

LUZERNE COUNTY CORRECTIONAL FACILITY

VOLUNTEER APPLICATION

The purpose of this application is to gather information which will be utilized to determine whether the applicant meets the requirements that we have established for volunteers. All information is confidential and will only be used by this facility to determine whether the applicant meets the requirements we have established for volunteers.

BIOGRAPHICAL INFORMATION

NAME: (Print) _____
(Last) (M.I.) (First)

Birth Date _____ SS# _____
Home Address _____ Phone # _____

Previous Names, Aliases, Nicknames, if any _____

Driver's License # _____ State _____

Present Employer _____

Employer Address _____

Job Title _____ Supervisor & Phone # _____

Certificates, Licenses, & Degrees _____

Email Address _____

Do you speak a foreign language, if so, which one(s) _____

(Answer all questions by placing an "X" in the proper column, any yes answer, please describe in the space below.)

- | | YES | NO |
|--|-------|-------|
| 1. (A) Have you ever been convicted of any crime? | _____ | _____ |
| (B) Have you ever been sentenced to jail/prison? | _____ | _____ |
| (C) Are you now on probation or parole? | _____ | _____ |
| 2. Are you relation to any inmate(s) in this facility? | _____ | _____ |
| 3. Do you use intoxicants? | _____ | _____ |
| 4. Is there any category, or type of inmate with which you prefer not to work? | _____ | _____ |

Item #	Explanation
_____	_____
_____	_____
_____	_____
_____	_____

Name the activity for which you are volunteering and briefly state your reasons for doing so.

CONFIDENTIAL EMERGENCY INFORMATION

In the event that an emergency situation involving you arises while you are in this facility, the individuals responding to the situation will need certain information. In order for us to have easy access to this information, please complete this form as completely as possible. This information will be maintained in the strictest confidence and will only be used in the event of an emergency in which you are involved.

GENERAL INFORMATION

Name (Print) _____ Date _____
Name of Volunteer Program _____
Volunteer Coordinator _____

Person to be notified in the event of an emergency:

Name (Print) _____
Phone # _____
Address _____

Second choice for notification in the event that the first one cannot be reached:

Name (Print) _____
Phone # _____
Address _____

MEDICAL INFORMATION

Do you have any chronic medical conditions which require treatment? Yes___ No___
If yes, please list the condition(s) medication(s) in the space below.

Are you currently free from any contagious/communicable disease? Yes___ No___ If no, please list condition(s) below.

Family Physician _____ Phone # _____

Please note: Each time your health changes this form should be updated. Notify your volunteer coordinator.

LUZERNE COUNTY CORRECTIONAL FACILITY

NOTICE OF DANGEROUS CONDITIONS & ASSUMPTION OF RISK

By my signature below I attest that I have been fully advised & clearly understand the following:

1. The property which I seek to enter is under the supervision & control of the Luzerne County Correctional Facility, & that the property is a place of confinement for individuals who have been charged with crimes, those who are awaiting trial, & those who have been convicted & are serving their sentence.
2. Some inmates who are confined on this property have been charged with and convicted of violent crimes.
3. Inmates confined in this facility are permitted to move freely, without restraints in some areas in which I may be present and may not always be in the immediate presence of a corrections officer.
4. Section 310, 620, & 622 of the Penal Code approved June 24 – 1939, P.L. 872, provides severe penalties for the delivering to or receiving from any inmate any article, letter, or thing whatsoever without the knowledge of permission of the officer in charge. Any violation of the above law will be prosecuted to the fullest extent of the law.
5. All persons & materials entering & exiting the institution will be subject to search.

I assume all risks which result from the normal operation of this facility.

Signature _____ Date _____

Printed Name _____

Witness _____

LUZERNE COUNTY CORRECTIONAL FACILITY
GUIDELINES FOR VOLUNTEERS

Please read carefully & sign where indicated.

1. Do not give anything to an inmate unless it has been cleared with a supervisor.
2. Do not take anything from one inmate and pass it to another.
3. Do not take anything from inmates.
4. Do not mail letters for inmates.
5. Do not interfere with any official operations. Follow the instructions from the Correctional Officers.
6. Be punctual in performing your service. You are expected to start & end your session on time.
7. If you can't meet an obligation, notify your volunteer coordinator so they can arrange for a substitute.
8. Do not bring any person(s) with you who is not an approved volunteer.
9. If in doubt, do not do anything until you get an answer.
10. Do not contradict any instructions given by a corrections officer. They are here to maintain order, security is their main concern.
11. You are not permitted to give any financial or legal assistance to inmates without authorization from your volunteer coordinator.
12. Do not agree to absolute confidentiality. If an inmate indicates he/she is going to harm himself or commit a crime, you are required by law to report it. Notify a corrections officer in such a situation. If an officer is not available report it to the shift supervisor.
13. Do not criticize the prison staff or administration with the inmates.
14. If there are any problems with prison staff notify your volunteer coordinator.
15. Do not make phone calls or contacts outside or inside the prison for the inmates without your volunteer coordinators permission.
16. Women should not bring your purse into the prison, please keep it locked in your car.
17. Always bring a photo ID.
18. No cameras, cell phones, or tape recorders are permitted.
19. Do not bring contraband in any form into the facility. Contraband is any article that is unauthorized under the circumstance. At this facility that includes, but is not limited to, letters, messages, stamps, tools, weapons, paper, food, medication, alcohol, drugs & the like.
20. Do not bring any medication into the prison with you. If you have a medical problem that requires you to always have your medication with you, make prior arrangements with your volunteer coordinator or shift supervisor.
21. On your person, do not carry such items as pocket knives or wear an abundance of metal jewelry. Metal items can be detected by the metal detector & cause delays in entering the institution. Do not bring into the facility cell phones, tobacco products, matches, lighters, or any other incendiary device. This list is not meant to be all inclusive, it is meant as a general guideline. Ladies should lock their purses in their cars.

22. Please maintain a neat appearance at all times.
Men: Long trousers, shoes, & a shirt with sleeves, along with proper identification. If you wear a tie, it should be clip on.
Women: Shoes & a dress, skirt or slacks with an appropriate top are permitted. See through apparel, halter type tops or extremely short skirts are not permitted. **SHORTS ARE NOT PERMITTED AT ANY TIME FOR BOTH MEN & WOMEN.**
23. Volunteer work in the facility is a privilege extended to you and can be withdrawn. Please make sure that anything you do does not interfere with the security requirements of the prison.
24. Failure to abide by these guidelines and/or the instructions of the corrections staff will result in a warning &/or withdrawal of the privilege of volunteering in the Luzerne County Correctional Facility.
25. I will attend any and all security briefings or training sessions required by the facility.

I have read and understand these guidelines and will abide by them. I have received a copy of the Guidelines for Volunteers Hand-Out.

Name _____ Date _____

Printed Name _____