



**State of Vermont
Agency of Human Services**



Department of Corrections

Volunteer Services Program – Registration Form

Name **Social Security #**

First **Middle** **Last**

Address

Street **City** **State** **Zip**

Phones: Home **Work** **Cell** **Gender:**

Email Address: **DOB:** **POB**

Have you lived outside of Vermont within the past 10 years? **Which state(s)?**

Please list any previous names you have been known by: **(Maiden name?)**

Emergency contact: **Home phone** **Work Phone**

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

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 an offender 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 *(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 an ex-offender does not necessarily mean you cannot volunteer for the Department. If you have ever been found guilty of a crime, you will need to provide letters of reference along with this application

I UNDERSTAND THAT MY ACCEPTANCE AS A VOLUNTEER 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

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 work place 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 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.

RECEIPT OF DOC VOLUNTEER MANUAL

I certify that I have received the DOC Volunteering Training Manual.

My signature below signifies my agreement to the Confidentiality Agreement and reading of the Work Rules as well as receipt of the Volunteer Manual.

Volunteer Signature _____ Date _____

Witness _____ Date _____



**STATE OF VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF CORRECTIONS**

**103 South Main Street
Waterbury, Vermont 05671-1001**

RECORD CHECK RELEASE FORM

Please Print Name: _____
First Middle Last

The Vermont Department of Corrections (DOC) performs a comprehensive background check on all applicants, including checks against the following registries: the Adult Protective Services Registry; the Child Abuse and Neglect Registry; the Excluded Parties List System; and the Fraud Registry via the Inspector General.

In addition, the DOC requires a criminal and motor vehicle record check of all applicants. The criminal record check is fingerprint supported. Consequently, offers of employment are conditional and contingent on the results of your criminal record.

A misdemeanor offense does not necessarily disqualify you as an applicant. However, applicants with felony convictions are excluded from employment consideration as Correctional Officers. Misrepresentation of any information on the State of Vermont application or during the job interview will disqualify the applicant from employment consideration.

Social Security Number: _____ Date of Birth: _____

Place of Birth (city & state): _____

Other States Lived In: _____

Alias/Maiden Name: _____

Sex: Male Race: _____

Eyes: _____ Hair: _____ Height: _____ ' _____ " Weight: _____

I have read and understand the information above and hereby authorize the Vermont Department of Corrections to conduct a background check as described above, inclusive of a fingerprint-supported criminal and motor vehicle record check, for the purpose of employment consideration.

Applicant Signature October 27, 2010
Date





Agency of Human Services

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306
AND
Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

FORM C

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: _____ Gender: Male Female
LAST FIRST Middle Initial

Address: _____

Last four digits of social security number: XXX-XX-_____

Phone number: _____ Birth Date: _____ Place of Birth: _____
City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases): _____
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases): _____
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date