

SITE: _____

BRRJA APPLICATION FOR VOLUNTEER SERVICES

AA _____ NA _____ Academic _____ Religious _____ Other _____ DATE: _____

FULL NAME: _____
Last First Middle

HOME ADDRESS: _____
Street

City State Zip

PHONE: _____
Home Cell Work

EMAIL ADDRESS: _____

EDUCATION: HS Degree Years in College _____ Other _____

OCCUPATION: _____ PRESENT EMPLOYER: _____
(If student, name school)

1. As an adult, have you ever been convicted of a law violation, including a moving traffic violation?
2. Have you ever been employed by the Virginia Department of Corrections or a jail in Virginia?
3. If yes to either of the above questions, please explain: _____

4. List previous volunteer experience, use back if necessary: _____

5. How did you hear of this volunteer opportunity? _____
6. Briefly describe your interest in volunteering at BRRJA: _____

7. Are you visiting, have you visited, or are you corresponding with an inmate in any BRRJA facility, any Department of Corrections facility, or any other jail within Virginia?
If yes, please explain, and give name of inmate and institution: _____

8. Please list any known family, friends, or associates who are currently incarcerated within the Virginia Department of Corrections or a Virginia jail or who are currently under probation, and/or parole supervision: _____

9. Do you agree to a background reference check?

REFERENCES: (If applying to assist with religious activities, please include a member of the clergy as a reference.)

1. NAME: _____ PHONE: _____

ADDRESS: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____

3. NAME: _____ PHONE: _____

ADDRESS: _____

To be completed by those volunteering for religious activities:

Church name: _____

Church address: _____

Church Pastor and Phone Number: _____

Denomination: _____

Include, with this application, a letter of recommendation from the pastor.

I hereby certify that the 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 work.

Signature and date: _____

OFFICIE USE ONLY

Application received: _____

Background check by: _____ **Date:** _____

Site Administrator approval: **Yes** **No** **Date:** _____

Orientation date: _____ **ID Card issued:** _____

Volunteer Coordinator signature: _____ **Date:** _____

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigator or duly accredited representative of the BRRJA 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 to you to release such information upon request of the bearer. I understand that the information released is for official use by the BRRJA 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 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.

Print Full Name: _____

Other Names Used: _____
(Include maiden and/or alias)

Date of Birth: _____

Social Security Number: _____

Current Address: _____

Phone Number: _____ Cell Number: _____

Date: _____

Signature: _____
(Full Name)

Furnishing the requested information is voluntary; however, failure to provide all or part of the information may result in lack of further consideration for volunteer service or in termination of volunteer service.

BRRJA RULES AND REGULATIONS

1. Volunteers agree to abide by all work policies, guidelines, laws, rules and regulations which apply to paid employees, including confidentiality and security regulations. As a volunteer, you are exempt from all provisions of law relating to BRRJA employment, including, but not limited to compensation and employee benefits.
2. Confidentiality and security are essential. Volunteers are not to discuss sensitive personal inmate information or inmate identity with others, except with staff or another volunteer when necessary.
3. Volunteers are not to be under the influence of drugs and/or alcohol while on BRRJA premises. No volunteer may bring any drugs, alcoholic beverages, or weapons including pocket knives or nail files on the premises. Failure to comply with this may result in criminal prosecution.
4. Volunteers must be 18 years of age.
5. Volunteers must avoid use of vulgar, profane, and/or abusive language toward staff, another volunteer, or an inmate.
6. Volunteers must dress appropriately.
7. It is unacceptable to begin, encourage, or participate in malicious rumors toward the staff or inmates and/or to agitate the staff or the inmates.
8. The transfer of any items between inmates and volunteers is strictly prohibited; this includes items transferred personally, via mail, or through family or friends . This includes, but is not limited to gifts, money, money orders, candy, mints, gum, cough drops, pens, etc.
9. Volunteers are not to take letters or other items out of an institution for an inmate nor bring letters or items into an institution not approved by the Site Administrator or the BRRJA Administration.
10. In the event of a serious disagreement or problem between a volunteer and an inmate, the volunteer should notify the closest BRRJA Staff Member immediately.
11. Do not discuss personal information with or in the presence of inmates.
12. Be fair and consistent in dealing with the inmates. Do not show favoritism or take sides in disagreements.
13. Do not promise inmates things over which you have no authority.
14. Do not agree to make business transactions on the street or in any capacity for or with an inmate.
15. Keep commitments. In the event a session has to be cancelled, notify the facility in advance. Expectations are developed by staff and inmates, and should be maintained by the volunteer.
16. Report any information related to an escape or any other breach of security directly to the Site Administrator or Housing Unit Officer ASAP.

17. No item can be brought into the facility for use in any session without prior approval of the Site Administrator.
18. All volunteers are subject to search prior to entering a BRRJA facility, or before having contact with the inmates. If a volunteer refuses the search, he/she will not be allowed to enter.
19. Volunteers are not allowed to visit individually with any inmate outside the scope of their volunteer duties. Therefore, a volunteer cannot be on an inmate's visitor's list in any of the BRRJA facilities.
20. All visits by volunteers may be denied or suspended by the Site Administrator or his/her designee at any BRRJA facility without cause, explanation, or prior notice.
21. Approved volunteers will be required to have on file an Identification Data Sheet, which will include, but is not limited to the following: Name, Address, Photograph, Name of facility to which approved, and Emergency contact person.
22. All volunteers must present their Volunteer Identification Card before being allowed inside the facility. Without the ID card, a volunteer will not be allowed entrance to the facility.
23. Park in designated areas only. Be sure windows are closed and doors are locked.
24. All volunteer data information is to be updated annually.
25. Volunteers are to notify the administration of BRRJA if and when they discontinue serving in a volunteer capacity. They are also responsible to return their ID Badge.
26. The BRRJA makes every effort to ensure the safety of all volunteers.

I have read the rules and regulations and agree to adhere to them. I release the BRRJA from any liability and from any incident which may occur while on the premises of BRRJA facility.

Signature _____
Date

The rules and regulations have been reviewed during orientation, and any and all questions about them have been answered. I agree to abide by them, understanding that any violation will result in the revocation of my volunteer privilege and possible prosecution under applicable State Law.

Signature (at time of orientation) _____
Date

Volunteer Coordinator _____
Signature _____
Date

BRRJA VOLUNTEER IDENTIFICATION DATA SHEET

NAME: _____

ADDRESS: _____

PHONE: _____

Do you have any medical problems of which we should be aware:

If so, please explain: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

PHONE: _____

To accompany file photo for front desk.



DATE: _____

TO: All BRRJA Volunteers

FROM: Timothy E. Trent
Administrator

SUBJECT: Contraband

Recent events have brought to light circumstances which could jeopardize the reputation of the BRRJA and negatively impact its volunteers. Absolutely nothing is to be given to the inmates unless a Site Administrator has given written approval.

Be reminded that anything not approved is considered contraband. Consequences of bringing in non-approved items or material will result in termination of volunteer status and possible criminal prosecution.

The work of volunteers is very important. However, be mindful of the environment and realize rules are necessary and generally a result of an inappropriate, dangerous, and/or unhealthy action.

I thank each volunteer and appreciate the job you do. Though it is unfortunate that this memo has to be sent out, it is helpful to be reminded of the uniqueness of the BRRJA environment and its population.

It is now required that each volunteer read this memo, legibly print your name, sign, and date the form, and return it to the Administration to be kept on file.

I, _____, a volunteer for the Blue Ridge Regional Jail Authority, have read this memo, understand its content, and agree to abide by it. I understand the consequences of violating what has been set forth in this memo.

Volunteer Name

Date

Blue Ridge Regional Jail Authority

PREA Disclosure Form

Name: _____
(print)

Date: _____

Applicant Evaluation Promotion Volunteer

I hereby attest that I have never:

- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 USC 1997;
- 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;
- Been civilly or administratively adjudicated to have engaged in the activity described above;
- Engaged in any incident of sexual harassment.

I agree to submit to a background investigation to include a criminal history check regarding, but not limited to, the misconducts listed above.

The following will constitute grounds for immediate termination, denied employment, or removal as a volunteer with the Blue Ridge Regional Jail Authority:

- Refusing to disclose or provide information on this release or to the BRRJA Administrator about past behavior or any relevant information, at this time, or any time in the future.
- Falsifying information or any material omissions regarding such misconduct
- Findings of sexual misconduct.
- Refusing to sign this release.

Signature: _____