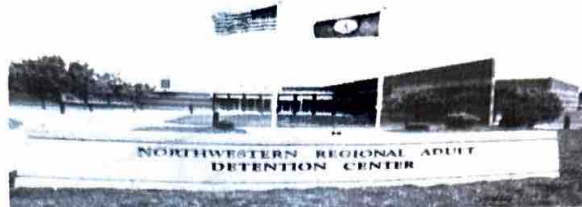


NORTHWESTERN REGIONAL ADULT DETENTION CENTER

141 Fort Collier Road, Winchester, VA 22603

540-665-6374



Dear Future Volunteer,

Thank you for expressing an interest in the Volunteer program at our facility. Please allow me a few minutes to explain the application process.

1. Complete the attached Volunteer Application.
2. A notary must observe your signature on the Release of Information.
3. Your signature indicating you have read the Volunteer Agreement, please have it witnessed.
4. We need a copy of your driver's license/state ID card.
5. Please submit a letter of Referral/Recommendation preferably from a sponsor or coordinator within your program/organization/school.
6. You must attend an Orientation before being approved.
7. Please return a signed copy of the application with a referral letter and a copy of your identification. After all information is received and reviewed you will be notified when the next Orientation class will be held.

If you have additional questions, please feel free to contact me at 540-665-6380 extension #2103, Work Cell: 540-974-3456 or e-mail: cdill@fcva.us. Again, thank you for your interest in our facility.

Chancey Dill
Inside Programs Officer

NORTHWESTERN REGIONAL ADULT DETENTION CENTER

VOLUNTEER APPLICATION

Directions: Fill out the application in the appropriate field. You must complete Appendix 1 and return it with the completed Volunteer Application. We reserve the right to make such checks as we deem appropriate on the suitability of any volunteer. Any checks made will be confidential.

NAME (Last, First, Middle) PLEASE PRINT			
HOME ADDRESS	CITY	STATE	ZIP CODE
CELL PHONE	HOME PHONE	EMAIL ADDRESS	
DATE OF BIRTH	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	RACE	HEIGHT
		EYE COLOR	HAIR COLOR
EDUCATION: Do you have a high school diploma or equivalent? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EDUCATION/VOCATIONAL INSTITUTIONS	YEARS	DEGREES /CERTIFICATIONS	
PRESENT EMPLOYER	OCCUPATION	YEARS EMPLOYED	
EMPLOYER ADDRESS		PHONE	
Have you ever been arrested for any law violations, or are now under charges for any offense other than minor traffic violations? (DWI charges or convictions are not considered minor traffic violations) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever worked for NRADC or in a Correctional Facility? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Any previous related volunteer experience? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, give details:</i>			
Have you ever been dismissed or relieved of volunteer status by any organization? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, give details:</i>			
Do you have any relatives or associates currently under the jurisdiction of NRADC? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, identify by name:</i>			
Are you on the visiting list of any offenders? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Are you corresponding with any offender under the supervision of NRADC? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, identify by name:		
Who should we contact in case of an emergency? Name: _____ Address: _____ Phone: _____		
PERSONAL REFERENCES -OTHER THAN FAMILY		
Name: _____ Address: _____ Phone: _____		
Name: _____ Address: _____ Phone: _____		
List special skills, abilities, etc. you possess:		
Professional/Business/Other Organizations:		
Please explain in your own words why you are interested in being a Volunteer:		
Is there a specific group or organization you want to represent? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of group or organization:		
Is this an existing group of programs in the NRADC? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who referred you or represents the group?		
Do you have an automobile with public liability insurance coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO		Driver's License Number
Failure to provide accurate and complete information on this application may be grounds for dismissal. I hereby freely offer to become a volunteer for the NRADC. I further understand that I will be expected to complete an orientation program before the assignment.		
APPLICANTS SIGNATURE		DATE

VOLUNTEER APPLICATION**APPENDIX 1**

Effective August 2013, NRADC must comply with the Prison Rape Elimination Act (PREA), issued by the U.S. Department of Justice. The following questions are being asked of all applicants who may be in contact with offenders as part of their regular job or Volunteer duties.

(1) Have you previously worked in or volunteered for a prison, jail, lockup, community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, juvenile facility, or another correctional facility (public or private)?

☐ YES ☐ NO

A. Please identify each facility as indicated below:

FACILITY #1	NAME
	ADDRESS
	PHONE NUMBER: Contact Person:
FACILITY #2	NAME
	ADDRESS
	PHONE NUMBER: Contact Person:

B. While working or volunteering at this facility were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee, or resident of the facility?

☐ YES ☐ NO If you checked yes, please explain:

(2) CRIMINAL CHARGES: Have you pled guilty to or been found guilty of engaging in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent? This includes, but is not limited to the following crimes:
-Forcible Rape (or attempted forcible rape) -Statutory Rape (or attempted statutory rape) -Sexual Assault -Sexual Abuse -Sexual Misconduct -Deviate Sexual Assault - Forcible Sodomy (or attempted forcible sodomy) -Statutory sodomy (or attempted statutory sodomy) -Child Molestation -Sexual misconduct involving a child -Sexual contact with a student -Sexual contact with a prisoner or offender

☐ YES ☐ NO If you checked yes, please explain:

(3) CIVIL/ADMINISTRATIVE CASES: Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes any actions taken upon a professional license or a professional registry and internal administrative results.

☐ YES ☐ NO If you checked yes, please explain:

I certify the information contained in this Appendix is correct to the best of my knowledge and I understand that falsification of this information is grounds for disqualification from the selection process or dismissal from volunteering.

PRINT NAME (First, Middle, Last):

APPLICANT'S SIGNATURE :

DATE:

NORTHWESTERN REGIONAL ADULT DETENTION CENTER

141 Fort Collier Road Winchester, Virginia 22603

540-665-6374

Superintendent
Clay Corbin

Full Legal Name (Print)

* ____/____/_____
Date of Birth

I hereby respectfully request and authorize you to furnish the Northwestern Regional Adult Detention Center with all information you have concerning me, my work performance, school records, conduct, and my reputation. This information is to be used to assist the Detention Center in determining my qualifications and fitness for the position I am seeking.

I hereby waive all rights to view or have access to any information given to the Detention Center as part of the background investigation. I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested to be released above.

The Code of Virginia 15.2-1705 requires a background investigation including a fingerprint-based criminal history records inquiry to the Central Records Exchange for all sworn positions. Background investigations for civilian positions are completed routinely when employment provides access to the secure perimeter of the facility.

Given under my hand this ____ day of _____, _____.

Signature

State of _____

County/City of _____

On _____, _____ personally appeared before me and acknowledged his/her signature to the above statement.

Notary Public

My commission expires the ____ day of _____, _____.

NORTHWESTERN REGIONAL ADULT DETENTION CENTER
Volunteer Application Assumption of Risk
Covenant Not to Sue, and Indemnity Agreement

I desire to volunteer my time, labor, and services at the Northwestern Regional Adult Detention Center. If I am under the age of eighteen (18) years, then my parent or guardian shall also sign this writing, on my behalf, their behalf, and that of my heirs, successors, and assigns, and whenever the word "I" is used herein shall include all of the same.

I understand that my participation as a Volunteer does not constitute a contract of hire or apprenticeship between myself and Frederick County/Region Jail Authority. I understand that since I am not an employee of Frederick County/Regional Jail Authority, I will not be eligible for coverage or benefits under the Virginia Worker's Compensation Act. I also understand that I will not be entitled to receive any wages or other remuneration because of my Volunteer services.

I am fully aware that there are risks involved in the performance of my Volunteer services with the Northwestern Regional Adult Detention Center. Such risks include, but are not limited to, the possibility of bodily injury, physical and/or mental disease or disability, death, or property damage. Understanding the risks, it is still my decision to participate as a Volunteer and in consideration of being permitted to participate, I assume all risks, known or unknown, foreseeable or unforeseeable, and assume full responsibility thereof. I agree that neither I, nor my legal representatives, heirs and assigns, will hold Frederick County/Regional Jail Authority, its officials, employees, or agents responsible for any injuries, disabilities, death, property damage, or losses or expenses of any kind that I may sustain as a result of my participation as a Volunteer, whether caused by the negligence of Frederick County/Regional Jail Authority, its officials, employees or agents, or otherwise.

I further agree to indemnify, hold harmless, and defend Frederick County/Regional Jail Authority, its officials, employees, and agents from all claims, which may accrue against, be charged to, be recovered from, or sought to be recovered from Frederick County/Regional Jail Authority, its officials, employees, or agents as a result of my participation as a Volunteer with the Northwestern Regional Adult Detention Center.

I understand that this writing is intended to be as broad and comprehensive as permitted and, if any portion hereof is held to be invalid, it is agreed that the balance shall continue in full force and effect.

Applicant Signature

Date

Witness Signature

Date

CAUTION: READ AND UNDERSTAND BEFORE SIGNING!

NORTHWESTERN REGIONAL ADULT DETENTION CENTER

Sexual Misconduct / Prison Rape Elimination Act Orientation (P.R.E.A) Form

(To be disseminated to inmates, staff, contractors/vendors, visitors, volunteers/intern, and any other government employee)

Following P.R.E.A. the Prison Rape Elimination Act and the policies and procedures of this facility, the Northwestern Regional Adult Detention Center prohibits any acts of sexual misconduct, sexual violence, and sexual abuse by inmates, staff, contractors/vendors, volunteers/interns, or any other government employee. **Offenders alleging victimization of a sexual manner are provided the same level of law enforcement service, treatment, and care as Nonoffenders.**

1. **Sexual Misconduct** is any behavior or act of a sexual nature directed toward an inmate by inmates, staff, contractors/vendors, visitors, volunteers, or any other government employee whether consensual or non-consensual acts or attempts to commit such acts including but not limited to sexual assault, sexual harassment, sexual violence, sexual contact, the conduct of a sexual nature or implication, sexual gratification, obscenity and unreasonable invasion of privacy or voyeurism. Sexual misconduct also includes but is not limited to conversation or correspondence, which suggests a romantic or sexual relationship between an inmate and any party mentioned in this facility's policies and procedures:
 - a. Any sexual advances
 - b. Requests for sexual favors
 - c. Threats for refusing sexual advances
 - d. Verbal or physical conduct/contact including but not limited to touching/horseplay of a sexual nature towards an offender
 - e. Invasion of privacy beyond what is reasonably necessary for safety and security
 - f. A person is guilty of sexual misconduct as defined in VA Code sections § 18.2-67.2, 18.2 -67.4 or 18.2-67.10
2. **Sexual Contact** includes but is not limited to: all forms of sexual contact. Intentional sexual touching or physical contact in a sexual manner, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, buttocks, with or without consent of the person; or any unwanted touching with intent to arouse, humiliate, harass, degrade or gratify the sexual desire of any person.
3. **Sexual Assault** is any contact between the sex organ of one person and the sex organ, mouth, or anus of another person or object, by the use of force or threat of force. (This includes: complainant touching oneself, the accused, or another person.)
4. **An unauthorized Relationship** is a relationship with an inmate under the supervision of NRADC to include inmates, staff, contractors/vendors, visitors, volunteers/intern, or any other government employee other than a business/professional relationship. Sexual acts or sexual contacts between an offender and any other inmates, staff, contractors/vendors, visitors, volunteers/intern, or any other government employee, **even if the offender consents, initiates, or proposes, are always prohibited and illegal.**
5. **Code of Virginia: (reference the codes)**
 - a. **§18.2-67.10 Sexual abuse** is an act committed with the intent to sexually molest, arouse or gratify a person.
 - b. **§18.2-64.2 Carnal knowledge** for this section is an inmate, parolee, probationer or pretrial or post-trial offender or any persons under the jurisdiction of the Department of Corrections, work program, a local community-based probation services agency, a pretrial services agency, or a local or regional jail are considered persons who person who is unable to consent or refuse. A violation occurs even without the use of force, threat, or intimidation. Such an offense is a Class 6 felony. "Carnal knowledge" includes the acts of sexual intercourse, cunnilingus fellatio, anilingus, anal intercourse, and animate or inanimate object sexual penetration.
 - c. **§18.2-67.4 Sexual battery** An accused is guilty of sexual battery if he sexually abuses, as defined in § 18.2-67.10, (i) the complaining witness against the will of the complaining witness, by force, threat, intimidation, or ruse. This is a Class 1 misdemeanor.

6. Exempted Processes

Jail activities or actions taken by NRADC, which are supported by NRADC'S Policies and Procedures, and deemed necessary for the safety and security of the facility, will not be defined as staff sexual harassment, misconduct, assault, or rape. These Policies and Procedures include, but are not limited to the taking of photographs, pat or strip searches, court ordered body cavity searches, and/or medical exams.

7. Prevention of Sexual Misconduct

- a. Do not make sexual comments to other inmates.
- b. Do not engage in conversations of a sexual nature with other persons.
- c. Do not expose yourself to others in a sexual manner.
- d. Do not participate in any acts of sexual misconduct with any person.
- e. If someone makes sexual comments or exposes themselves to you, **do report it immediately.**

8. Reporting and Procedures for Dealing with Sexual Misconduct

- a. Staff, contractors/vendors, visitors, volunteers/intern, or any other government employee who becomes aware of or reasonably suspects that an inmate, staff, contractor/vendor, visitor, volunteer, or any other government employee are involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to a supervisor or higher authority to the Superintendent by way of chain-of-command. **Failure to report the information/incident shall subject the individual to disciplinary action, up to and including dismissal/revocation/termination.**
 - i. Non-staff shall report this information to a staff member immediately who shall then communicate this information and any other knowledge regarding the misconduct of any kind to the Superintendent by way of chain-of-command.
- b. Inmates and their families/associates may report any knowledge or suspicion of an unauthorized relationship, allegations of sexual harassment, misconduct, assault, and/or rape between inmates, staff, contractors/vendors, visitors, volunteers/interns, or any other government employee. **Ways to communicate this information will be provided in the Inmate Handbook and/or other NRADC distributed material.**
 - i. Inmates do not have to name other inmates to receive assistance, but specific information may make it easier for staff to help.
 - ii. The report may be made verbally or in writing to any staff, contractors/vendors, visitors, volunteers/interns, or any other government employees.
 - iii. Inmates are subject to being sanctioned for not reporting sexual misconduct that they witness.
- c. Victims of sexual violence will be provided medical assessment, medical treatment, and counseling as necessary.
- d. Victims of sexual violence and perpetrators of sexual violence may be tested for communicable diseases.
- e. **Individuals will be subject to disciplinary action, up to and including administrative, criminal prosecution, and/or civil action if charges are filed falsely or frivolously.**
- f. **All reports of sexual assault shall be forwarded directly to Command Staff immediately.**

I have read or had read to me the information contained on this form, I understand the information and instructions for preventing and reporting sexual misconduct, sexual violence, and sexual abuse.

Name (Print): _____ Signature: _____ Date: _____

Orientation conducted by Staff:

(Print): _____ Signature: _____ Date: _____

Staff must witness if the individual refuses to sign.

(Print): _____ Signature: _____ Date: _____

NORTHWESTERN REGIONAL ADULT DETENTION CENTER
VOLUNTEER AGREEMENT

I, _____, agree to release the Administrator, his staff, Northwestern Regional Jail Authority, the Counties of Clarke, Fauquier, Frederick and the City of Winchester, and the Virginia Department of Corrections from all liability that may result from my visits to the Northwestern Regional Adult Detention Center. Furthermore, I agree to comply with the rules and regulations of the Northwestern Regional Detention Center in conjunction with those rules and regulations outlined in this agreement.

Rule I. Individuals are not eligible to Volunteer if they:

- 1.) Are known relatives of an offender which is currently incarcerated in our facility
- 2.) Have a close relationship with an offender in our facility
- 3.) Are persons whose names appear on the visiting list of an inmate incarcerated in this facility
- 4.) Have a criminal conviction within the last (3) years or are currently on probation

Rule II. Volunteers must sign this agreement and take full responsibility for any problems, injuries, and/or death that may be incurred by the volunteer during his/her visits to the Northwestern Regional Adult Detention Center.

Rule III. Volunteers must submit to search if requested by Detention Center personnel.

Rule IV. Volunteers will not give or mail anything, i.e., messages, letters, or other forms of contraband, to inmates unless approved by Detention Center Security personnel.

Rule V. Volunteers will not receive or accept anything from inmates, i.e., messages, letters, or other forms of contraband unless approved by Detention Center Security personnel.

Rule VI. In the event of a disorder or emergency in the Detention Center, Volunteers will not become involved but will seek assistance from Detention Center Security personnel and exit the Center. If taken hostage, my status will not entitle me to any special negotiations for my release.

Rule VII. Volunteers will not carry or possess weapons, narcotics, alcohol, or any forbidden items while in the Detention Center. If there is doubt about any items being forbidden, ask a Correctional Officer.

Rule VIII. Volunteers will be denied access to the Detention Center and removed from his/her position as a volunteer if it is apparent that they are using or they are under the influence of alcohol or drugs when seeking access to the Detention Center.

Rule IX. Under no circumstances will Volunteers bring friends, relatives, or other individuals into the Detention Center unless such individual receives prior approval from the Detention Center Administrator or his authorized designee.

Rule X. Under no circumstances will Volunteers discuss or release information about inmates, staff, or incidents regarding the Detention Center as outlined in Standard Operating Procedure #1.10 – Release of Information to News Media.

Rule XI. Sexual contact between Volunteers and inmates, regardless of consensual status, is prohibited and subject to criminal charges.

Rule XII. A record check may be conducted on a volunteer at any time. Report all changes to the volunteer coordinator.

Failure to comply with any rules and regulations previously mentioned may be sufficient cause for denying access to such Volunteers from entering the Detention Center or participate in any in-house programs.

I have read and fully understand this agreement. I do agree to release the aforementioned persons and organizations from all liability and accept full responsibility for any problems, injuries, and/or death incurred during my visits to the Northwestern Regional Adult Detention Center. Also, I do agree to abide by all rules and regulations of the Northwestern Regional Adult Detention Center in addition to those rules and regulations outlined in this agreement.

Applicant Signature

Date

Witness Signature

Date