

Please fill out the Idaho Department of Corrections application and return to:

**Treasure Valley Intergroup Central Office
1111 S. Orchard, Suite 180
Boise, ID 83705**

OR

Drop it off at the TSNAC Business meeting the 3rd Saturday of the month (except December) at 10:00am, where Saturday Night Live (SNL) Group meets @ 1111 S. Orchard, Boise.

The Treasure Valley Corrections Chair will notify you with any questions concerning your application. Please make sure it is filled out correctly and has your current phone number and address.

Thank you,

Treasure Valley Treatment, Special Needs, Accessibilities, Corrections Committee

Weekday	Time	Facility
Sunday	8:30 am	Idaho Correctional Alternative Placement Program (CAPP)
Wednesday	7:00 pm	Idaho State Correctional Center (ISCC)
Monday	7:00 pm	Idaho State Correctional Institution (ISCI)
Wednesday	7:00 pm	South Boise Women's Correctional Center (SBWCC)
Monday	7:30 pm	East Boise Community Work Center
Sunday	2:30 pm	South Idaho Correctional Institutions Community Work Center (CWC)

Type of Application

- New Application
 Renewal/Update
 Limited Service

IDAHO DEPARTMENT OF CORRECTION
Volunteer Application

**Personal Information**

*The following information is required for a criminal history check. Applicants must be at least 18 years of age. Provide **all** information with no blank spaces (use N/A if not applicable).
 Form can be completed on computer then printed or printed and completed by hand.*

List facilities you intend to volunteer at:

Last Name:		First Name:		MI:
Maiden Name or Alias:		Social Security No:		DOB:
Street Address:		City:	State:	ZIP:
Mailing Address (if different):		City:	State:	ZIP:
Other States Lived in:	Driver's License No:	State Issued:		
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Email:	Home:	Cell:	Work:	
Emergency Contact:	Relationship:	Contact No:		
Organization Affiliation (religious volunteers must disclose faith and organization):				
Organization Address:				
Contact Person:		Phone No:		

Volunteer and Correctional History

Are you on an offender's visiting list: No Yes If yes, what facility:
 Offender's Name (list all): IDOC No: Relationship:

Do you have any relatives or friends incarcerated in Idaho (including county jails)? Yes No
 If yes, list each name and facility:

Have you ever been a victim of an offender incarcerated at an IDOC facility? Yes No

Have you ever worked for the IDOC or volunteered at a correctional facility? Yes No
 If yes, when? Where? Organization or Affiliation?

Criminal History

Include convictions in all states. Do not include convictions expunged under federal or state law or minor traffic violations.

Have you ever been convicted of a misdemeanor (within 3 years)? Yes No
 When, Where, Charge, Disposition (list all):

Have you ever been convicted of a felony? Yes No
 When, Where, Charge, Disposition (list all):

Do you have any criminal charges currently pending? Yes No
 If yes, please explain:

Volunteer Application (page 2)

Are you now or have you ever been placed on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide beginning and ending dates: _____ to _____ PO Name: _____	
Have you ever been a member of a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of gang: _____	
Signature: _____	Date: _____

Submit this application to the facility Volunteer Coordinator – Information can be found at http://www.idoc.idaho.gov/content/prisons/volunteer_services/volunteer_coordinators

For Use By Idaho Department Of Correction Only				
<i>ILETS Operator</i>				
Criminal Background Check:				
<input type="checkbox"/> No criminal record				
<input type="checkbox"/> No misdemeanor drug conviction within the last 3 years				
<input type="checkbox"/> No felony conviction				
<input type="checkbox"/> Has a misdemeanor drug conviction within the last 3 years (complete and attach HRS H Form)				
<input type="checkbox"/> Has a felony conviction (complete and attach HRS H Form)				
ILETS Operator Name and Associate # (print): _____				Date: _____
Volunteer and Religion Coordinator				
Type of Volunteer:				
<input type="checkbox"/> New	<input type="checkbox"/> Regular	<input type="checkbox"/> Restricted Access	<input type="checkbox"/> TC Alumni	<input type="checkbox"/> Limited Service
Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please explain: _____				
Signature: _____				Date: _____
Deputy Warden (Second-in-Command)				
Recommend: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please explain: _____				
Signature: _____				Date: _____
Facility Head				
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please explain: _____				
Signature: _____				Date: _____
<i>If needed, Prisons Division deputy chief, / CWC operations manager (attach H form) or another facility head</i>				
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please explain: _____				
Signature: _____				Date: _____

IDAHO DEPARTMENT OF CORRECTION
Volunteer Rules and Agreement

1 of 2

As a volunteer for the Idaho Department of Correction, I understand and agree to the following:

1. I understand the risks of volunteering in a correctional facility, including the risks of being taken hostage, injury, or death.
2. I will follow facility access procedures.
3. I will lock my car, and secure valuables, purses, etc., in the trunk.
4. I will only bring items into the facility that the IDOC has preauthorized and are specifically needed for my volunteer duties.
5. I will not bring the following: chewing gum, pocketknives, weapons, ammunition, explosives, drugs, tobacco, cell phone, camera, tape recorder, video recorder, or unauthorized item into the facility. Any item the IDOC has not approved is contraband and is not allowed in an IDOC facility. *(Note: if you must carry prescription medication, please notify the security staff at check-in.)*
6. If I have a question regarding items that can be brought in, I will check with staff.
7. I will follow attire and appearance standards described in IDOC standard operating procedure (SOP) [606.02.01.001](#) Volunteer Services in Correctional Facilities.
8. While at a facility, I will maintain control of my personal property.
9. I will take all items that I brought into the facility with me when I leave, unless IDOC officials have authorized me to leave them.
10. I will immediately report the loss of any item to an IDOC staff member.
11. I understand the risks involved in taking my wallet, including money and charge cards, into the facility with me.
12. I will not become involved in any conflicts between offenders and/or staff.
13. I understand the risks of giving my mailing address, phone number, or other personal information to offenders and agree **not** to do so unless approved by authorized IDOC staff.
14. I will immediately notify the VRC of any changes to my contact information.
15. I will not have personal contact with any IDOC offender outside my duties as a volunteer to include sending or receiving correspondence or engaging in phone conversations, unless the facility head (or designee) has specifically approved telephone conversations or correspondence by mail. If an offender contacts me, I will immediately report it to the volunteer services coordinator.
16. I will not accept personal service from an offender or perform any personal service for an offender, unless IDOC authorities approve it in advance. This includes making phone calls, mailing letters, delivering messages, or delivering packages to anyone in the community or in a correctional facility.
17. I will not make purchases for an offender, sell anything to an offender, enter into any business transaction with an offender or offender's family, accept any personal favor from an offender or offender's family, or do any personal favor for an offender or offender's family.
18. I will never exchange any item with an offender or give any item directly to an offender.
19. I will keep my physical contact with offenders to a minimum.
20. I will limit advice to topics pertaining to my volunteer job duties.
21. I will not give offenders medical, legal advice or other professional advice.
22. I will immediately report to IDOC staff any offender's request for drugs, alcohol, or medications, etc.
23. I will not bring any drugs, alcohol, or medication to an offender.
24. I will be courteous, friendly, and professional at all times to all people.
25. I realize I may be denied access to any unit and may be subject to search of my person or vehicle for justifiable security purposes.
26. I will arrange my schedule at the facility in advance.
27. I will notify the facility of any change that will affect my delivery of volunteer service at scheduled times.
28. I will stay within the boundaries of my assigned area at the facility.
29. If I am with a group, I will stay with that group.
30. I will conduct my volunteer activities according to IDOC policies and procedures. If I am unclear about a specific policy and procedure, it is my responsibility to seek immediate clarification with the volunteer services coordinator.

Appendix B

606.02.01.001

(Appendix last updated 1/10/2014)

**IDAHO DEPARTMENT OF CORRECTION
Volunteer Rules and Agreement**

2 of 2

31. I understand the importance of maintaining ethical and legal boundaries regarding offender contact while in a volunteer position with the Idaho Department of Correction. I understand that, if during my course of volunteer work I decide that I would like to pursue a romantic relationship with an offender, I must immediately end my volunteer status and discuss my decision with IDOC authorities. I further understand that if I violate IDOC rules before I end my volunteer services, I will not receive visiting privileges with an offender.
32. I understand that the completion of volunteer training does not guarantee a volunteer position until my criminal background check is completed and I am approved by the IDOC.
33. I understand that failure to comply with the rules in this agreement may jeopardize my future as a volunteer.
34. I agree to treat as confidential the information that I learn during any training or orientation I may receive or while at the correctional facility.
35. I will not contact or discuss information regarding my volunteer experience with the media or in a public forum without prior written permission from an applicable IDOC authority.
36. I agree to complete any required orientations and trainings pertaining to my work as a volunteer.
37. I agree to assume fully all the risks, which may result from my volunteer work in and for the Idaho Department of Correction and agree to hold harmless and indemnify the State of Idaho. Furthermore, I agree to waive all claims of any nature that I may have against the State of Idaho or any of its employees for personal injury, property loss, or property damage arising from or in connection with my work as a volunteer.
38. I understand that the donation of my time and service does not represent employment or any promise of employment and that the Department has no legal responsibility for defending me in any legal action.
39. I understand that I have no property interest in the position, and that I may be released from my duties as a volunteer at the discretion of the Department.

I have read this volunteer agreement. I understand and agree to abide by the terms and conditions of this agreement and IDOC standard operating procedures and policies.

Prison Rape Elimination Act (PREA) Notification

Actual or attempted sexual activity or romantic relationship between a volunteer and an offender are prohibited, even if the offender is a willing participant in the activity. A volunteer suspected of engaging in or attempting to engage in a romantic relationship with an offender will be immediately banned from all IDOC facilities and removed from the IDOC volunteer program. The volunteer will be referred to the law enforcement authorities for investigation of violating Idaho Code, Section 18-6110 and/or other Idaho State statutes that might be applicable.

I have read and understand the above statement, and I have received a copy of A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders

AA, NA, 12-Step Only

I affirm that I have been continuously sober under nonresidential, independent living conditions for the past two (2) years; and, I am an active participant in a community support group (AA, NA, 12-Step, or similar).

The support group is:

Name:

Contact Number:

Date:

Submit to a facility volunteer and religion coordinator (VRC)

Email and mailing addresses can be found at

http://www.idoc.idaho.gov/content/prisons/volunteer_services/volunteer_coordinators

IDAHO DEPARTMENT OF CORRECTION

Volunteer Position Description

(Fill in Form)

Existing New Additional Facility

Multi-purpose form used to describe volunteer service and to request access to additional IDOC facilities. Complete and submit the form and any supporting documentation to the facility volunteer religious coordinator.

First Name:		MI:	Last name:	
Address:		City:	State:	Zip:
Contact Phone:		Work Phone:	E-mail address:	
Organization Name:		Organization Contact:		Phone:
Organization Web Address:		E-Mail Address:		Fax:
Type of Activity:				
<input type="checkbox"/> Employment/Job Skills	<input type="checkbox"/> Computer Skills	<input type="checkbox"/> Literacy/Education	<input type="checkbox"/> Parenting	
<input type="checkbox"/> Religious/Faith-Based	<input type="checkbox"/> Reentry/Life	<input type="checkbox"/> Skill Arts/Crafts	<input type="checkbox"/> Substance Abuse	
<input type="checkbox"/> Other (please explain):				
Name of Activity/Program/Service:		Facility (all):		
Please indicate your preferences below. Not all preferences can be accommodated.				
Preferred Length:	Preferred Duration:	Preferred Time of Day:		Capacity of Activity:
<input type="checkbox"/> 60 minutes	<input type="checkbox"/> 6 weeks	<input type="checkbox"/> A.M.		Photograph (if you have a picture, submit it with the form)
<input type="checkbox"/> 90 minutes	<input type="checkbox"/> 12 weeks	<input type="checkbox"/> P.M.		
<input type="checkbox"/> 120 minutes	<input type="checkbox"/> 16 weeks			
<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Other (explain)			
Preferred Cycle:		Target Population:		Is there Selection Criteria for Participation?
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No preference
<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Minimum	<input type="checkbox"/> Medium	<input type="checkbox"/> Close
<input type="checkbox"/> Annually		<input type="checkbox"/> Segregation	<input type="checkbox"/> Other (explain)	
<input type="checkbox"/> Other (explain)		<input type="checkbox"/> Community (explain):		<input type="checkbox"/> Yes <input type="checkbox"/> No
List your qualifications and experience for this activity:				
Activity/Program Components: If applicable, please list goals, objectives, study materials, workbooks, etc., and intended benefit to offenders.				

Complete the form, save to computer, and attach to an email to the VRC
 Email addresses can be found at http://www.idoc.idaho.gov/content/prisons/prisons/volunteer_services/volunteer_coordinators

Staff Use Only				Volunteer ID #
<input type="checkbox"/> Level-2 Status	Hours Completed:	Deputy Warden:	Date:	
<input type="checkbox"/> Mentor	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
<input type="checkbox"/> New Facility	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	VRC:	Date:	

Comments: _____

Things to Consider

Sexual relationships with offenders are seldom a secret and will subject you to disrespect and manipulation from other offenders that are aware of your situation.

It is common for offenders to report sexual misconduct and in most cases, sexual misconduct investigations are triggered by a report from an offender.

In addition, your conduct will reflect not only on your own reputation, but also on that of your peers and the organization you represent.

Responsible Solution

The consequences of crossing the boundary and having sexual contact with an offender are severe. As mentioned earlier, the penalty is up to life in prison. It is essential that if you find yourself interested in pursuing a romantic relationship with and offender, that you cease your volunteer activities and remove yourself from volunteer status before any violation of IDOC policies occur. When volunteers act responsibly and there has been no violation of IDOC policies, you may be granted access as a visitor. However, if it is determined that you violated IDOC policy, it is possible that you will never be allowed access to an IDOC facility as a visitor.

A Duty to Report

The IDOC requires that if you observe any signs of sexual misconduct or receive information regarding sexual misconduct it must immediately reported immediately.

Report it to the department volunteer coordinator, facility head, or deputy warden, or shift commander. If you are volunteering in the community, you can report to the district manager, or section supervisor. You can also report it to IDOC administrative staff at central office or call **1-866-565-5894** to report an incident and remain anonymous.

Prison Rape Elimination Act

In addition to staff or volunteer sexual misconduct, you also are required to report any information you receive or observe regarding offender on offender sexual assault, rape, or sexual activity.

Red Flags

Knowing the warning signs can help detect problems before they get out of hand. If you see warning signs, report it right away as it may prevent someone from crossing the boundary and ruining his/her life.

- Volunteering more than is expected or staying longer hours.
- Focusing attention on a specific offender
- Touching beyond norms (such as a handshake) for the situation
- Granting privileges or doing favors
- Ignoring inappropriate behavior
- Change in appearance to be more attractive
- Personal crisis such as a divorce
- Taking sides with offenders against staff
- Flirting or horseplay

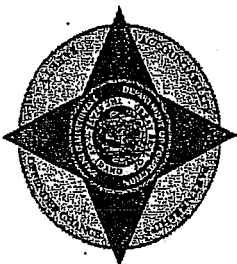
Idaho Department of Correction

1299 N. Orchard St., Ste. 110

Boise, ID 83706

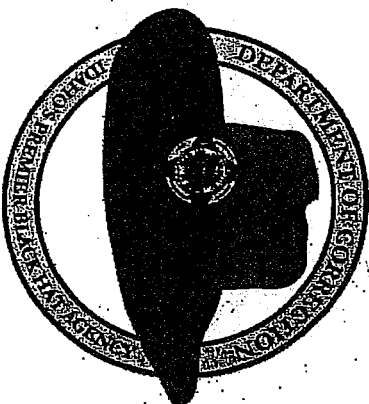
Phone: 208.658.2000

www.idoc.idaho.gov



Idaho Department of Correction

A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders



To Protect Idaho through Safety, Accountability and Opportunities for Offender Change

Phone: 208.658.2000

IDOC Policy (219)

The Board of Correction has zero tolerance for sexual misconduct toward or with any individual under the care, custody, or supervision of the Department by any employee, volunteer, contractor, or agent of the Department.

IDOC definitions of sexual contact and sexual misconduct:

Sexual contact - Any behavior that includes, but is not limited to, hugging, fondling, kissing, intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thighs, or buttocks of another individual or any other physical contact except for handshakes or that allowed by policy for purposes of life saving and maintaining security (examples of prohibited contact: neck rubs, back rubs, hair touching, massages and caresses).

Sexual misconduct: Any form of consensual or non-consensual physical contact or communication of a sexual nature directed towards an offender that establishes an inappropriate relationship including, but not limited to, sexual abuse, sexual assault, sexual contact, sexual harassment, or sexual obscenity.

Idaho Code 18-6110

It is a felony for any officer, employee, or agent of the IDOC to have sexual contact with a prisoner and is punishable by imprisonment in the state prison for a term not to exceed life.

This Doesn't Apply to Me

It is doubtful that employees and volunteers start their career thinking they will ever become romantically or sexually involved with an offender. Yet, it happens.

The first step in ensuring that you don't join those statistics is to recognize that it can happen to anyone, including yourself. Then arm yourselves with knowledge to prevent it from happening.

Is it illegal if I am manipulated?

The answer is yes. Because there is always an imbalance of power between staff, vendors, contractors, volunteers and offenders.

As an IDOC volunteer, you are in a position of authority over the offenders with whom you interact. Because of the imbalance of power, sexual interactions between volunteers and offenders are unprofessional, unethical, and illegal.

There can never be a consensual relationship between a volunteer and offender. In fact, Idaho Code 18-6110 states "consent" is not a defense to prosecution.

It happens for a variety of reasons.

Obviously, offenders have not had a sexual relationship for a long time. Marriages and relationships offenders had outside of prison often dissolve while incarcerated. In addition, their relationships outside of prison were often dysfunctional. An offender may misinterpret kindness as something more intimate. They develop romantic feelings and assume you feel the same.

If such an attraction begins, and the volunteer is facing some difficulty in his/her personal life, then feelings for both people can begin. Sometimes there is a genuine attraction. Regardless of the reason, sexual activity is always unprofessional, and illegal. Offenders may also be actively looking for a target attempting to use sex to improve his/her standing or circumstances, gain privileges, or obtain contraband. For such an offender, this is a challenge, a game. They have nothing to lose and everything to gain.

Prevention

Prevention is the best medicine.

Most sexual misconduct occurs after seemingly innocent professional boundaries

have been crossed. The following behaviors will assist you in maintaining appropriate boundaries:

- Focus on your volunteer activities
- Maintain appropriate boundaries
- Consistently follow the rules
- Do not accept gifts from offenders or members of an offender's family

Boundaries are critical. Staff must maintain a professional boundary. It is easy to describe. Volunteers face a greater challenge. For example, employees are instructed never to share personal information. However, volunteers often discuss personal information. An AA volunteer might talk about personal struggles and recovery or a religious volunteer may talk about how he came to faith. In both cases, this is historical information, not personal information about his wife and kids, where he lives, or his personal problems. In other words, it is not information that can be used against him.

However, a mentor will be dealing more in real time, yet sharing a lot of personal information is unnecessary.

Be careful not to share personal information, especially, when you are teaching, mentoring, and interacting with offenders while incarcerated. There will be time for closer friendships after the offender is released, if the offender continues in the faith or practice in which you are involved.

While we cannot explore details here, the guidelines for preventing sexual misconduct are the same as the guidelines as you received in new volunteer training and in the IDOC Volunteer Handbook at <http://www.idoc.idaho.gov/content/manual/1123>.