 5, Article 44. PREA addresses five types of sexual offenses. Sexual violence committed by offenders will encompass: Abusive Sexual Contact, Nonconsensual Sex Acts, or Sexual Harassment by an Offender (towards an offender). The two remaining types of sexual offenses covered by PREA are Staff Sexual Misconduct and Staff Sexual Harassment (towards an offender).

CDCR's policy provides for the following:

- CDCR is committed to continuing to provide a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment.
- CDCR maintains zero tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction.
- All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited.
- This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.

Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment as well as retaliatory measures taken against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.

Retaliatory measures include, but are not limited to:

- Coercion.
- Threats of punishment.
- Any other activities intended to discourage or prevent staff or offenders from reporting incident(s).

Professional Behavior

Staff, including volunteers and private contractors are expected to act in a professional manner while on the grounds of a CDCR institution and while interacting with other staff and offenders. Key elements of professional behavior include:

- Treating everyone, staff and offenders alike, with respect

- Speaking without judging, blaming, or being demeaning
- Listening to others with an objective ear and trying to understand their point of view
- Avoiding gossip, name calling, and what may be perceived as offensive or “off-color” humor
- Taking responsibility for your own behavior

Preventative Measures

You can help reduce sexual violence, staff sexual misconduct, and sexual harassment by taking various actions during the performance of your duties as a volunteer or private contractor.

The following are ways in which you can help:

- Know and enforce the rules regarding the sexual conduct of offenders.
- Be professional at all times.
- Make it clear that sexual activity is not acceptable.
- Treat any suggestion or allegation of sexual violence, staff sexual misconduct, and sexual harassment as serious.
- Follow appropriate reporting procedures and assure that the alleged victim is separated from the alleged predator.
- Never advise an offender to use force to repel sexual advances.

Detection

All staff, including volunteers and private contractors, is responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

After immediately reporting to the appropriate supervisor, you are required to document the information you reported. You will be instructed by the supervisor regarding the appropriate form to be used for documentation.

You will take necessary action (i.e., give direction or press your alarm) to prevent further harm to the victim. Staff, including volunteers and private contractors, will make every effort to ensure the victim does not: 1) Shower; 2) Remove clothing without custody supervision; 3) Use the restroom facilities; and/or 4) Consume any liquids.

I have read the information above and understand my responsibility to immediate report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

Volunteer/Contractor Name (Printed)

Date Signed

Signature of Volunteer/Contractor

Current Assignment within Institution

Contact Telephone Number

Supervisor in Current Assignment