

WV DIVISION OF CORRECTIONS & REHABILITATION

VOLUNTEER PROGRAM APPLICATION

NAME: _____ PHONE: _____
(LAST, FIRST MIDDLE)

ADDRESS: _____

(CITY) (STATE) (ZIP)

BIRTHDATE: _____

Person to notify in case of emergency: _____

Relationship: _____ Telephone Number: _____

SERVICE OR ACTIVITY VOLUNTEERING FOR: (You must provide copies of credentials or otherwise prove your professional competency for services that require such.)

WHAT ORGANIZATION DO YOU REPRESENT? (The WVDCR normally recruits and/or selects organizations and not individuals to participate in our Volunteer Program. A letter of endorsement, appointment, and/or authorization to represent the organization may be required)

(ORGANIZATION NAME)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

PRESENT EMPLOYER: _____

(STREET ADDRESS) (CITY) (STATE) (ZIP)

REFERENCES:

1.

NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ HOW LONG ACQUAINTED: _____

2.

NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ HOW LONG ACQUAINTED: _____

Have you ever been convicted of a crime other than a traffic ticket or parking ticket? (If Yes, include an explanation on a separate sheet.): _____

Do you personally know, or have knowledge of any inmate or resident incarcerated in any WVDCR facility? (If yes, include an explanation on a separate sheet.): _____

Briefly describe why you desire to be a volunteer:

I agree to allow the WVDCR to conduct an investigation of my application to become a volunteer. I release the WVDCR and its employees of any and all liabilities and damages that may result for me as a result of that investigation. If selected to participate in the Volunteer Program, I agree to abide by all rules and regulations of the WVDCR and the facility where I am a volunteer. I acknowledge that I will not be paid by the WVDCR for any services that I perform. I further agree to participate in the Citizen Involvement and Volunteer Services orientation / training and any further training required.

(SIGNATURE/DATE)

WV DIVISION OF CORRECTIONS & REHABILITATION

RELEASE OF INFORMATION

I hereby authorize any representative of the West Virginia Division of Corrections & Rehabilitation bearing this release to obtain information from your files or other sources pertaining to my personal background, limited to, law enforcement, C.I.B. check, including local, state, and federal agencies records that they may have regarding me. I hereby direct you to release such information upon request of the bearer. This release is for the official use of the West Virginia Division of Corrections & Rehabilitation. Consent is granted for the West Virginia Division of Corrections & Rehabilitation to furnish such information as is described above in the course of the West Virginia Division of Corrections & Rehabilitation fulfilling its official responsibilities with regard to my application to participate in the Volunteer Program upon the grounds of any West Virginia Division of Corrections & Rehabilitation facility. I hereby release you, the institution or establishment which you represent, including its officer, employees and related personnel both individually and collectively, from any and all liability for damages, of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

State of West Virginia (or other state): _____

County _____ Full Name _____
(Print)

Date of Birth _____

Address _____

Social Security Number _____ Race _____

Signature



Office of PREA Compliance
1409 Greenbrier Street Charleston, WV 25311

Prison Rape Elimination Act (PREA) Acknowledgement for Volunteers, Contractors, Mentors

The Prison Rape Elimination Act (PREA) is a federal law that prohibits and seeks to eliminate sexual assaults and sexual misconduct in correctional institutions and community corrections settings. The West Virginia Division of Corrections & Rehabilitation (WVDCR) has **ZERO TOLERANCE** regarding instances of sexual misconduct and sexual harassment. WVDCR is committed to providing a safe and healthy environment for staff and offenders. The intent of PREA is to ensure a safe, humane, and secure environment, free from the threat of sexual misconduct and sexual harassment for all offenders, employees, volunteers, and contractors.

Sexual misconduct and sexual harassment within WVDCR facilities is prohibited. The WVDCR investigates all allegations of sexual misconduct and sexual harassment. Any contractor or volunteer who engages in such behavior shall be prohibited from entering the facility. Contact with offenders shall be prohibited and the perpetrator shall be reported to law enforcement agencies and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders.

Anyone who witnesses, becomes aware of or suspects sexual misconduct or sexual harassment has a duty to report. If you have information regarding a WVDCR offender who has been victimized while in WVDCR custody or community supervision, you may report by, informing the Superintendent, institutional leadership or your Program Supervisor. You may report either in person, by writing or by phone.

You may report it anonymously to the Office of PREA Compliance by calling 304-558-2036, emailing DCRPrea@wv.gov or by mailing the information to ATTN: OPC 1409 Greenbrier Street Charleston WV 25311. You don't have to provide your name, but it is critical that you provide as many details as possible. This includes:

1. The name(s) and locations of persons involved.
2. The name(s) or description of any witnesses to the incident.
3. OID number (if an offender).
4. A brief description of the incident(s).
5. A brief description of where the event(s) occurred.
6. The date(s), time and place of occurrence(s).
7. Names and contact information of others who might have additional information about the incident.

Everyone has an obligation to maintain clear boundaries with all offenders and to maintain an ethical supervision relationship with objectivity and professionalism. Individuals shall not allow the development of personal, unduly familiarity, emotional, or sexual relationship to occur with offenders.



**Office of PREA Compliance
1409 Greenbrier Street Charleston, WV 25311**

Sexual Misconduct Questionnaire

The WVDCR has a zero-tolerance policy for sexual abuse and sexual harassment of offenders in DCR custody. The following questions shall be asked of new hires, existing staff upon promotion and in conjunction with the agency's four-year background check process, volunteers, contractors, mentors and interns who may have direct contact with offenders. These questions deal with previous acts of sexual misconduct in which the individual responding to the questionnaire was the instigator or perpetrator of sexual abuse or sexual harassment of an incarcerated person.

Have you ever engaged in sexual abuse or harassment of an incarcerated person while employed in a prison, jail, lockup, community confinement facility or juvenile facility or other institution? **Yes / No**

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats, or coercion, or if the victim did not consent or was unable to consent or refuse? **Yes / No**

Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats, or coercion, or if the victim did not consent or was unable to consent or refuse? **Yes / No**

Have you ever been involved in a relationship with an incarcerated person while employed in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? **Yes / No**

Have you ever resigned or otherwise left employment at a prison, jail, lockup, community confinement facility, juvenile facility, or other institution while under investigation for allegations related to sexual misconduct? **Yes / No**

By signing below, you acknowledge and affirm that you have answered the above questions honestly and truthfully. You understand that material omissions regarding sexual misconduct or providing false information shall be grounds for termination or denial of access to DCR facilities. A criminal background check will be completed prior to being hired or gaining access to a DCR facility.

Printed Name & Signature

Date

Printed Name & Signature of Witness

Date



Office of PREA Compliance
1409 Greenbrier Street Charleston, WV 25311

Contact Information
Required for Volunteers, Contractors and Mentors

My signature below acknowledges that I have received information related to the Prison Rape Elimination Act. I understand and agree to comply with the DCR requirements regarding sexual misconduct and sexual harassment. My signature below also acknowledges that I have been informed on how to report such incidents.

Printed Name: _____

Phone number _____ Email address _____

Assigned facility(s) *List all if more than one* _____

Name of volunteer organization _____

Service provided _____

Signature: _____ Date: _____