



BRADFORD COUNTY CORRECTIONAL FACILITY
VOLUNTEER/PROVIDER APPLICATION & SECURITY CONSENT FORM

LAST NAME	FIRST NAME	MIDDLE NAME
-----------	------------	-------------

Organization/Agency you represent: (please indicate role/program name)

Licensed Provider: _____ Job Title: _____
Supervisor: _____

Education/Literacy: _____

12 Step Group, AA, or NA Length of continuous recovery: _____

Recovery/Advocacy Group: _____

Main Link: _____ Bradford Co. Action: _____

Abuse and Rape Crisis Center: _____

Endless Mtn Pregnancy Care Center: _____

Religious Services: Buddhist Catholic Jewish Jehovah's Witnesses Muslim
 Native American Protestant Hispanic Protestant
 Other: _____

Name of Affiliated Place of Worship or Program: _____

Other: _____

HOME ADDRESS:

Length of time at present address: _____

Previous Address(es): _____

HOME TEL: ()	ALTERNATE TEL: ()
----------------------------	---------------------------------

EMAIL ADDRESS:

DATE OF BIRTH: / /	SSN#:
---------------------------------	--------------

CRIMINAL HISTORY

Have you ever been incarcerated in any jail, prison, or penal institution?

Yes

No

If Yes, when? _____

Where? _____

Have you even been arrested or convicted of a criminal offense?

Yes

No

If Yes, please list the following including any pending charges:

<u>Date of Offense</u>	<u>Place</u>	<u>Offense</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If applicable, please attach additional pages.

Are you currently on Probation, Parole, or any other court mandated supervision?

Yes

No

If Yes, where? _____

Supervising Officer/Agent: _____

FAMILIARITY WITH INMATES

Do you have any friends/relatives/ or associates who are currently incarcerated in this facility?

Yes

No

If Yes, please list the following:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If applicable, please attach additional pages

Have you ever been denied permission, or had privileges to visit or correspond with a specific inmate(s) revoked by a correctional facility?

Yes

No

If yes, why?

If applicable, please attach additional pages

REFERENCES

Please list three (3) references:

NAME	ADDRESS	PHONE NO.
1)		
2)		
3)		

SECURITY CONSENT: I attest that I have been fully advised and clearly understand that:

1. The property which I will enter in the above capacity is under the supervision and control of the Bradford County Correctional Facility; and that many inmates who are confined in this facility are permitted to move freely, without restraints, in some areas in which I may be present and that I may not always be in the immediate presence of a correctional officer/staff member.
2. I assume all risks which may result from the normal operation of the facility.
3. I understand that my person, my property, and my vehicle are subject to being searched.
4. No cameras, weapons, recording devices, alcohol, drugs, tobacco, etc., are permitted on Correctional Facility property.
5. I must lock my wallet/purse/handbag, home keys, attaché case, cell phone, etc. in my locked vehicle and completely close all vehicle windows.
6. I should only bring one vehicle key into the facility.
7. I must successfully pass through a metal detector and may be subject to being pat searched. I understand that my refusal to be searched will prevent entrance into the Correctional Facility and may result in the termination of my volunteer/provider status.
8. Advance permission must be obtained to bring any item into a facility (e.g. books, materials, etc.).
9. Failure to bring the facility-issued ID Badge will result in my being denied access to the facility; I must wear a facility-issued ID Badge visibly on my clothing at all times.
10. I am only permitted to appear at the correctional facility to conduct programs on the day(s) and time(s) that have been approved by the Treatment Supervisor.
11. I am forbidden to enter any area of the facility other than the designated program room.
12. I understand that I must be escorted by a correctional officer or staff member any time that I leave the designated program room. In the event of a "Code" or an emergency facility lockdown, I understand that I am to remain in the designated program room until given directives by a correctional officer or staff member.
13. I must carefully monitor equipment, materials etc., reporting lost items immediately.
14. I must wear conservative, non-revealing clothing.
15. I may not discriminate with regard to age, race, color, ancestry, creed, sex, sexual orientation or identity, marital status, national origin, non-job related handicap, or religious or political beliefs.
16. At no time may I give any item to an inmate, no matter how small or trivial it may seem to me.
17. I am forbidden to have physical contact with inmates- this includes, but is not limited to, hugs, hand holding, general touching, ect. Brief handshakes are permitted.
18. I am forbidden to contact an inmate's family or give an inmate my personal contact information.
19. I am required to report if an inmate attempts to make outside contact with me by any medium.
20. I may not serve as a foster parent to an inmate's child while the inmate parent is in custody.
21. I am not permitted to directly or indirectly solicit, accept, or agree to accept any gift of money or goods, loans or services for personal benefit from an inmate or a facility employee or contractor.
22. I am not permitted to accept or perform favors or accept or distribute any gifts, money, or loans to or from inmates or members of an inmate's family.
23. I am not permitted to trade, barter, or receive or deliver gifts, money, and favors from or to an inmate or an inmate's friends, relatives, or representative.
24. I must immediately inform the Shift Sergeant or Officer-In-Charge if an inmate is disrespectful toward me or the group I represent, or if I encounter any problems during my visit to the facility.

25. I must immediately report to the Shift Sergeant or Officer-In-Charge any unusual situations or information that could threaten inmates, staff, visitors or volunteers, as well as facility property, or could compromise the safety and security of the facility.
26. I am always to be respectful of and courteous to correctional staff and immediately obey their directives.
27. If I am not sure if I am permitted to do something, I will ASK a staff member FIRST. I will not make assumptions regarding what I think should be allowed in a correctional environment.
28. I may assist offenders and ex-offenders with community reintegration needs, provided I:
 - i. Assume all risks involved relating to individuals with a criminal history, with an awareness that many offenders have been convicted of violent crimes and that while the facility attempts to impact and change criminal behavior and thought processes while inmates are confined in its facilities, that it cannot guarantee that offenders or ex-offenders will not manipulate, abuse, or victimize those who, with good intentions, seek to assist them in their reintegration process;
 - ii. Maintain professional boundaries in relating to an inmate or an ex-inmate;
29. I am not permitted to divulge confidential information about an inmate outside the facility without authorized release.
30. I am subject to the laws of the Commonwealth of Pennsylvania and understand that crimes committed on facility grounds will be prosecuted, and that the failure to adhere to facility rules may result in my permanently being barred from entering the facility.
31. I am required to inform the Treatment Supervisor immediately if an immediate family member, significant other or close friend, who, since I last completed the Volunteer/Provider Application and Security Consent, has since been incarcerated in the Bradford County Correctional Facility;
32. I am required to inform the Treatment Supervisor of any new arrests, police contact, or known investigations since I last completed the Volunteer/Provider Application and Security Consent.

_____ I have reviewed the Bradford County Correctional Facility's Prison Rape Elimination Act (PREA) policy and understand my responsibilities related to PREA. (PREA standards can be found on the Bradford County website: <http://bradfordcountypa.org/departments/correctional-facility> or by contacting the Treatment Supervisor).

Initials

I voluntarily declare my desire to serve as a volunteer/provider in the Bradford County Correctional Facility. I give permission for the correctional facility to investigate and validate all information on this application. I understand that falsification of this application or omission of pertinent information may result in my application being denied.

SIGNATURE _____ DATE ____/____/____

Official Use Only	
NCIC: _____	Results: _____
Orientation: _____	
ID: _____	
Approval Date: _____	
Denial Date: _____	
Signature: _____	Date: _____

Volunteer/Provider Emergency Information

NAME: _____

DATE: _____

DOB: _____

I have a medical condition which requires ready access to emergency medication:	Yes	No
I have a metal implant that may trigger the metal detector:	Yes	No
Other:		

EMERGENCY CONTACT(S)	Name	Relationship	TEL	TEL (Alternate)
			()	()

EMERGENCY CONTACT(S)	Name	Relationship	TEL	TEL (Alternate)
			()	()