



Department of Corrections

Volunteer & Grantee Staff Application Form

Name

First Middle Last

Address

Street City State Zip

Phones: Home Cell Gender: Preferred Pronouns

Email Address: DOB:

Emergency contact: Home phone Work Phone

Position Applying for (AA, Church, Contractor, Staff, etc.)

Site you plan to volunteer or work:

How did you hear about volunteering in Corrections?

RELEVANT EXPERIENCE

Please list your work, volunteer, or educational experiences and training, which may help us best place you in a correctional volunteer role, including current employer and address.

Education/Training:

Work/volunteer experience:

What specific skills and interests could you share?

Please describe your interest in, and reasons for offering your time and services to the Vermont Department of Corrections.

REFERENCES

Please list three (3) personal/professional references (other than immediate family):

1) Name: Relationship: Phone:

Address/Email:

2) Name: Relationship: Phone:

Address/Email:

3) Name: Relationship: Phone:

Address/Email:

The Vermont Department of Corrections is committed to assuring that your experience with us is highly valued and occurs in a safe and secure environment. With this in mind, we ask that you respond to the following questions:

- Are you related to or do you know any individual currently incarcerated or under the supervision of the Department of Corrections in Vermont? If yes, please state who and describe the relationship:
- Have you ever been the victim of a crime? Is the case active?
- Have you ever been imprisoned, on probation or parole, or fined for any violation of any law or ordinance, or currently have any open criminal charges? *(except parking violations)? If yes, explain:
- Have you ever engaged in sexual abuse in a prison, lock-up, community confinement facility, juvenile facility or other institution?
- Have you been convicted of engaging in 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?
- Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim was unable to consent or refuse?
- Have you ever been the perpetrator in an incident of sexual harassment?

Being convicted of a crime does not necessarily mean you cannot volunteer for VT DOC. If you have ever been found guilty of a crime, you will need to provide three (3) letters of reference along with this application. Each approval or denial will be decided on a case-by-case basis by the local Superintendent or District Manager. if you have ever been convicted of a sexual offense you must also complete the "Ex-Offender Volunteer Service Application". For more guidance, see VT DOC Directive 376, Section 8, i.j. (VOLUNTEER DIRECTIVE 376 (vermont.gov))

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I UNDERSTAND THAT MY ACCEPTANCE AS A VOLUNTEER AND/OR GRANTEE STAFF IS BASED ON THE INFORMATION CONTAINED ON THIS FORM AND OTHER INFORMATION GATHERED DURING A PERSONAL INTERVIEW AND THROUGH A REFERENCE CHECK. I GIVE MY PERMISSION FOR A ROUTINE POLICE RECORD CHECK AND AN ELDER AND CHILD ABUSE REGISTRY CHECK TO BE PERFORMED IN ACCORDANCE WITH DEPARTMENT SECURITY REGULATIONS. TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS FORM IS ACCURATE.

SIGNATURE

DATE



**VERMONT DEPARTMENT OF
CORRECTIONS WAIVER FOR
CRIMINAL RECORD
AND BACKGROUND VERIFICATION**

Applicant Name:		
Alias/Maiden/Other Names:		
Social Security Number:	Date of Birth:	
Place of Birth:		
City/Town	State	Country
Current Residence:		
# and Street	City/Town	State/Country
Previous Residence:		
City/Town	State	Country
Telephone Number:	Cell Phone Number:	

RELEASE

I, _____, hereby acknowledge and authorize the Vermont Department of Corrections to conduct a check of any criminal record of convictions which may be maintained by the Vermont Criminal Information Center and the FBI. I understand that the results of that check will be made available to the Department of Corrections for use in reviewing my suitability for employment or service within a Department of Corrections facility. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

Signature of Applicant

Date

Identity Verified by Facility/Company

Date

NOTE: If this form is not filled out entirely the record check will not be done and the form will be returned to the facility.

Volunteer Name: _____

Work Rules for the Vermont Department of Corrections

1. No employee shall violate any provision of the collective bargaining agreement or and State or Department work rule, policy, procedure, directive, local work rule or post order.
2. An employee shall not use State property or equipment for his/her private use or for any other use other than that which serves the public interest.
3. No employee shall, while on duty or engaged in activity associated with the Department of Corrections, endanger the safety of any member of the public. Employees shall be responsible to promptly report, to their immediate supervisor, any such conduct by another employee, volunteer or offender that endangers the safety of others.
4. Employees shall be honest and complete in their descriptions, whether given orally or in writing, to the employer of events occurring in the workplace and in all other circumstances related to their employment.
5. Employees shall cooperate fully with any inquiry or investigation, whether formal or informal, conducted by the Department. This shall include answering fully and truthfully any questions related to their employment.
6. No employee shall, while on duty or engaged in an activity associated with the Department of Corrections, engage in verbal or physical behavior towards employees, volunteers, or members of the public, which is malicious, demeaning, harassing, or insulting. Such behaviors include, but are not limited to: profane, indecent, or vulgar language or gestures, actions or inactions that are rude (such as ignoring a visitor who attempts to gain entrance to the building) or treating inmates in a demeaning manner with no legitimate rehabilitative justification. No employee shall exhibit behaviors, which are physically or mentally abusive towards offenders.
7. No employee shall engage in a sale or lease of property to or from an offender, hire offenders for work or provide services or goods to offenders, except with the permission of supervisory authority. No employee shall lend money to or borrow money from an offender or accept gifts or gratuities from and give gifts or gratuities to an offender.
8. No employee shall report to work under the influence of alcohol or with the odor of alcohol on the breath or possess or use alcohol while on duty. No employee shall report to work under the influence of or in the possession of any regulated drug that is unprescribed by his/her physician. Any employee taking prescribed medicine, which could cause either a mental or physical limitation, must immediately bring this to the attention of the immediate supervisor.
9. No employee, whether on or off duty, shall comport himself or herself in a manner that reflects discredit upon the Department.
10. No employee, whether on or off duty, shall violate any law or ordinance. Any conduct constituting a felony or misdemeanor can be the basis for disciplinary action whether or not prosecution or conviction results. A formal adjudication of felonious or misdemeanor behavior is not necessary before a decision to discipline is made.

11. Any employee shall report in writing to his/her supervisor of his/her arrest or citation for criminal activity as soon as possible, but no later than the first day he/she reports to work following the arrest or citation. The disposition of the charge must be reported immediately. The employee shall also immediately report when known by the employee, that he/she is being investigated for criminal conduct by a law enforcement agency.

12. While engaged with an activity associated with the Department of Corrections, unless expressly approved by the Commissioner, the possession or use of firearms is prohibited.

13. Romantic and/or sexual relationships between employees and offenders under any type of Department control or supervision are strictly prohibited unless the employee and the offender had a romantic and/or sexual relationship prior to the offender being under any type of Department control or supervision and so long as the employee brings such relationship to the attention of the appointing authority. Actions are also prohibited which give the appearance of an improper relationship between an employee and an offender. These include, but are not limited to hugging, kissing hand-holding and unofficial correspondence. Employees, while on duty or engaged in an activity associated with the Department of Corrections shall conduct themselves in a professional manner in their interactions with co-workers.

CONFIDENTIALITY AGREEMENT

I agree to respect the Department of Corrections policy of strict confidentiality of information regarding any individual under its care or custody. I further agree that I will not use any information regarding any individual client of the Department except as it related directly to my approved program or assigned role. This includes, but is not limited to, the client's name, case histories, individual programs, and situations; for either publication or casual conversation.

I understand that I must release sufficient information to comply with mandatory reporting requirements for cases involving the abuse, neglect, or exploitation of children and persons who are elderly or who may have disabilities. Information may be released without consent when Vermont law creates a duty to warn identified individuals a potential harm to their person or property, in response to court orders, or to investigate or report a criminal activity as required by federal or state law or regulation. Only information relevant to the situation will be disclosed. The employee shall document the date, purpose, and content of the report, the name, address, and affiliation of the person to whom the information was released and shall notify the client that the information was disclosed. (AHS Rule 08-48)

I agree that exceptions to the above may be made only by the Commissioner of Corrections or Director where applicable.

My signature below signifies my agreement to the Confidentiality Agreement and reading of the Work Rules.

Volunteer Signature _____ Date _____

Witness _____ Date _____