



STATE OF INDIANA
Department of Correction

Indiana Government Center - South

Mike Braun
Governor

302 W. Washington Street • Indianapolis, Indiana 46204-2738
Phone: (317) 232-5711 • Fax: (317) 232-6798 • Website: www.in.gov/idoc/

Lloyd Arnold
Commissioner

Greetings Volunteer Candidate!

Thank you for your interest in becoming a volunteer with the Indiana Department of Correction (IDOC). There are 21 correctional facilities in Indiana, each of which offer different opportunities for volunteers who want to make a positive impact on the life of an incarcerated person.

We are excited to start the process of resuming volunteer activities at each of our correctional facilities across Indiana and welcome the opportunity for you to help incarcerated persons through the generous donation of the most valuable commodity any of us possess, and that is our time.

Your volunteer journey starts on the [volunteer page](#) of the IDOC website and completion of the [Volunteer Interest Inquiry](#) which will result in a follow-up conversation with a member of the IDOC Community Engagement Team.

Again, thank you for considering the Indiana Department of Correction as a place to invest your time, energy, and skills. Should you have any questions, please email DOCoutreach@idoc.in.gov and we will do our best to help answer your volunteer questions.

Thank you from the entire Community Engagement Team at the IDOC.

Indiana Department of Correction
302 W. Washington St. Rm. E-329
Indianapolis, IN 46204
DOCoutreach@idoc.in.gov



REQUEST FOR BACKGROUND CHECK
State Form 9900390 (01-26)
INDIANA DEPARTMENT OF CORRECTION

| |
|----------------------------|
| Official Use only |
| DATE PROCESSED _____ |
| INITIALS _____ |
| CRIMINAL HISTORY Y/N _____ |
| CLEAR TO PROCEED Y/N _____ |
| APPROVER'S INITIALS _____ |

Facility/Parole District/Central Office

Reason for Background Check

By signing this document, you are aware of and have agreed to a criminal history check through the Indiana Department of Correction (IDOC) as part of a background screening. This applies to all open-source social media platforms. By signing this document, you are aware that the information received will be considered in our determination of approval/denial of employment, volunteer, contract, and visitation. This information will only be shared on an as need to know basis. Please print clearly and fill in with the correct information.

| | | | |
|--|-----------------------|-------------------------------|---|
| Last name | First | Middle | Maiden |
| Current Street Address | City | State | Zip Code |
| Address last five years | City | State | Zip Code |
| Date of Birth | State of Birth | Social Security Number | Driver License Number |
| State of Driver License | Sex | Race | Weight |
| Height | Hair | Eyes | Felony Conviction: Yes ___ or no ___ If yes, explain on back |
| Last Employer | Address | City | State |
| Optional: if there is no social security number, please provide a passport, green card, or visa number: _____ for _____. Primary telephone number: _____ Email: _____ | | | |

Signature of Applicant **Date**

Authorization Signature **Date**



INDIANA DEPARTMENT OF CORRECTION

Volunteer Application

State Form 9238 (R7 /1-26)

NOTE:

- Applicants are subject to a background and warrants check.
- All volunteers must be at least 18 years of age.
- Volunteers are required to provide photo identification and clear a metal detector to enter a facility.
- All personal belongings brought into the facility will be searched by security staff.
- Volunteers needing special accommodations or medical equipment must inform the Community Engagement Coordinator prior to visiting.
- All personal information shall be considered confidential and shall be maintained in a secured area.

| | | |
|---------------------------------|--|-------------------------|
| Volunteer Group / Intended Role | Type of Application (Check one) <input type="checkbox"/> New Volunteer <input type="checkbox"/> Annual Update | Date (month, day, year) |
|---------------------------------|--|-------------------------|

VOLUNTEER INFORMATION

| | | |
|--|--|-----------------------------------|
| Name | | Age |
| Address (Number and Street, City, State, and ZIP Code) | | |
| Primary Telephone Number () | <input type="checkbox"/> Home <input type="checkbox"/> Cellular | Secondary Telephone Number () |
| | <input type="checkbox"/> Work <input type="checkbox"/> Other | Email Address |
| Occupation | | Name of Employer |

EMERGENCY INFORMATION
The completion of this section is voluntary. Failure to complete this section could result in endangerment to you or other's safety.

| | | |
|--|-----------------------------------|-------------------------|
| Name of Primary Emergency Contact | | Relationship |
| Address (Number and Street, City, State, and ZIP Code) | | |
| Primary Telephone Number () | Secondary Telephone Number () | Email Address |
| Name of Secondary Emergency Contact | | Relationship |
| Address (Number and Street, City, State, and ZIP Code) | | |
| Primary Telephone Number () | Secondary Telephone Number () | Email Address |
| Name of Physician | | Telephone Number () |
| Address (Number and Street, City, State, and ZIP Code) | | |
| Blood Type | Allergies | |
| Medical Conditions | | Preferred Hospital |

BACKGROUND CHECK DATA

| | |
|--|---|
| Have you ever had contact with IDOC as a past employee or a volunteer? <input type="checkbox"/> YES <input type="checkbox"/> NO | If YES, (Select choice) <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer |
| If YES, list the facility and explain your role. | |

Volunteer Application page 2 of 2

BACKGROUND CHECK DATA, Continued...

Have you ever had contact with IDOC as a past contract employee? YES NO

If YES, list the facility and explain your role.

Have you ever been convicted of any offense(s) other than a minor traffic violation or do you have any pending criminal or municipal ordinance charges? YES NO

If YES, provide offense, date (*month, day, year*), sanction, and disposition. Traffic offenses must be reported, with the exception of a speeding / parking ticket. Include offenses which have been expunged.

Have you ever been incarcerated in a Federal, State, or County facility or involuntarily confined to a mental health facility? YES NO

If YES, provide location, duration and last release date (*month, day, year*).

Are you currently or have you ever been under IDOC or community supervision (*probation, parole, etc.*)? YES NO

If YES, provide county, agency name, duration and release date (*month, day, year*).

Do you currently have any known relatives (*spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, cousin, including first blood step, half, foster or in-law*) or close associates (*any person other than a relative with whom you are currently residing or have previously resided*) incarcerated in IDOC or who are currently on parole, mandatory supervised release, or electronic detention? YES NO

If YES, list individual(s) name, relationship to you, current facility, and DOC number(s).

Have you ever visited an IDOC incarcerated individual(s) while he / she was / is incarcerated? YES NO

If YES, list individual(s) name, relationship to you, current facility, and DOC number(s).

ADDITIONAL INFORMATION

ACKNOWLEDGMENTS AND WAIVER

By signing and submitting this document, I certify all of the information is true and correct to the best of my knowledge. Falsifying or omitting any information may result in denial and / or termination of volunteer privilege at all IDOC facilities.

My signature hereby waives and releases any and all rights or claims of any kind that may exist or accrue in the future against the State of Indiana, IDOC, its contractors, its personnel, or its agents in the event of damage to my property, personal injury or my death, arising from or in any way connected to the use of weapons, unlawful acts or forcible resistance by incarcerated individuals whether by assault, disturbance, or other act or as a result of my duties and responsibilities which I will undertake as a volunteer.

I understand that the safety and security of the IDOC facilities is the number one priority of each individual Warden and their staff. I certify that I am healthy enough to work in a potentially hazardous and dangerous environment and that my presence will not create a risk to the safety and security of the facility where I volunteer. I understand that the Warden of each facility has the right to terminate my volunteer services at any time and for any reason.

I understand that volunteers are expected to abide by all IDOC policies including as outlined in the IDOC Volunteer Handbook, facility procedures, and instructions from staff. I also commit to follow all IDOC policies related to local, state, and Federal laws regarding confidentiality of incarcerated individual information, as well as the prevention and required disclosure of incarcerated individual sexual abuse / violence.

Signature of Applicant

Date (*month, day, year*)



INDIANA DEPARTMENT OF CORRECTION

Statement of Trafficking Laws & Authorization for Search

State Form 41465 (R7 /1-26)

The following Indiana Statutes are brought to your attention. As a person desiring to enter a correctional facility, either as an employee or for other approved purposes, it is important to understand the content of these laws.

Indiana Code states:

- (b) Except as provided in subsection (d), a person who, without the prior authorization of the person in charge of a penal facility or juvenile facility knowingly or intentionally:
 - (1) delivers, or carries into the penal facility or juvenile facility with intent to deliver, an article to an incarcerated individual or child of the facility;
 - (2) carries, or receives with intent to carry out of the penal facility or juvenile facility, an article from an incarcerated individual or child of the facility; or
 - (3) delivers, or carries to a worksite with intent to deliver, alcoholic beverages to an incarcerated individual or child of a jail work crew or community work crew; or
 - (4) possesses in or carries into a penal facility or a juvenile facility:
 - (A) a controlled substance; or
 - (B) a deadly weapon;commits trafficking with an incarcerated individual, a class A misdemeanor.
- (c) If the person who committed the offense under subsection (b) is an employee of:
 - (1) the department of correction; or
 - (2) a penal facility;and the article is a cigarette or tobacco product (as defined in Indiana Code), the court shall impose a mandatory five thousand dollar (\$5,000) fine under Indiana Code, in addition to any term of imprisonment imposed under Indiana Code.
- (d) The offense under subsection (b) is a Level 5 felony if the article is:
 - (1) a controlled substance; or
 - (2) a deadly weapon; or
 - (3) a cellular telephone or other wireless or cellular communications device.

A person who commits a Class A misdemeanor shall be imprisoned for a fixed term of not more than one (1) year; in addition, he / she may be fined not more than five thousand dollars (\$5,000). A person who commits a Level 5 felony shall be imprisoned for a fixed term of four (4) years, with not more than four (4) years added for aggravating circumstances or not more than two (2) years subtracted for mitigating circumstances. In addition, he / she may be fined not more than ten thousand dollars (\$10,000).

It is a Class C infraction for a person to furnish an alcoholic beverage to a person confined in a penal facility. It is unlawful, also, for a person who has charge of a penal facility to knowingly permit a prisoner confined within his / her jurisdiction to receive an alcoholic beverage unless it has been prescribed by a physician as medicine for the prisoner or unless it is distributed as sacramental wine for a religious purpose by a minister, priest, or rabbi.

A person who commits a Class C infraction may be fined not more than five hundred dollars (\$500).

I, the undersigned, have read and understand the above statutes. I recognize the potential danger of contraband or prohibited property of any nature entering or leaving the facility. I do hereby express my willingness to submit to a thorough search of my person, articles in my possession or any vehicle that I may operate on the grounds of the facility at any time that the Facility Head or designee authorizes. Such searches may include work areas, post assignment, and my living quarters, if on State property.

I understand that refusal to submit to such a search shall be cause to be refused entrance to the facility or to be removed from a facility and may constitute grounds for disciplinary action or referral for prosecution.

Signature

Date (month, day, year)

Signature of Witness

Date (month, day, year)



MANDATORY PRE-SERVICE PREA QUESTIONS

State Form 9900394 (01-26)

INDIANA DEPARTMENT OF CORRECTION

As part of a background check required by the Prison Rape Elimination Act 28 CFR 115.17/317, revised, 2012. IDOC is mandated to conduct criminal background checks and contact prior employer(s) before hiring employees or contractors who may have contact with incarcerated individuals. You must answer the following questions:

1. Have you 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

2. Have you been convicted of engaging or attempting to engage in sexual activity in the community (i.e. other than a facility) 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

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in number 1 and/or 2 above?

Yes No

4. Have you ever had a substantiated finding of sexual harassment of an incarcerated individual, resident, or student in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

Yes No

I affirm the answers I provided are accurate and truthful. I understand that omissions regarding such misconduct, or the provision of false information, shall result in my dismissal or removal from the facility/program and a permanent gate closure to all IDOC facilities. I also understand I have a continuing affirmative duty to disclose any such misconduct.

Signature: _____ Date: _____

Printed Name: _____

Applicant Contractor Non-DOC Crew Supervisor State Employee Volunteer



INDIANA DEPARTMENT OF CORRECTION

**Acknowledgement of Receipt of Training
& Brochures "Sexual Assault Prevention"**

State Form 9900391 1-26

This receipt acknowledges that on this date I received training (and understand said training) from the Indiana Department of Correction regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02-01-115, "Sexual Abuse Prevention." Additionally, I have been provided with a copy of the Department of Correction Brochure, "Sexual Assault Prevention" and a copy of any facility brochures / documents relating to sexual abuse prevention and reporting, if I have not already been provided with a copy of these documents.

Also, my signature indicates that I understand that the Department of Correction maintains a Zero (0) Tolerance for sexual misconduct, abuse and assault involving staff and / or incarcerated individuals / students. I understand that any sexual contact, including physically touching, verbal or written comments, sexual harassment, etc., between a staff person, contractor, volunteer and / or incarcerated individual / student is strictly prohibited and may be in violation of IC 35-44.1-3-10, Sexual Misconduct, which states that a service provider who knowingly or intentionally engages in sexual intercourse or other sexual conduct (as defined by IC 35-31.5-2-221.5) with a person who is subject to lawful detention or lawful supervision commits sexual misconduct a Level 5 felony. The Department of Correction shall terminate from employment any staff person who commits any sex act while on duty and / or while in a Department facility; office; with or in the presence of an incarcerated individual / student. Additionally, the Department will pursue criminal prosecution of any staff person who engages in sexual misconduct.

Further, I understand that:

1. As with all Department of Correction Policies and Procedures, it is my responsibility for maintaining familiarity with, and adherence to, this policy and its procedures.
2. Questions regarding this policy and its administrative procedures may be addressed to my immediate supervisor.
3. Procedures regarding subjects covered by this policy, but not limited to this policy, are available for my information and review through my department. It is my responsibility to comply with Department of Correction and facility policies, procedures and directives.

Signature

Date (month, day, year)

Printed Name

Signature of Witness

Date (month, day, year)

Printed Name



INDIANA DEPARTMENT OF CORRECTION
Documentation of Volunteer Training
 State Form 46587 (R4 /1-26)

| | |
|---|---|
| Name of Facility | Date (month, day year) |
| Name of Volunteer | |
| I have received the (check one): <input type="checkbox"/> Orientation <input type="checkbox"/> In-Service Volunteer | Training for the year: |
| | For Volunteer Level: |
| <p>My initials beside each topic below indicate that I have received, understand, and agree with the corresponding training. I understand this constitutes my training and completes the training required of active volunteers for this facility. I further understand that if I do not sign this document, along with other required forms, my volunteer services will be terminated and I must re-apply if I desire to volunteer in the future.</p> <p>Please <i>initial</i> beside each training component received and completed.</p> | |
| | Mission and Philosophy |
| | Historical Overview |
| | IDOC Overview (<i>Security Levels, Institutional Life, Religious Involvement, Alcohol and Drug Policy</i>) |
| | Facility Overview (<i>Institutional Life, Programs, Enter / Exit Procedures, Incarcerated Individual Profile, Dress Code, Contact Information, Volunteer Recognition</i>) |
| | New Volunteer Orientation or Annual Training |
| | Manipulation, Volunteer Relationships with Incarcerated Individuals, Written / Telephone Correspondence |
| | Emergency Situations, Emergency Services, Liability |
| | Volunteer Expectations and Responsibilities (<i>Professionalism, Conduct, Attendance, Safety / Security, Training</i>) |
| | Religious Programming, Non-Disparaging, Non-Proselytizing |
| | Safety and Security (<i>Security Threat Groups, Use of Force, Search Procedures, Facility Protocols</i>) |
| | Prohibition of Discrimination, Sexual Harassment |
| | Volunteer Suspension, Dismissal, and Termination |
| | Computer-Based Training Modules Based on the Volunteer Level |
| | Prison Rape Elimination Act and Sexual Assault Prevention |
| | Confidentiality and the Privacy Act |
| | Volunteer Qualifications, Evaluation, and Records |
| | Trafficking and Contraband |
| | Effective Communication with Incarcerated Individuals and Staff |
| | IDOC Volunteer Handbook |
| <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Signature of Volunteer</div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">Date (month, day, year)</div> </div> | |



INDIANA DEPARTMENT OF CORRECTION
Registered Volunteer Agreement
State Form 46585 (R3 / 1-26)

I, _____, agree to these conditions of providing volunteer service for the Indiana Department of Correction or incarcerated persons under its supervision. I will signify my understanding of these statements, and my agreement to abide by them in the course of my duties as an IDOC volunteer, by *initialing* each statement in the box:

| | |
|---|--|
| <p>A. <input type="checkbox"/> I agree to engage only in those assignments or activities that have been assigned or authorized by IDOC staff, and follow the training and standards I have received as an Indiana Department of Correction volunteer.</p> <p>B. <input type="checkbox"/> I will not present myself as a representative or paid employee of IDOC or any facility without prior approval of the IDOC Commissioner or facility Warden.</p> <p>C. <input type="checkbox"/> I do not expect to receive monetary compensation for my services.</p> <p>D. <input type="checkbox"/> I agree to follow staff direction while on facility grounds. I understand that I am responsible and therefore liable for my own actions and agree to use due care and caution when providing volunteer services.</p> <p>E. <input type="checkbox"/> I agree to meet attendance and performance requirements, and will notify the volunteer office if unable to work as scheduled. I agree to be punctual and conscientious, conduct myself with dignity, courtesy and show respect for others, and endeavor to make my work professional in quality.</p> <p>F. <input type="checkbox"/> I will not discriminate in the performance of my duties on the basis of race, color, sex, religion, marital status, national origin, or the presence of any physical, mental or sensory handicap, nor will I engage in any form of sexual harassment. I am aware of and understand IDOC's stand against any form of discrimination and sexual harassment.</p> <p>G. <input type="checkbox"/> I agree to avoid any undue familiarity. If an incarcerated person has a problem that is beyond the scope of my position, I will direct him / her to staff. I will not pursue a relationship with an incarcerated person that is outside my assigned job description.</p> <p>H. <input type="checkbox"/> I agree to not report for volunteer activities while under the influence of alcohol or drugs nor shall I attempt to bring into an IDOC facility any form of alcohol or drug, including prescription medications, without the approval of the Facility Head or designee. I understand that if I do so, my volunteer activities will be terminated immediately and I may be subject to criminal prosecution. Also, I understand that smoking and / or the use of tobacco products is not permitted on IDOC property.</p> <p>I. <input type="checkbox"/> I recognize that while on the grounds of any facility, my person, personal property and vehicle are subject to search for prohibited property and contraband.</p> <p>J. <input type="checkbox"/> I agree to take any problems, criticism or suggestions to the Community Engagement Coordinator and / or the Supervisor of my volunteer program.</p> | <p>K. <input type="checkbox"/> I understand that persons under the supervision of IDOC have been convicted of criminal activity and that any incarcerated person I may have contact with may attempt to manipulate me or take unfair advantage of me.</p> <p>L. <input type="checkbox"/> I understand that I am volunteering in a potentially hazardous environment and that I could be taken hostage or injured.</p> <p>M. <input type="checkbox"/> I agree to report any contact with any incarcerated person currently under the supervision of IDOC, other than as authorized during volunteer service, to the Community Engagement Coordinator and / or Supervisor.</p> <p>N. <input type="checkbox"/> I agree to not give out or discuss any specific personal information about any individual under the supervision of IDOC regardless of the source of information.</p> <p>O. <input type="checkbox"/> I understand I may share, but not attempt to coerce any incarcerated person to convert to, my religious belief.</p> <p>P. <input type="checkbox"/> I agree to notify my Staff Supervisor or the Community Engagement Coordinator and turn in any IDOC issued identification, or other state property in my possession upon termination of my services.</p> <p>Q. <input type="checkbox"/> I agree that I must advise the Community Engagement Coordinator in writing of any relatives incarcerated in the IDOC.</p> <p>R. <input type="checkbox"/> I agree to report without delay to my Supervisor or the Community Engagement Coordinator any information that compromises the safety and security of the facility, staff or incarcerated persons; threatens public safety, i.e. riot or work stoppage; involves potential suicide or escape, or involves actions that are specifically addressed by State statute, i.e. child abuse.</p> <p>S. <input type="checkbox"/> I understand that the facility reserves the right to terminate my volunteer status as a result of (a) failure to comply with the conditions of this agreement and IDOC policy, rules, or regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; (d) any other circumstance which, in the judgment of the facility Warden, would make my continued service as a volunteer contrary to the best interests of the facility and / or Department, or (e) at the discretion of the facility or Department regardless of just cause.</p> <p>T. <input type="checkbox"/> I will not buy / sell, exchange or receive / give any messages, money or anything that is considered prohibited property or contraband (any article, legal or illegal, brought into or taken out of the facility without proper authority) from any individual under the supervision of IDOC. I realize that if I am found to be doing so that I may be subject to criminal prosecution under the laws of the State of Indiana.</p> |
|---|--|

| | | | |
|------------------------|------------------------|----------------------|------------------------|
| Signature of Applicant | Date (month, day year) | Signature of Witness | Date (month, day year) |
|------------------------|------------------------|----------------------|------------------------|

THE ABOVE-NAMED INDIVIDUAL IS ACCEPTED TO VOLUNTEER AT THIS FACILITY.

| | | |
|----------------------|-------|------------------------|
| Authorized Signature | Title | Date (month, day year) |
|----------------------|-------|------------------------|

VOLUNTEER SERVICES OF THE ABOVE-NAMED INDIVIDUAL WERE TERMINATED FOR REASONS OTHER THAN COMPLETION OF SERVICE / PROGRAM ON _____ Date (month, day year). THE INDIVIDUAL HAS BEEN GIVEN WRITTEN NOTIFICATION OF THIS TERMINATION (COPY ATTACHED), WHICH INDICATES THE REASONS FOR TERMINATION OF SERVICES.

| | |
|---------------------|------------------------|
| Signature of Warden | Date (month, day year) |
|---------------------|------------------------|



Interview Request Form

State Form 9900400 (02-26)
INDIANA DEPARTMENT OF CORRECTION

I _____ hereby grant permission to the
(Print Staff, Volunteer or Incarcerated Person Name and IDOC Number)

Indiana Department of Correction and / or:

(Publication, Station / News Agency or External Organization) – Leave Blank if this Release is for an Internal IDOC Production

to make use of my name, comments, still or motion pictures, voice recordings and / or videotape of me for any legitimate purposes including publication in news media, website postings, *social media and for professional and internal or external institutional purposes.

I hereby agree to release, defend and hold harmless the State of Indiana, the Indiana Department of Correction, and its agents, officers and employees from all claims and suits arising from or caused by this interview, including damages for libel, slander, invasion of the right of privacy or any other claim based on the use of said material gained from this interview.

I relinquish and give to the Indiana Department of Correction all right, title and interest that I may have in the finished product, copies thereof, and materials used in its production; and further grant the Indiana Department of Correction the right to give, transfer and exhibit said product or any portion, copy or facsimile thereof, for any purpose it deems necessary and proper. The above consent is given by me freely and voluntarily without any promises, threats or duress, and I understand that my participation is contingent upon the approval of my parent or legal guardian (if the incarcerated individual or staff member is a minor or an adult with a guardian). I reserve the right to terminate the interview or participation in a media visit at any point before or during the interviewing session or media visit.

Notice: Incarcerated persons who are a party to any pending or anticipated legal proceeding are advised to notify their attorney prior to conducting a media interview.

*Social media includes, but is not limited to: Facebook, Twitter, Instagram, LinkedIn, etc.

Signature of Person Granting Release

Date (month, day, year)

Witness Signature

Date (month, day, year)

Witness Printed Name / Title

END OF DOCUMENT – ALL AREA BELOW INTENTIONALLY LEFT BLANK