



Department of Public Safety and Correctional Services Volunteer Program Application

Personal and Contact Information

Name: _____
Last First Middle

Address: _____
Number, Street and Apt.

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____
Home Work Mobile

Email Address: _____

How do you prefer to be contacted? _____ Are messages OK? _____

First and last name at birth, nicknames or any other names you have been known by:

How did you hear about the Volunteer Program? _____

What made you want to apply to be a volunteer? _____

Are you receiving class credit for volunteer activity ___ Yes ___ No

If so, name of the College/University: _____

Course Name _____ Major _____

Advisor/Counselor: _____ Phone: _____

Volunteer Status

Have you ever volunteered for the Department of Public Safety and Correctional Services or the State of Maryland No ___ Yes ___ Dates _____

Will volunteer service be in addition to current employment? ___ Yes ___ No

1.

Volunteer Program Application Appendix C

Hours of Volunteer Service

What days and hours are you available to Volunteer? _____

How long are you willing to commit to the Volunteer Program? Years ___ Months ___

What type of volunteer service are you interested in providing? _____

Do you have a valid Driver's license? ___ Yes ___ No

Do you have a means of travel for the purpose of volunteer service? ___ Yes ___ No

Are you willing to travel in relation to volunteer service assignments? ___ Yes ___ No

Volunteer Locations

In which jurisdictions (counties) are you willing to provide volunteer services? _____

Are you willing and able to work from home (if appropriate for position)? ___ Yes ___ No

Veteran's Information

Have you ever been in the armed services? ___ Yes ___ No

Education and Training

Do you have a high school diploma or GED? ___ Yes ___ No If no, highest grade completed: _____

Do you have a college degree? ___ Yes ___ No If No, college credits completed: _____

If you attended a College/University: School: _____

Dates Attended: From: _____ To: _____ Major Course of Study: _____

Did you perform post college/graduate work? ___ Yes ___ No

If "Yes", do you have a graduate degree? ___ Yes ___ No If "Yes", Dates Attended: From: _____

To: _____ Major Course of Study: _____

Have you participated in specialized training relevant to the position? ___ Yes ___ No If "Yes" please explain: _____

Please submit a copy of any relevant professional or trade licenses, or certificates.

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What language(s), other than English, do you:

Speak: _____ Write: _____ Read: _____

Work Experience

Occupation: _____ Current or Last Place of Employment: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Supervisor: _____ Phone: _____

Organization Affiliation

If you are affiliated with an organization, please provide the following information:

Name of the organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____

If your volunteer service is faith-based, provide an ecclesiastical endorsement letter from your faith based organization or, if applicable, ordination certificate.

Volunteer Experience

Location: Correctional Facility ___ Jail ___ Other
(explain) _____

Name of Site: _____

Supervisor: _____ Phone: _____

Length of Service _____ Position/Capacity _____

Location: Correctional Facility ___ Jail ___ Other
(explain) _____

Name of Site: _____

Supervisor: _____ Phone: _____

Length of Service _____ Position/Capacity _____

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References: If you have received substance abuse treatment, please use a counselor as a reference; no more than one reference may be a DPSCS volunteer.

May your employer be contacted as a reference? _____

Other references:

1. Name: _____ Relationship: _____

Street Address: _____

City, State, and Zip: _____ Phone: _____

2. Name: _____ Relationship: _____

Street Address: _____

City, State, and Zip: _____ Phone: _____

Background Information (Please respond to the following questions)

If you have been convicted of a violation of law other than a minor traffic violation, provide the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from being a volunteer. Other information that you feel relevant to a response to any of the following items should be provided as part of this application. This information will be used in conjunction with other elements of the application process to determine suitability for participation in the Volunteer Program. (Please use additional sheets of paper to provide additional information or requested explanations and submit as part of the application. Please identify by the item number)

- (1) Are you: ___ Between 18 and 20 years old or ___ 21 years old or older?
(2) Are you a: ___ U.S. Citizen ___ Legal Alien ___ Other?
(3) Are you currently addicted to: ___ Alcohol ___ Illegal Drugs ___ Legal Prescription medication? ___ N/A
(4) Are there open arrest warrants or detainers on file for you? ___ Yes ___ No (If Yes, explain)
(5) Are there unresolved criminal charges against you? ___ Yes ___ No (If Yes, explain)
(6) Have you been convicted of a crime involving (Please explain each "Yes" response):
___ Yes ___ No Sexual abuse ___ Yes ___ No Sexual harassment ___ Yes ___ No Physical force or violence
(7) Are you associated with a gang or security threat group? ___ Yes ___ No (If Yes, explain)
(8) Are you currently under an active restraining, protective or peace order? ___ Yes ___ No (If Yes, explain)
(9) Are you currently involved in civil litigation involving the federal, state or local government? ___ Yes ___ No (If Yes, explain)

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(10) Are you currently under supervision by a federal, state, or local criminal justice agency? ___ Yes ___ No (If Yes, explain providing supervising agency, reason for supervision, conditions of supervision, dates supervision began and ends)

(11) Are you a fugitive from a federal, state, or local government? ___ Yes ___ No (If Yes, explain)

(12) Have you been incarcerated in a federal, state, or local government correctional facility? ___ Yes ___ No (If Yes, explain)

(13) Do you have a family member, friend, or other relationship with an individual who is currently incarcerated under the authority of a federal, state, or local criminal justice agency? ___ Yes ___ No (If Yes, explain providing the relationship and the location where the individual is incarcerated)

(14) Are you on an offender's visiting card or list? _____ If yes, what is the offender's name and what correctional facility is the offender housed?

(15) Are you living in a household with an individual in a home detention program? ___ Yes ___ No

Do you have limitations that may prevent you from safely performing as a volunteer? Please explain.

I understand that the Department is under no obligation to accept me into the Volunteer Program and, if accepted, my participation in the Volunteer Program may be terminated for any reason.

I agree to hold harmless the Department of Public Safety and Correctional Services and officials and employees for any claims arising from the course of my provision of volunteer services to the Department.

_____ Date

_____ Applicant's Signature

I hereby affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and that I will not be approved for placement in the Volunteer Program. I am aware that a false statement is punishable under law by fine or imprisonment or both.

_____ Date of Application

_____ Applicant's Signature

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
Volunteer Background Check

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____
Print: First Middle Last SSN

hereby authorize a review and full disclosure of all records, or any part thereof, concerning myself to any duly authorized agent of the Department of Public Safety and Correctional Services, whether the said records are public or private. The intention of this authorization is to provide information which will be utilized for investigation resource material regarding acceptance into the Department of Public Safety and Correctional Services (Department) Volunteer Program. Information obtained shall be maintained in your volunteer services file.

I authorize the full and complete disclosure of the records of educational institutions and the Motor Vehicle Administration; employment and reemployment records including background investigation reports, efficiency ratings, accidents or injuries sustained in the course of employment; and any and all records of any arrest, conviction, or incarceration.

I further understand that refusal to provide access to the above mentioned records, may delay or prevent my acceptance in the Department Volunteer Program. In addition, I understand my right to inspect, amend or correct information contained in my volunteer service file maintained by the Department.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Date of Birth: _____
MM/DD/YYYY

Driver's License or State Identification Card: _____
(Number and State of Issuance)

Applicant's Signature

Date

Signature of Witness

DPSCS Volunteer Interview

Date of Interview: _____ Interviewer: _____

Applicant's Name: _____

Location of Interview: _____

*Review of application (confirm, clarify and ask 2nd level questions when appropriate to clarify responses.)
Review volunteer checklist, if completed. Ask questions below not already covered in that interview.*

1. What aspect of our mission motivates you to want to volunteer with us?

2. What is your area of interest?

Religious Educational/Vocational Mentoring Counseling Advocacy
 Administrative (Clerical Services, Data Entry, etc.) Community Outreach/Partnership
 Trades (list specific _____) Internship Offender Self Help
 Legal Other: _____

3. What are your expectations of our organization? What would make you feel like you've been successful?

4. Would you be comfortable working with:

- a. Sex offenders?
- b. Offenders in general?
- c. Ex-offenders?

5. What skills, knowledge and qualifications do you have that would help you in this volunteer position?

6. Are there limitations or problems you are experiencing that we should know about so as not to put you in an unhealthy or dangerous situation?

7. Tell me about your current and/or past volunteer experiences? What did you enjoy or learn from that experience?

8. When are you available to volunteer? Is there a time commitment: internship or program length?

9. Describe a difficult situation you had to handle, what was the outcome?

10. What level of supervision do you prefer?

11. Do you prefer to be "in charge" or a team member?

12. What is your strongest personal trait? Weakest personal trait?

➤ What questions do you have?

➤ Discuss potential volunteer positions and check match of interests, qualifications, and availability.

Evaluation

Observations of Cognitive thinking; Comprehension; Communication skills

Observations of Personal presentation; personal confidence

Observation of Poise/Demonstrated Confidence/Decisiveness; Attitude/Enthusiasm/Sincerity/Cooperation



Department of Public Safety and Correctional Services

DIVISION OF CORRECTION
Maryland Correctional Institution - Jessup

P.O. Box 549 • JESSUP • MARYLAND 20794
(410) 799-7610 • FAX (410) 799-7527 TTY USERS 1-800-735-2258 • www.dpscs.maryland.gov

STATE OF MARYLAND

LARRY HOGAN
GOVERNOR

BOYD K. RUTHERFORD
LT. GOVERNOR

ROBERT L. GREEN
SECRETARY

RACHEL SESSA
CHIEF OF STAFF

SASHA VASQUEZ-GONZALEZ
ACTING
DEPUTY SECRETARY
ADMINISTRATION

WAYNE HILL
DEPUTY SECRETARY
OPERATIONS

CAROLYN J. SCRUGGS
ASSISTANT SECRETARY

GARY W. McLHINNEY
ASSISTANT SECRETARY

ACKNOWLEDGEMENT OF DEPARTMENT OF PUBLIC SAFETY
AND CORRECTIONAL SERVICES CONFIDENTIALITY POLICY
CONTRACTORS/VENDORS/INTERNS/VOLUNTEERS

By signing your name below, you acknowledge that you were instructed that as a
volunteer, contractor, intern, or vendor for the Department of Public Safety and
Correctional Services (Department), that you shall not publish via electronic or
social media, written manuscript, pamphlet, or any other publication, any
information about your experience as a volunteer for the Department.

A volunteer, intern, vendor, contractor shall not publish information about
inmates, offenders, detainees, under the authority of the Department, whether that
authority is incarceration, parole, probation, or home detention, to include
Department employees, volunteers, contractors, interns, or vendors or the duties
performed by these individuals without prior written consent of the Director of
Volunteer Services.

All requests must be submitted to the Department Director of Volunteer Services
Office, 300 E. Joppa Road Suite 1000 Towson MD 21286, or, via email to:
Shari.Elliker@maryland.gov

✓ Date: _____

✓ Purpose: Volunteer Intern
Vendor Contractor

✓ Printed Name: _____

✓ Signature: _____

Department Staff Witness: _____



Department of Public Safety and Correctional Services

Division of Correction
Office of the Commissioner

8776 REISTERSTOWN ROAD • SUITE 310 • BALTIMORE, MARYLAND 21215-2342
(410) 585-3308 • FAX (410) 764-4373 • TOLL FREE (877) 379-8638 • V/TTY (800) 735-2258 • www.dpsscs.maryland.gov

STATE OF MARYLAND
LARRY HOGAN
GOVERNOR

METERS, CJIS, & JIS BACKGROUND REPORT
Monica Q. Byrd, Administrator of Data Management Unit

BOYD K. RUTHERFORD
LT. GOVERNOR

✓ Date:

ROBERT L. GREEN
SECRETARY

✓ Name of Person:

RACHEL SESSA
CHIEF OF STAFF

✓ Date of Birth:

✓ Sex:

SASHA VAZQUEZ-GONZALEZ
DEPUTY SECRETARY
ADMINISTRATION

✓ Race:

✓ Social Security Number:

✓ State Issued Driver's License Number:

WAYNE HILL
DEPUTY SECRETARY
OPERATIONS

Requested By:

CAROLYN J. SCRUGGS
ASSISTANT SECRETARY

Reason for Background Check:

Department:

GARY W. McLHINNEY
ASSISTANT SECRETARY

Operator:

Title:

INQUIRY

- CENTRAL REPOSITORY
WARRANT CHECK
MVA
QH - INDEX RECORD EXISTENCE
QR - CRIMINAL HISTORY RECORD
MARYLAND RAP

RECORD FOUND YES / NO

Please check Purpose Code used o C o J

Purpose Code C - Criminal Justice

Purpose Code C is used for official duties in connection with administration of criminal justice. Example: Vendors or contractors at the criminal justice agency who are not involved with the actual administration of criminal justice at the criminal justice agency, e.g., Carpet cleaners, janitors, cooks, volunteers.

Purpose Code J - Criminal Justice Employment

Purpose of Code J is used when the III transaction involves employment with a criminal justice agency or the screening of employees of other agencies, which the criminal justice agency is required to have management control.

10.

Maryland Correctional Institution Jessup PREA Acknowledgement Statement

The Maryland Correctional-Institution Jessup (MCIJ) has a Zero –Tolerance for sexual abuse and sexual harassment. The Intent of PREA is to ensure a safe, humane, and secure environment, free from the threat of sexual abuse and sexual harassment for all inmates, employees, volunteers, contractors, interns and public guests

You have an obligation to maintain clear boundaries with inmates and to maintain an ethical supervisory relationship with objectivity and professionalism. You must not develop a personal, unduly familiar, emotional or sexual relationship with an inmate. Any sexual contact between an inmate and an employee, volunteer, contractor, intern or public guest is sexual abuse and prohibited by the Department of Public Safety and Correctional Services/MCIJ. If you are aware of any such incidents, you have a duty to report them.

I have received a copy of the MCIJ policy on Sexual abuse and harassment, and I acknowledge that I understand the institution's zero-tolerance on sexual abuse and sexual harassment, and I acknowledge that I will report any such acts immediately.

✓ Print name: _____

✓ Signature: _____ Date: _____

Name and Title of Department Head: _____

Signature of Department Head: _____

Maintain Original in Department File
Forward Copy to PREA Compliance Manager

11.

VOLUNTEER AGREEMENT and ACKNOWLEDGEMENT of ORIENTATION

I participated in the Department of Public Safety and Correctional Services Volunteer Orientation at _____

_____ (location) on _____ (date)

completed by _____ (name of trainer).

I attest that I have received, been fully advised, read and clearly understand the following documents and materials:

1. Volunteer Program Orientation guide ____ (Initials)
2. Volunteer Guidelines – Rules of Conduct ____ (Initials)
3. PREA guidelines and duty to warn ____ (Initials)
4. Policies
 - a. Prison Rape Elimination Act ____ (Initials)
 - b. Sexual Harassment ____ (Initials)
 - c. Sexual Misconduct ____ (Initials)
 - d. Volunteer, Intern and Contractor Contact and Personal Information ____ (Initials)
 - e. Employee and Inmate Visiting and Communications ____ (Initials)

I agree to comply with all security and program regulations and requirements as set forth in writing in the material given to me (orientation guide, rules of conduct, guidelines, and handouts) and explained verbally.

I understand that

- I assume all risks that result in normal operation at my location or anywhere else in the Department. I agree to hold harmless the Department of Public Safety and Correctional Services and officials and employees for any claims arising from the course of my provision of volunteer services to the Department
- Any and all information that I may utilize or have access to during the course of volunteering shall remain confidential. I agree not to disclose such information to any unauthorized third parties.
- Violation of any regulations, policies, or requirements may result in termination as a volunteer with the Department of Public Safety and Correctional Services and may result in civil litigation or criminal prosecution, or both.
- The State or the Department of Public Safety and Correctional Services reserves the right to terminate any volunteer for any reason or no reason at all, except as precluded by law.
- Under the Prison Rape Elimination Act (PREA), I have a duty to report any sexual misconduct I observe or become aware of during the course of my volunteer service.

Volunteer printed name

Date

Volunteer signature