Greetings Volunteer Candidate!

Thank you for your interest in becoming a volunteer with the Indiana Department of Correction (IDOC). There are 21 correctional facilities in Indiana, each of which offer different opportunities for volunteers who want to make a positive impact on the life of an incarcerated person.

We are excited to start the process of resuming volunteer activities at each of our correctional facilities across Indiana and welcome the opportunity for you to help incarcerated persons through the generous donation of the most valuable commodity any of us possess, and that is our time.

Your volunteer journey starts on the volunteer page of the IDOC website and completion of the Volunteer Interest Inquiry which will result in a follow-up conversation with a member of the IDOC Community Engagement Team.

Again, thank you for considering the Indiana Department of Correction as a place to invest your time, energy, and skills. Should you have any questions, please email DOCoutreach@idoc.in.gov and we will do our best to help answer your volunteer questions.

Thank you from the entire Community Engagement Team at the IDOC

Indiana Department of Correction
302 W. Washington St. Rm-E329
Indianapolis, IN 46204

DOCoutreach@idoc.in.gov
By the person’s signature on this form, he/she is aware of and has agreed to a criminal history and warrants check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in the determination of approval or denial of employment, volunteer, and visitation. This information will only be shared on a need-to-know basis. Please print clearly and provide the most accurate and complete information.

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Maiden Name</th>
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<th>City</th>
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<th>State of Birth</th>
<th>Social Security Number</th>
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<td>Yes ☐ No ☐</td>
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<td>If yes, explain on back</td>
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If born outside the USA, how old were you when you arrived in the country?

If born outside the USA, were your parents in the US Military at the time of birth? Yes ☐ No ☐

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<thead>
<tr>
<th>Passport Number</th>
<th>Green Card Number (Form I-90)</th>
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Signature of Applicant ___________________________ Date ____________

Signature of Authorized Facility Representative ___________________________ Date ____________
## VOLUNTEER APPLICATION

State Form 9238 (R5 / 4-18)
DEPARTMENT OF CORRECTION

### NOTES:
- Applicants are subject to a background and warrants check.
- All volunteers must be at least eighteen (18) years of age.
- Volunteers are required to provide photo identification and clear a metal detector to enter a facility.
- All personal belongings brought into the facility will be searched by security staff.
- Volunteers needing special accommodation or medical equipment must inform the Community Involvement Coordinator prior to visiting.
- All personal information shall be considered confidential and shall be maintained in a secured area.

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<tr>
<th>Name of facility</th>
<th>Type of application (Check one)</th>
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<tr>
<td></td>
<td>□ New volunteer □ Annual update</td>
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### DEMOGRAPHICS

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<td>□ Male</td>
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<td></td>
<td>□ Female</td>
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Address (number and street, city, state, and ZIP code)

Primary telephone number

Home □ Cellular □

Secondary telephone number

Work □ Other □

E-mail address

Occupation

Name of employer

### EMERGENCY INFORMATION

*The completion of this section is voluntary. Failure to complete this section could result in endangerment to your or other's safety.*

<table>
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<tr>
<th>Name of primary emergency contact</th>
<th>Relationship</th>
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</table>

Address (number and street, city, state, and ZIP code)

Primary telephone number

( )

Secondary telephone number

( )

E-mail address

Name of secondary emergency contact

Relationship

Address (number and street, city, state, and ZIP code)

Primary telephone number

( )

Secondary telephone number

( )

E-mail address

Name of physician

Telephone number

( )

Address (number and street, city, state, and ZIP code)

Blood type

Allergies

Medical condition(s)

Preferred hospital

### INTENDED VOLUNTEER ROLE

<table>
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<tr>
<th>Interests / hobbies / skills</th>
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</table>

What prompted you to volunteer for the IDOC?

Intended volunteer role

Pertinent Credentials, Education, Training

Agency / College / Group / Religious Organization (if applicable)

Telephone number

( )
### BACKGROUND CHECK DATA

Have you ever had contact with IDOC as a past employee or a volunteer?  
- [ ] Yes  
- [ ] No  
  If yes, select employee or volunteer.  
- [ ] Employee  
- [ ] Volunteer  
  If yes, list the facility and explain your role.

Have you ever had contact with IDOC as a past contract employee?  
- [ ] Yes  
- [ ] No  
  If yes, list the organization and explain your role.

Have you ever been convicted of any offense(s) other than a minor traffic violation or do you have any pending criminal or municipal ordinance charges?  
- [ ] Yes  
- [ ] No  
  If yes, provide offense, date (month, day, year), sanction, and disposition. Traffic offenses must be reported, with the exception of a speeding/parking ticket. Include offenses which have been expunged.

Have you ever been incarcerated in a Federal, State, or County Facility or involuntarily confined to a mental health facility?  
- [ ] Yes  
- [ ] No  
  If yes, provide location, duration and last release date (month, day, year).

Are you currently or have you ever been under IDOC or community supervision (probation, parole, etc.)?  
- [ ] Yes  
- [ ] No  
  If yes, provide county, agency name, duration and release date (month, day, year).

### DISCLOSURE OF OFFENDER CONTACTS / RELATIONSHIPS

Do you currently have any known relatives (spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, cousin, including first blood, step, half, foster or inlaw) or close associates (any person other than a relative with whom you are currently residing or have previously resided) incarcerated in IDOC or who are currently on parole, mandatory supervised release, or electronic detention?  
- [ ] Yes  
- [ ] No  
  If yes, list offender(s) name, relationship to you, current facility, and DOC number(s).

Have you ever visited an IDOC offender(s) while he/she was/is incarcerated?  
- [ ] Yes  
- [ ] No  
  If yes, list offender(s) name, relationship to you, current facility, and DOC number(s).

### ADDITIONAL INFORMATION

### ACKNOWLEDGMENTS AND WAIVER

By signing and submitting this document, I certify all of the information is true and correct to the best of my knowledge. Falsifying or omitting any information may result in denial and/or termination of volunteer privilege at all IDOC facilities.

My signature hereby waives and releases any and all rights or claims of any kind that may exist or accrue in the future against the State of Indiana, IDOC, its contractors, its personnel, or its agents in the event of damage to my property, personal injury or my death, arising from or in any way connected to the use of weapons, unlawful acts or forcible resistance by offenders whether by assault, disturbance, or other act or as a result of my duties and responsibilities which I will undertake as a volunteer.

I understand that volunteers are expected to abide by all IDOC policies including as outlined in the *IDOC Volunteer Handbook*, facility procedures, and instructions from staff. I also commit to follow all IDOC policies related to local, state, and Federal laws regarding confidentiality of offender information, as well as the prevention and required disclosure of offender sexual abuse / violence.

Signature of applicant  
Date signed (month, day, year)

### FOR OFFICE USE ONLY

<table>
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<tr>
<th>Procedure</th>
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<th>Date Completed (month, day, year)</th>
<th>Comments</th>
<th>Warden / Designee</th>
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<td>Diana (Juvenile)</td>
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<td>Approved</td>
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<td>CPS (Juvenile)</td>
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Signature of warden / designee  
Date (month, day, year)
The following Indiana Statutes are brought to your attention. As a person desiring to enter a correctional facility, either as an employee or for other approved purposes, it is important to understand the content of these laws.

Indiana Code states:

(b) Except as provided in subsection (d), a person who, without the prior authorization of the person in charge of a penal facility or juvenile facility knowingly or intentionally:

1. delivers, or carries into the penal facility or juvenile facility with intent to deliver, an article to an inmate or child of the facility;
2. carries, or receives with intent to carry out of the penal facility or juvenile facility, an article from an inmate or child of the facility; or
3. delivers, or carries to a worksite with intent to deliver, alcoholic beverages to an inmate or child of a jail work crew or community work crew; or
4. possesses in or carries into a penal facility or a juvenile facility:
   A. a controlled substance; or
   B. a deadly weapon;
commits trafficking with an inmate, a class A misdemeanor.

(c) If the person who committed the offense under subsection (b) is an employee of:

1. the department of correction; or
2. a penal facility;
and the article is a cigarette or tobacco product (as defined in Indiana Code), the court shall impose a mandatory five thousand dollar ($5,000) fine under Indiana Code, in addition to any term of imprisonment imposed under Indiana Code.

(d) The offense under subsection (b) is a Level 5 felony if the article is:

1. a controlled substance; or
2. a deadly weapon; or
3. a cellular telephone or other wireless or cellular communications device.

A person who commits a Class A misdemeanor shall be imprisoned for a fixed term of not more than one (1) year; in addition, he/she may be fined not more than five thousand dollars ($5,000). A person who commits a Level 5 felony shall be imprisoned for a fixed term of four (4) years, with not more than four (4) years added for aggravating circumstances or not more than two (2) years subtracted for mitigating circumstances. In addition, he/she may be fined not more than ten thousand dollars ($10,000).

It is a Class C infraction for a person to furnish an alcoholic beverage to a person confined in a penal facility. It is unlawful, also, for a person who has charge of a penal facility to knowingly permit a prisoner confined within his/her jurisdiction to receive an alcoholic beverage unless it has been prescribed by a physician as medicine for the prisoner or unless it is distributed as sacramental wine for a religious purpose by a minister, priest, or rabbi.

A person who commits a Class C infraction may be fined not more than five hundred dollars ($500).

I, the undersigned, have read and understand the above statutes. I recognize the potential danger of contraband or prohibited property of any nature entering or leaving the facility. I do hereby express my willingness to submit to a thorough search of my person, articles in my possession or any vehicle that I may operate on the grounds of the facility at any time that the Facility Head or designee authorizes. Such searches may include work areas, post assignment, and my living quarters, if on State property.

I understand that refusal to submit to such a search shall be cause to be refused entrance to the facility or to be removed from a facility and may constitute grounds for disciplinary action or referral for prosecution.

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<th>Signature</th>
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<td>Signature of witness</td>
<td>Date signed (month, day, year)</td>
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Mandatory Pre-Service PREA Questions

As part of a background check required by the Prison Rape Elimination Act 28 CFR 115.17/317, you are required to answer the following questions before having contact with offenders:

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

   Yes ☐ No ☐

2. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by 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 ☐

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in number 1 and 2 above?

   Yes ☐ No ☐

4. Have you ever had a substantiated finding of sexual harassment of an offender, resident or student in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

   Yes ☐ No ☐

I affirm that the answers I have provided are accurate and truthful. I understand that material omissions regarding such misconduct, or the provision of materially false information, shall result in my dismissal or removal from the facility/program and a permanent gate closure to all IDOC facilities. I also understand I have a continuing affirmative duty to disclose any such misconduct.

Signature:__________________________________________ Date:_____________

Printed Name___________________________________________

☐ Contract Employee ☐ Volunteer ☐ Non-DOC Crew Supervisor ☐ State Employee

Revised 2/17
ACKNOWLEDGEMENT OF RECEIPT OF TRAINING AND BROCHURES
"SEXUAL ASSAULT PREVENTION"

This receipt acknowledges that on this date I received training (and understand said training) from the Indiana Department of Correction regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02-01-115, "Sexual Abuse Prevention." Additionally, I have been provided with a copy of the Department of Correction Brochure, "Sexual Assault Prevention" and a copy of any facility brochures/documents relating to sexual abuse prevention and reporting, if I have not already been provided with a copy of these documents.

Also, my signature indicates that I understand that the Department of Correction maintains a Zero (0) Tolerance for sexual misconduct, abuse and assault involving staff and/or offenders/students. I understand that any sexual contact, including physically touching, verbal or written comments, sexual harassment, etc., between a staff person, contactor, volunteer and/or offender/student is strictly prohibited and may be in violation of IC 35-44.1-3-10, Sexual Misconduct, which states that a service provider who knowingly or intentionally engages in sexual intercourse or other sexual conduct (as defined by IC 35-31.5-2-221.5) with a person who is subject to lawful detention or lawful supervision commits sexual misconduct a Level 5 felony. The Department of Correction shall terminate from employment any staff person who commits any sex act while on duty and/or while in a Department facility or office or with or in the presence of an offender/students. Additionally, the Department will pursue criminal prosecution of any staff person who engages in sexual misconduct.

Further, I understand that:

1. As with all Department of Correction Policies and Procedures, it is my responsibility for maintaining familiarity with, and adherence to, this policy and its procedures.

2. Questions regarding this policy and its administrative procedures may be addressed to my immediate supervisor.

3. Procedures regarding subjects covered by this policy, but not limited to this policy, are available for my information and review through my department. It is my responsibility to comply with Department of Correction and facility policies, procedures and directives.

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I have received the (check one) ☐ Orientation ☐ In-Service Volunteer Training for the year _______ for Volunteer Level _______. My initials beside each topic below indicate that I have received, understand, and agree with the corresponding training. I understand this constitutes my training and completes the training required of active volunteers for this facility. I further understand that if I do not sign this document, along with other required forms, my volunteer services will be terminated and I must re-apply if I desire to volunteer in the future.

**Please initial beside each training component received and completed.**

- Mission and Philosophy
- Historical Overview
- IDOC Overview (Security Levels, Institutional Life, Religious Involvement, Alcohol and Drug Policy)
- Facility Overview (Institutional Life, Programs, Enter/Exit Procedures, Offender Profile, Dress Code, Contact Information, Volunteer Recognition)
- New Volunteer Orientation or Annual Training
- Manipulation, Volunteer Relationships with Offenders, Written / Telephone Correspondence
- Emergency Situations, Emergency Services, Liability
- Volunteer Expectations and Responsibilities (Professionalism, Conduct, Attendance, Safety / Security, Training)
- Religious Programming, Non-Disparaging, Non-Proselytizing
- Safety and Security (Security Threat Groups, Use of Force, Search Procedures, Facility Protocols)
- Prohibition of Discrimination, Sexual Harassment
- Volunteer Suspension, Dismissal, and Termination
- Computer-Based Training Modules Based on the Volunteer Level
- Prison Rape Elimination Act and Sexual Assault Prevention
- Confidentiality and the Privacy Act
- Volunteer Qualifications, Evaluation, and Records
- Trafficking and Contraband
- Effective Communication with Offenders and Staff
- IDOC Volunteer Handbook

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