

CRIMINAL HISTORY CHECK

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

AUTHORIZATION FOR RELEASE OF INFORMATION CRIMINAL HISTORY CHECK

I hereby authorize a representative of the Federal Bureau of Prisons to obtain information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at any Bureau facility. I also understand that refusal to provide all necessary information may result in (1) denial of entry into a Bureau facility and (2) denial of volunteer/contract status.

1. Name (Last, First, Middle)

2. Address (Street address — City, State, County, Zip Code)

3. Home Telephone Number (Area Code, Number):

4. Aliases/Nickname:

5. Citizenship (List the country you are a citizen of):

6. Social Security Number:

7. Date of Birth (Month, day, year):

8a. Sex:

8b. Race:

8c. Height:

8d. Weight:

8e. Color of Eyes:

9f. Color of Hair:

9. Place of Birth (City, State, County) List city, county, and country if outside the U.S.A.

10. The above-listed information is true and correct.
Applicant's Signature

10a. Date

PRIVACY ACT NOTICE

Authority for Collecting Information: E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301

Purposes and Uses: Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Non-Disclosures: Furnishing the requested information is voluntary, but failure to provide all or of part the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.

CERTIFICATION FOR RELEASE OF INFORMATION

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

You must sign this application. Please read the following carefully before you sign.

I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.

I understand any information I give may be investigated, as allowed by Law or Presidential Order.

I consent to the release of information about my ability and fitness as a volunteer by employers, schools, law enforcement agencies and other individuals and organizations to investigators making inquiries on behalf of the Federal Bureau of Prisons.

I consent to the release of my name to be used by the Department of Justice and the Federal Bureau of Prisons for awards and/or written articles related to my service as a volunteer. I understand that some of these awards and/or articles in official publications may be placed on the Department of Justice and/or the Federal Bureau of Prisons Internet web site.

I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

I agree to provide volunteer services with the full understanding that BOP and the United States cannot and will not compensate, provide any financial benefit to, or reimburse me in any manner for providing those services.

I agree and declare that I have no expectation of receiving any compensation, financial benefit, or reimbursement of any kind from BOP or the United States for providing services as a volunteer.

I agree to make no claim for compensation, financial benefit, or reimbursement of any kind against BOP or the United States for my services as a volunteer.

I understand and agree that it would be unlawful for BOP to accept voluntary services if I had any expectation of compensation, financial benefit, or reimbursement from BOP or the United States.

I will not endorse, practice or use language that will support violence or terrorism, nor discriminate against or exclude others based on race, color, religion, gender, or national origin.

Signature:	Date:
------------	-------

Level I Volunteer Application/Training

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Thank you for offering your services as a volunteer within the Federal Bureau of Prisons. Please complete the following questions, clearly print or type your answers.

Institution:	Department:	Date:
---------------------	--------------------	--------------

Name (Last, First, Middle Initial):	Email Address:
-------------------------------------	----------------

Cell Phone Number:	Work Phone Number:
--------------------	--------------------

Emergency Contact: Name: Home Phone Number: Cell Phone Number: Address:
--

Do you currently know or have you ever known anyone incarcerated in the Bureau of Prisons? If so, provide the following information:

Name of Inmate:	Inmate Number:	Dates of Incarceration:
Relationship:	Institution:	

Have you ever endorsed, practiced or use language that will support violence, terrorism, discriminate against others or exclude others based upon race, color, religion, gender, or national origin? Yes ____ No ____

This portion must be signed in the presence of the Bureau of Prisons program manager.

Acknowledgement of Training

I am entering the institution as a Level I volunteer (four days or less per year). I affirm the Program Manager, of the department I am providing services for, advised me of conduct, safety and security issues, and general instructions of being in a correctional setting, and on my responsibilities under the Federal Bureau of Prisons' sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.

I am aware and understand the Federal Bureau of Prisons zero tolerance policy on sexual abuse and sexual harassment. I have been instructed and understand how to report incidents of sexual abuse and sexual harassment.

Volunteer's Printed Name:	Volunteer's Signature:	Organization:	Date:
		Saints Prison Ministry	

Program Manager Signature: _____ Date: _____ Time: _____

Volunteer Letter of Reference

For: _____

(Name of Volunteer)

Contact Information (may not be family member)

Name: Jeff Marthins
Street Address: 2407 Fostertown Rd
City, State, Zip: Hainesport, NJ 08036
Home Phone: 609-220-0695
Work Phone: 215-221-8671
Email: jmarthins@comcast.net

Length and Nature of Relationship

I have known this volunteer for:

6-12 months
 1-3 Years
 More than 3 Years

The nature of this relationship has been ministry colleague

Character and Skills

Tell us in which areas this volunteer is qualified to offer services (check all that apply):

Integrity
 Credibility
 Knowledgeable
 Willingness to Serve
 Dependability
 Follows Instruction/Response to Supervision
 Skilled
 Aware of Surroundings

Additional Information

Please list any additional information that would attest to the skills, credibility, and integrity of the volunteer.

Signature:



Date:

Volunteer Letter of Reference

For: _____

(Name of Volunteer)

Contact Information (may not be family member)

Name: Frank Zeidler
Street Address: 2407 Fostertown Rd
City, State, Zip: Hainesport, NJ 08036
Home Phone: 856-304-8262
Work Phone: 609-845-3197
Email: fzeidler@saintsprisonministry.org

Length and Nature of Relationship

I have known this volunteer for:

- 6-12 months
 1-3 Years
 More than 3 Years

The nature of this relationship has been ministry associate

Character and Skills

Tell us in which areas this volunteer is qualified to offer services (check all that apply):

- Integrity
 Credibility
 Knowledgeable
 Willingness to Serve
 Dependability
 Follows Instruction/Response to Supervision
 Skilled
 Aware of Surroundings

Additional Information

Please list any additional information that would attest to the skills, credibility, and integrity of the volunteer.

Signature:



Date:

Prison Rape Elimination Act (PREA) Training
for Level I Volunteers

The Foundation of PREA

- PREA is the Federal law of 2003 that seeks to eliminate sexual assaults and sexual misconduct in correctional environments
- PREA sets mandatory standards for the detection, prevention, and punishment of sexual abuse in prisons
- The Bureau of Prisons (BOP) is compliant with PREA

Definitions related to sexual abuse

- Sexual abuse of an inmate includes abuse by another inmate or by a staff member, contractor, or volunteer. It includes the following acts:
 - Contact between the penis and the vulva or the penis and the anus, including penetration, however slight
 - Contact between the mouth and the penis, vulva, or anus
 - Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument
 - Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation (for inmate-on-inmate abuse)
 - Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire (for staff-on-inmate abuse)
 - Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described above
 - Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident
 - Voyeurism by a staff member, contractor, or volunteer
- Sexual harassment includes:
 - Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or

actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another

- o Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures

Zero Tolerance

- The BOP has maintained a zero tolerance position on sexual abuse and sexual harassment for many years
- Procedures are in place to detect and prevent sexually abusive behavior and sexual harassment
- Victims of this behavior receive timely and effective responses to their physical, psychological, and security needs
- Allegations receive timely intervention upon report
- Perpetrators are disciplined and, when appropriate, are prosecuted in accordance with BOP policy and Federal law

How to Report Incidents

- If you observe sexually abusive behavior and/or sexual harassment of inmates by anyone, report it immediately to your staff escort or to any staff member
- If the staff escort is the individual you observed engaging in the behavior, you may report the behavior to any staff member
- You may also make a report to the National PREA Coordinator at BOP-CPD/PREACoordinator@BOP.GOV

If you have additional questions related to PREA, particularly the zero tolerance policy and how to report incidents, please ask your staff escort and/or the Institution PREA Compliance Manager to clarify these issues before you enter the institution.

Your signature on the Level I Volunteer Application/Training form is your acknowledgement for having received this training and that you understand the material presented.

Signature _____

Date _____

Volunteer/Contractor/Intern Emergency Information

Name:			Last 4 digits of Drivers License #:		
Current Residence:					City:
State:	Zip:	Birth Date:	E-mail Address:		
Home Phone (Including Area Code):			Cell Phone (Including Area Code):		

* In the event of an emergency where driving directions are needed to your home, the address listed above will be used to run "driving directions" using a mapping service through the internet.

List 3 Persons To Notify In The Event Of An Emergency:

1. Print Name:		Relationship:	
Primary Contact Number:		Alternate Number:	
Address:	City:	State:	Zip:

2. Print Name:		Relationship:	
Phone Number: ()	Address:		
City:	State:	Zip:	

3. Print Name:		Relationship:	
Phone Number: ()	Address:		
City:	State:	Zip:	

Do You Wear a Medical Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:
Name of Family Doctor:	Doctor's Phone Number: ()

Model of Car 1:	Plate #:
Model of Car 2:	Plate #:

If any information on this form changes, a new form must be completed and returned to the Volunteer Coordinator.

Employee Signature:	Date:
---------------------	-------

Ohio Department of Rehabilitation and Correction

Contractor/Volunteer/Intern Supplemental Questionnaire

Applicant Name: _____ Last Four (4) Digits of Social Security No.: _____

1. Have you ever been convicted of O.R.C. 2909.22, 2909.24, and/or 2909.29; Soliciting or providing support for an act of terrorism, Terrorism, or money laundering in support of terrorism?
 Yes No
2. Have you ever been accused of an inappropriate or unauthorized relationship in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
 Yes No
3. If you answered yes to the above question, please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
4. Have you ever been accused of sexual abuse or resigned from employment during a pending investigation of an allegation of sexual abuse?
 Yes No
5. If you answered yes to the above question please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
6. Have you ever been accused of sexual harassment?
 Yes No
7. If you answered yes to the above question please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
8. Have you ever been civilly or administratively adjudicated or 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?
 Yes No
9. If you answered yes to the above question please indicate the Location of adjudication or conviction, Date of adjudication and/or conviction, Allegation, and Outcome. If no, write N/A.
10. Have you ever been accused of or been convicted of O.R.C. 2921.36; Illegal conveyance of weapons, drugs, or other prohibited items onto the grounds of a detention facility or institution?
 Yes No
11. If you answered yes to the above question please indicate the Employer, Date of employment, Allegation and Outcome. If no, write N/A.
12. Have you ever knowingly accessed confidential personal information in violation of a rule of a state agency; or knowingly used or disclosed confidential personal information in a manner prohibited by law?
 Yes No
13. If you answered yes to the above question please indicate the Employer and/or location, Location, Date, and Outcome. If no, write N/A.

Applicant Signature: _____	Date: _____
----------------------------	-------------



Staff Nexus

Definition of Staff Nexus - An employee, volunteer or contractor who has any contact and/or relationship with an inmate or offender who is currently under supervision of DRC.

Notice: If the relationship changes you are required to complete a new nexus form immediately.

Name _____ Job Title _____

Your OAKS Number: _____

Your Current Work Location: _____

COMPLETE ONLY ONE SECTION BELOW (I, II OR III)

I NO NEXUS

I state that, to the best of my knowledge, I have no nexus connection, affiliation, or relationship to any inmate/offender currently under the supervision of the the Ohio Department of Rehabilitation and Correction. I understand that should I become aware of such a relationship I am required to notify my Managing Officer/ APA Regional Administrator the next business day.

II NEXUS - REQUESTING NO CONTACT *(Select one of the 2 options below and explain below)*

I do have a nexus I am required to report, but I do not wish to correspond, visit, send funds/packages or communicate with them while they are incarcerated or on under community supervision.

Offender Name: _____

Offender Number: _____

I do not anticipate professional conflict if the individual remains in the same prison/APA region.

I anticipate a professional conflict if the individual remains in the same prison/APA region

Please Note: In some cases, inmates with certain medical, mental health, classification, security, supervision or other needs will required the inmate to be kept in a certain prison/region. In situations where inmates cannot be moved for these reasons, requests to not work in the same facility/region with the inmate cannot be accommodated.

Please describe your relationship and the reason you anticipate a professional conflict:

III NEXUS - REQUESTING CONTACT

I have a nexus with the inmate/offender listed below who is currently incarcerated in the ODRC or under the supervision of the APA and I wish to maintain contact with them.

Offender Name: _____

Offender Number: _____

Please describe your relationship and the purpose and extent of the contact:

Staff

Print Name:	Signature:	Date:
-------------	------------	-------

Managing Officer Action: Approve No Contact - Transfer Approve Contact
 Approve Professional Contact Only - No Transfer Disapprove Contact

Print Name:	Signature:	Date:
-------------	------------	-------

Ohio Department of Rehabilitation and Correction
Authority for Release of Information

Last Name:	First Name:	Middle Name:	Maiden/Alias Name:	Last Four (4) Digits of SSN:
Street Address:		City:	County:	State:
Driver's License No.:		State of Issuc.:	Place of Birth (county or city, state, country):	
Sex:	Race:	State of Ohio User ID Number: (If applicable)		Date of Birth (m/d/y):

I, authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to **any** duly authorized agent of the Ohio Department of Rehabilitation and Correction, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of all educational institutions, courts, police agencies, present and previous employment to include pre-employment records, background reports, efficiency ratings, discipline records, termination records, complaints or grievances filed by or against me, and salary records.

The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Ohio Department of Rehabilitation and Correction to consider in determining my suitability for worksite entry to provide contracted services, volunteer services, or for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for worksite entry to provide contracted services, volunteer services, or for employment by the Ohio Department of Rehabilitation and Correction. I understand that all materials pertaining to this background investigation become the property of the Ohio Department of Rehabilitation and Correction and will not be returned to me.

I hereby give permission and waive all provisions of company policy and law forbidding any school, court, police agency, employer, firm or person, from disclosing any knowledge or information they have concerning me. I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees, for and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. (see ORC 4113.71, Employer immunity as to job performance information disclosures, on the reverse of this form.) I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

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.

Signature:	Date:
------------	-------

Ohio Department of Rehabilitation and Correction

Individual Application for Volunteer/Intern Services

Date Application Submitted:

Last Name:	First Name:	MI:	Date of Birth	Last 4 Digits of Driver's License #:
Other names you have used or been known by:				
Current Residence:		Apt #	Area Code/Phone Number:	
City:		State:	Zip Code:	
E-mail Address:		Occupation		

Please list all former residences during the last (5) years (list nothing prior to your 15th birthday).

Address of Residence	City, State & Zip Code	Dates	

Please list three (3) personal and/or professional references that are knowledgeable of you.

Name	Home & Work Area Code/Phone Numbers	Relationship

EMERGENCY CONTACT - In case of emergency, please contact:

Name	Area Code/Phone Number:
------	-------------------------

Name of Organization sponsoring you as a volunteer/intern with our agency. If not applicable, please indicate N/A.	Saints Prison Ministry
Address of Organization (including City, State & Zip):	PO Box, 681, Moorestown, NJ, 08057

Site/Facility Location you prefer to volunteer/intern:	Address:
--	----------

For purposes of data gathering we would appreciate you checking the following as it applies to you:

Gender	Race	Education
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian/Pacific Islanders	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College
Age	<input type="checkbox"/> Other: _____	<input type="checkbox"/> College Degree: _____

BACKGROUND INFORMATION

Have you ever been employed by the Department of Rehabilitation and Correction? Yes No

If YES, please list dates of service, position(s) held and location(s):

Have you ever been a temporary employee, volunteer or intern for the Department of Rehabilitation and Correction? Yes No

If YES, please list dates of service, location(s) and supervisor(s):

Have you ever been dismissed from any organization as a volunteer/intern? Yes No

If YES, please list date, location and explain why:

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Yes No If yes, what State: AL

If YES, list offense(s):

Misdemeanor Felony

Location of Conviction:	Date of Conviction:
-------------------------	---------------------

Have you ever been incarcerated? Yes No

If YES, list date(s) of incarceration:	If YES, list previous Offender Number(s):
--	---

Are you currently on probation with any city, county or state law enforcement agency? If YES, please list the following: Yes No

Conviction	Agency	Date of Conviction	Conviction Location (City & State)	Length of Probation

Are you related to or associated with any offender presently incarcerated or under the supervision of the Ohio Department of Rehabilitation and Correction? Yes No

If YES, list offender name(s):	If YES, have you notified Institution by completing DRC Form 1500 - Nexus? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------	--

Have you ever been a victim of crime? Yes No

If YES, is the offender currently confined or under supervision of the Ohio Department of Rehabilitation and Correction?
 Yes No Unknown

If YES, please list offender's name and location:

Declaration of Understanding

The Ohio Department of Rehabilitation and Correction has a zero tolerance for the conveyance of drugs, alcohol, and weapons into its correctional institutions or community facilities. Any such act will constitute a violation of section 2921.36 of the Ohio Revised Code which states in part that "No person shall knowingly convey, or attempt to convey, onto the grounds of a detention facility or of an institution that is under the control of the department of mental health or the department of mental retardation and developmental disabilities any of the following items:

- (1) Any deadly weapon or dangerous ordnance, or any part of or ammunition for use in such deadly weapon or dangerous ordnance;
- (2) Any drug of abuse, as defined in section 3719.011 of the Revised Code;
- (3) Any intoxicating liquor, as defined in section 4301.01 of the Revised Code;
- (4) Cash, in excess of \$10.00 (ten dollars);
- (5) Cellular telephone, two-way radio, or other electronic communications device;
- (6) Any product that contains tobacco including but not be limited to cigarettes, loose tobacco, cigar, snuff, chewing tobacco, or any other preparation of tobacco, tobacco substitutes, smoking paraphernalia (i.e., matches, lighter, cigarette papers, and rolling machine).

Every effort will be made to prosecute to the fullest extent of the law any person found to be in violation of this section of the Ohio Revised Code.

I have read or it has been read to me, and I understand the above declaration. I will not bring any weapon, ammunition, drug or alcohol into the prison or community facility operated by the Department of Rehabilitation and Correction.

I understand that I may be subject to a LEADS and or Driver's License check to be conducted by the Ohio Department of Rehabilitation and Correction, per DRC Policy 34-PRO-07.

By signing below, the applicant agrees to abide by all agency policies, particularly those relating to confidentiality of information and security practices.

Falsification will result in disapproval of this application and/or removal from the program.

Name (Print):	
Signature	Date:
Witness:	Date:

Program Coordinator:	Date:
----------------------	-------

Comments:

Volunteer/Intern Coordinator:	Date:
-------------------------------	-------

Comments:

LEADS Criminal Check completed: Yes No

Warden / DPCS Designee:	Date:
-------------------------	-------

Comments:

Ohio Department of Rehabilitation and Correction

Volunteer Regions

NW Region

- Allen Oakwood Correctional Institution - Lima, Ohio
- Dayton Adult Parole Authority Dayton, Ohio
- Dayton Correctional Institution - Dayton, Ohio
- Lima Adult Parole Authority Lima, Ohio
- Marion Correctional Institution - Marion, Ohio
- Mansfield Correctional Institution - Mansfield, Ohio
- Nnrth Central Correctional Institution - Marion, Ohio
- Ohio Reformatory for Women - Marysville, Ohio
- Richland Correctional Institution - Mansfield, Ohio
- Toledo Correctional Institution - Toledo, Ohio

NE Region

- Akron Adult Parole Authority Akron, Ohio
- Cleveland Adult Parole Authority Cleveland, Ohio
- Grafton Correctional Institution - Grafton, Ohio
- Lake Eric Correctional Institution - Conneaut, Ohio
- Lorain Correctional Institution - Grafton, Ohio
- Northeast Reintegration Center - Cleveland, Ohio
- Ohio State Penitentiary - Youngstown, Ohio
- Trumbull Correctional Institution - Leavittsburg, Ohio

SW Region

- Cincinnati Adult Parole Authority Cincinnati, Ohio
- Chillicothe Correctional Institution - Chillicothe, Ohio
- Lebanon Correctional Institution - Lebanon, Ohio
- London Correctional Institution - London, Ohio
- Madison Correctional Institution - London, Ohio
- Ross Correctional Institution - Chillicothe, Ohio
- Warren Correctional Institution - Lebanon, Ohio

SE Region

- Belmont Correctional Institution - St. Clairsville, Ohio
- Correctional Reception Center - Orient, Ohio
- Columbus Adult Parole Authority Columbus, Ohio
- Franklin Medical Center - Columbus, Ohio
- Noble Correctional Institution - Caldwell, Ohio
- Pickaway Correctional Institution - Orient, Ohio
- Southeastern Correctional Complex - Lancaster, Ohio
- Southern Ohio Correctional Facility - Lucasville, Ohio

Category of Volunteer Service *(check all that apply)*

- Spiritual:** Religious study & group worship
- Education:** Academic Tutor, Literacy, Health & Nutrition
- Substance Abuse Recovery**
 - Alcoholics Anonymous
 - Narcotics Anonymous
- Occupational:** Workforce Guidance & Readiness
- Professional-Technical Skill:** *please specify*
- Recreation:** Fitness/Crafts/Arts/Hobbies/Sports
- Social Dynamics:** Cultural Awareness, Diversity, Parenting, Communication Skills, Strengthening Marriage, Motivational Speakers
- Support:** Advisory Board, Family Service, Victim Service, Life Coach
- Aftercare:** Mentoring, Re-entry support
- Other:** *please specify*

(if applying for position requiring license or certificate, attach current document photocopy & liability rider)



Acknowledgement Of Orientation/Training For Volunteers

I, _____ hereby acknowledge that I have received the orientation and training for Volunteers from the Department of Rehabilitation and Correction as required by policy 71-SOC-01, Recruitment, Training and Supervision of Volunteers for Institutions. I am familiar with the necessary operation of this institution, and the standards of conduct that I am to observe. I understand that I am prohibited from using my position to secure privileges for others or myself and from engaging in activities that constitute a conflict of interest. Additionally, I understand that if I work with inmates, I will abide by the Department policy on confidentiality of information.

If I have any questions related to this orientation/training, I will address those questions with the appropriate staff.

I further acknowledge that I have received and read the Department of Rehabilitation and Correction Standards of Conduct for volunteers as required by policy 71-SOC-01, Recruitment, Training and Supervision of Volunteers for Institutions.

Signature:	Date:
DRC Program Coordinator:	Date:
Volunteer Coordinator:	Date:

**Department of Rehabilitation and Correction
Prison Rape Elimination Act
Contractor/Volunteer/Intern Training Acknowledgement Form**

I, _____ acknowledge that I have received and
(Please Print Name)
understand the training on my responsibilities under the Ohio Department of Rehabilitation and
Correction's Prison Rape Elimination Act Policies (79-ISA-01, 02, 03, 04, 05) to include the
following:

1. The Department's zero-tolerance for sexual abuse
2. The Department's zero-tolerance for sexual harassment
3. How to report sexual abuse and sexual harassment
4. Sexual abuse and sexual harassment prevention
5. Sexual abuse and sexual harassment detection
6. How to respond to sexual abuse and sexual harassment
7. The legal prohibition on any sexual activity with inmates
8. The identifiers of possible sexual assault victims
9. Sexual assault prevention strategies

Signature of Contractor/Volunteer/Intern:	Date:
---	-------

Staff Witness Signature:	
Staff Witness Printed Name:	Job Title:
Institution/Agency:	Date:

Authorization to Conduct Criminal Records Check, Driving History Records Check, and Credit Reports Check

(Please Read Carefully Before Completing and Signing)

The items of personal information requested below are needed to process your background investigation. This information is intended solely for that purpose and shall not be used in a discriminatory manner by the parties noted below in the making of appropriate business decisions.

Printed full name of applicant and current address:

Name (First, Middle, Last) _____

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____

Social Security Number _____ Date of Birth (m/d/y) ___/___/_____

Driver's License Number _____ Race _____

State Issued _____ Gender _____

Have you ever been convicted of a crime (Omit minor traffic offenses)? Yes _____
No _____

If Yes, please explain charges and disposition. (Use an additional sheet of paper if necessary)

What State, What County, and What Year did these convictions occur? _____

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997)? Yes _____
No _____

Have you 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? Yes _____ No _____

Have you been civilly or administratively adjudicated to have engaged in the activity described in the previous question? Yes _____ No _____

Have you been involved in any incidents of sexual harassment? Yes ___ No___
Date: _____ Location: _____
Findings: _____

I authorize the Kentucky Department of Corrections and their agents to investigate my background as part of my application for employment, promotion or as a contractor or volunteer. This may include information contained in public records, which may include credit history, criminal files at the county, state and federal jurisdiction levels, and motor vehicle records. Moreover, I hereby release the State of Kentucky and the Kentucky Department of Corrections and any agent acting on its behalf from any liability of whatsoever nature of requesting information from any person.

Signature of Applicant _____ **Date** ____/____/____

REQUEST FOR BACKGROUND CHECK

Applicant Name: _____

Maiden Name (if applicable): _____

Date of Birth: _____

Driver's License's: _____ State: _____

Social Security #: _____

Male: Female: _____

Reason for Request: _____

Type of Request: Driver History _____ NCIC/III _____ CIB-State _____

Person Requesting _____

Facility Name: _____