



STATE OF INDIANA

Department of Correction

Indiana Government Center - South

302 W. Washington Street • Indianapolis, Indiana 46204-2738

Phone: (317) 232-5711 • Fax: (317) 232-6798 • Website: www.in.gov/idoc/

Eric J. Holcomb
Governor

Christina Reagle
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-E329 Indianapolis, IN 46204

DOCoutreach@idoc.in.gov



INDIANA DEPARTMENT OF CORRECTION

Facility/Parole District/Central Office

Reason for Background Check

By the person's signature on this form, he/she is aware of and has agreed to a criminal history and warrants check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in the determination of approval or denial of employment, volunteer, and visitation. This information will only be shared on a need-to-know basis. Please print clearly and provide the most accurate and complete information.

Last Name	First Name	Middle Name	Maiden Name
Street Address	City	State	Zip Code
Previous Address(es)	City	State	Zip Code
Date of Birth	State of Birth	Social Security Number	Driver's License Number
State of Driver's License	Sex	Race	Weight
Height	Hair	Eyes	Felony conviction: Yes ☐ No ☐ If yes, explain on back
Employer	Address	City	State
If born outside the USA, how old were you when you arrived in the country?			
If born outside the USA, were your parents in the US Military at the time of birth? Yes ☐ No ☐			
Passport Number		Green Card Number (Form I-90)	

Signature of Applicant

Date

Signature of Authorized Facility Representative

Date



VOLUNTEER APPLICATION

State Form 9238 (R5 / 4-18)
DEPARTMENT OF CORRECTION

NOTES:

- Applicants are subject to a background and warrants check.
- All volunteers must be at least eighteen (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 accommodation or medical equipment must inform the Community Involvement Coordinator prior to visiting.
- All personal information shall be considered confidential and shall be maintained in a secured area.

Name of facility		Type of application (Check one) ☐ New volunteer ☐ Annual update	
DEMOGRAPHICS			
Name		Gender ☐ Male ☐ Female	Age
Address (number and street, city, state, and ZIP code)			
Primary telephone number ()	☐ Home ☐ Cellular	Secondary telephone number ()	☐ Work ☐ Other
Occupation		E-mail address	
		Name of employer	
EMERGENCY INFORMATION			
The completion of this section is voluntary. Failure to complete this section could result in endangerment to your 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 ()	E-mail address	
Name of secondary emergency contact		Relationship	
Address (number and street, city, state, and ZIP code)			
Primary telephone number ()	Secondary telephone number ()	E-mail address	
Name of physician		Telephone number ()	
Address (number and street, city, state, and ZIP code)			
Blood type	Allergies	Medical condition(s)	Preferred hospital
INTENDED VOLUNTEER ROLE			
Interests / hobbies / skills			
What prompted you to volunteer for the IDOC?			
Intended volunteer role			
Pertinent Credentials, Education, Training			
Agency / College / Group / Religious Organization (if applicable)			Telephone number ()

BACKGROUND CHECK DATA	
Have you ever had contact with IDOC as a past employee or a volunteer? ☐ Yes ☐ No	If yes, select employee or volunteer. ☐ Employee ☐ Volunteer
If yes, list the facility and explain your role.	
Have you ever had contact with IDOC as a past contract employee? ☐ Yes ☐ No	
If yes, list the organization 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 (<i>month, day, year</i>), 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 (<i>month, day, year</i>).	
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 (<i>month, day, year</i>).	
DISCLOSURE OF OFFENDER CONTACTS / RELATIONSHIPS	
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 inlaw) 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 offender(s) name, relationship to you, current facility, and DOC number(s).	
Have you ever visited an IDOC offender(s) while he/she was/is incarcerated? ☐ Yes ☐ No	
If yes, list offender(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 offenders 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 volunteers are expected to abide by all IDOC policies including as outlined in the <i>IDOC Volunteer Handbook</i> , facility procedures, and instructions from staff. I also commit to follow all IDOC policies related to local, state, and Federal laws regarding confidentiality of offender information, as well as the prevention and required disclosure of offender sexual abuse / violence.	
Signature of applicant	Date signed (<i>month, day, year</i>)

FOR OFFICE USE ONLY				
Procedure	Initials	Date Completed (<i>month, day, year</i>)	Comments	Warden / Designee
☐ IDACS				☐ Approved ☐ Denied
☐ Diana (Juvenile)				
☐ CPS (Juvenile)				
Signature of warden / designee			Date (<i>month, day, year</i>)	



STATEMENT OF TRAFFICKING LAWS AND AUTHORIZATION FOR SEARCH

State Form 41465 (R6 / 1-17)
DEPARTMENT OF CORRECTION

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 inmate 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 inmate or child of the facility; or
 - (3) delivers, or carries to a worksite with intent to deliver, alcoholic beverages to an inmate 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 inmate, 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 signed (month, day, year)
Signature of witness	Date signed (month, day, year)

Mandatory Pre-Service PREA Questions



As part of a background check required by the Prison Rape Elimination Act 28 CFR 115.17/317, you are required to answer the following questions before having contact with offenders:

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 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 2 above?

Yes ☐ No ☐

4. Have you ever had a substantiated finding of sexual harassment of an offender, 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 that the answers I have provided are accurate and truthful. I understand that material omissions regarding such misconduct, or the provision of materially 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 _____

☐ Contract Employee ☐ Volunteer ☐ Non-DOC Crew Supervisor ☐ State Employee



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Christina Reagle.
Commissioner

ACKNOWLEDGEMENT OF RECEIPT OF TRAINING AND BROCHURES
"SEXUAL ASSAULT PREVENTION"

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 offenders/students. I understand that any sexual contact, including physically touching, verbal or written comments, sexual harassment, etc., between a staff person, contactor, volunteer and/or offender/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 or office or with or in the presence of an offender/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	Printed Name	Date
Signature of Witness	Printed Name of Witness	Date



DOCUMENTATION OF VOLUNTEER TRAINING

State Form 46587 (R3 / 1-17)
DEPARTMENT OF CORRECTION

Name of facility		Date (month, day, year)
Name of volunteer		
I have received the (<i>check one</i>) ☐ Orientation ☐ In-Service Volunteer Training for the year _____ for Volunteer Level _____. 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. Please <u>initial</u> beside each training component received and completed.		
	Mission and Philosophy	
	Historical Overview	
	IDOC Overview (Security Levels, Institutional Life, Religious Involvement, Alcohol and Drug Policy)	
	Facility Overview (Institutional Life, Programs, Enter/Exit Procedures, Offender Profile, Dress Code, Contact Information, Volunteer Recognition)	
	New Volunteer Orientation or Annual Training	
	Manipulation, Volunteer Relationships with Offenders, Written / Telephone Correspondence	
	Emergency Situations, Emergency Services, Liability	
	Volunteer Expectations and Responsibilities (Professionalism, Conduct, Attendance, Safety / Security, Training)	
	Religious Programming, Non-Disparaging, Non-Proselytizing	
	Safety and Security (Security Threat Groups, Use of Force, Search Procedures, Facility Protocols)	
	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 Offenders and Staff	
	IDOC Volunteer Handbook	
Signature of volunteer		Date (month, day, year)



REGISTERED VOLUNTEER AGREEMENT

State Form 46585 (R2 / 3-23)

DEPARTMENT OF CORRECTION

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 a DOC volunteer, by initialing each statement:

	A. I agree to engage only in those assignments or activities that have been assigned or authorized by DOC staff, and follow the training and standards I have received as an Indiana Department of Correction volunteer.
	B. I will not present myself as a representative or paid employee of the DOC or any facility without prior approval of the DOC Commissioner or facility Warden.
	C. I do not expect to receive monetary compensation for my services.
	D. 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.
	E. 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.
	F. 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 the DOC's stand against any form of discrimination and sexual harassment.
	G. 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.
	H. I agree to not report for volunteer activities while under the influence of alcohol or drugs nor shall I attempt to bring into a DOC 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 DOC property.
	I. 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.
	J. I agree to take any problems, criticism or suggestions to the community engagement coordinator and / or the supervisor of my volunteer program.
	K. I understand that persons under the supervision of the DOC 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.
	L. I understand that I am volunteering in a potentially hazardous environment and that I could be taken hostage or injured.
	M. I agree to report any contact with any incarcerated person currently under the supervision of the DOC, other than as authorized during volunteer service, to the community engagement coordinator and / or supervisor.
	N. I agree to not give out or discuss any specific personal information about any individual under the supervision of the DOC regardless of the source of information.
	O. I understand I may share, but not attempt to coerce any incarcerated person to convert to, my religious belief.
	P. I agree to notify my staff supervisor or the community engagement coordinator and turn in any DOC issued identification, or other state property in my possession upon termination of my services.
	Q. I agree that I must advise the community engagement coordinator in writing of any relatives incarcerated in the Indiana DOC.
	R. 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.
	S. 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 DOC policy, rules, or regulations; (b) absences without prior notification; (c) unsatisfactory attitude, work, or appearance; (d) any other circumstance which, in the judgement 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.
	T. I will not buy / sell, exchange or receive / give any messages, money or anything that is considered prohibited property or contraband (<i>any article, legal or illegal, brought into or taken out of the facility without proper authority</i>) from any individual under the supervision of the DOC. 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.

Signature of applicant

Date (mm/dd/yyyy)

Signature of witness

Date (mm/dd/yyyy)

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

Authorized signature

Title

Date (mm/dd/yyyy)

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

Signature of Warden

Date (mm/dd/yyyy)



Indiana Department of Correction Interview Request Form

(Revised 08/26/2022)

I _____ hereby grant permission to the
(Print Staff, Volunteer or Incarcerated Person Name and DOC 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 offender 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.

(Date)

(Witness' Signature)

(Date)

(Witness' Printed Name/Title)

*******End of Document – All Area Below Intentionally Left Blank*******