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ADMINISTRATIVE DIRECTIVE

SUBJECT: Volunteer/Intern/ Student Services

NUMBER: 13-05

SUPERSEDES: 11-26

APPLICABILITY: All staff having responsibility for supervision of
volunteers/Interns/Students in the Department;
all volunteers

REFERENCE: AR 881 - Volunteer Services

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APPROVED: Original signed by Ray Hobbs

EFFECTIVE DATE: 03/29/2013

I. POLICY:

Volunteer participation is encouraged in various programs for the purpose of enhancing and expanding services to inmates. Volunteers will assist but may not supplant paid staff.

II. EXPLANATION:

Effective use of volunteers /interns or students in state services requires guidelines for the development of programs and the utilization of volunteers.

III. Definitions of Volunteers:

- Volunteers are unpaid individuals from the community who volunteer their time to work with the Inmates within the agency.
- Interns volunteer in the agency for college credits.
- Work students volunteer for classroom hours and for the experience in their study field.

IV. PROCEDURES:

- A. Volunteers may apply or may be recruited for involvement in various programs operated by the department. Volunteers may serve in direct service roles, including but not limited to serving as advisors, interpreters or counselors.
1. Any individual wishing to become a Regular Service Volunteer will be provided a copy of this Administrative Directive and an Inmate Handbook. The individual must then complete an Application Form and sign a Volunteer Agreement.
 2. Any individual wishing to be an Occasional Service Volunteer at a department sponsored function for inmates will apply directly to the department employee supervising the program in which the volunteer will participate.
- B. Regular Service Volunteer applications will be forwarded to the Coordinator of Volunteer Services or the Administrator of Chaplaincy Services as appropriate, who will screen the application to ensure that the person applying to be a volunteer is:
1. 21 years of age, or older;
 2. has no criminal record, or has fully disclosed that record, and is not on active parole from the department, or if on parole has been specifically approved by the chief executive of the facility;
 3. is not a relative of an inmate at the unit to which volunteer/Internship or Work Student services are being offered;
 4. Is qualified, if qualifications are necessary, to provide the services for which the individual has volunteered. If professional services are being offered, a copy of the appropriate certificate or license must be provided and maintained on file;
 5. Has signed Form 881, Application and Volunteer Agreement, informing the individual of the obligations being undertaken, and the limits of the Department's liability;
 6. Has agreed by signing the Volunteer Agreement to abide by Department regulations and practices including those pertaining to security and confidentiality.

Any individual applying to participate as an Occasional Service Volunteer at a department sponsored function should be known to department staff, or be vouched for by an individual or agency of

good repute, and must meet the condition regarding criminal record, unless this condition is waived by the chief executive of the facility.

- C. The Coordinator will copy the application for Regular Service Volunteer status to the supervisor of the program and to the chief executive of any facility in which the volunteer's services will be provided. The Administrator of Chaplaincy Services will coordinate this process for Religious Volunteers.
- D. Approvals of the program administrator and the chief executive of the facility must be obtained before the individual is approved for Regular Service Volunteer/Internship or Student status. The applicant may enter the facility prior to completion of the formal process by prior approval only.
- E. Following approval, the applicant for Regular / Occasional Service Volunteer status will participate in such orientation and/or training as required by the supervisor of the program and/or chief executive of any facility for which the volunteer is approved.

This requirement may be deferred if the training program is not scheduled in the immediate future. In which case, the supervisor of the program is responsible for interim orientation.

Occasional Service Volunteers will be oriented by the supervisor of the program and/or security staff, as needed.

- F. Upon completion of required orientation and training, the volunteer will be issued an identification badge, which is clearly differentiated from staff identification badges by color or distinguishing logo. Regular Service Volunteers will be instructed as to which areas of the facility they are granted access. Regular volunteers may be required to have staff escorts in certain areas, at the discretion of the chief executive of the facility.

Occasional Volunteers will be issued identification badges. These Volunteers must be escorted in all movements within the facility, and may be restricted from certain areas at the discretion of the chief executive of the facility.

- G. The supervisor of the program in which Regular Service Volunteer or the Occasional Service Volunteer is participating will have the following responsibilities:
 - 1. to obtain signed clearance form from the chief executive of the facility prior to each admittance of the Regular Service Volunteer or Occasional Service Volunteer into the unit/center;

2. To ensure proper conduct of the volunteer while at the unit/center. This includes making sure that privileges are not abused and that no personal visiting occurs.
 3. To log the names of volunteer, the date and time at the unit/center, and the name of the function.
 4. To send a copy of such logs to the Coordinator of Volunteer Services on a monthly basis.
- H. Any problem or incident involving a volunteer shall be immediately brought to the attention of the duty chief executive of the facility and to the supervisor of the program area.
- I. The services of a volunteer may be limited or discontinued for any violation of rules or regulations, or when those services no longer support the mission and goals of the department. Any restrictions on activity or discontinuation of services shall be done through the supervisor of the program or the chief executive officer of the facility. The reasons shall be explained to the volunteer in a face-to-face meeting, if feasible, and shall be documented in a letter to the Volunteer/Intern or student, with a copy to the Coordinator of Volunteer Services.
- J. Any volunteer may be escorted from the unit at the direction of the Duty Officer, should conditions at the unit place the volunteer/intern or student at possible risk, or if the behavior or presence of the volunteer disrupts the good order of the institution.
- K. Any Regular Service Volunteer wishing to discontinue services must notify the Department staff person who has supervised the work of the volunteer. The identification badge is the property of the Department of Correction and must be returned to the Coordinator of Volunteer Services when the volunteer is no longer active. The identification badge will be retained in the volunteer's file.
- L. Department staff members that are supervising the activities of Volunteers/Interns or Students are to document the contributions of those persons to the Coordinator of Volunteer Services on a monthly basis. The Coordinator of Volunteer Services will consolidate those reports into a monthly report for the Assistant Director for Public Services.
- M. Inmates are to be notified of scheduled volunteer services through the mechanisms provided by the facility for event notices.
- N. Volunteers may be reimbursed transportation and subsistence costs only with prior approval of the appropriate Assistant or Deputy Director.

- O. Volunteers may be authorized to operate a departmental vehicle upon the approval of the appropriate Assistant or Deputy Director, providing an employee for other state business does not need the vehicle and provided the volunteer/intern show a current valid Arkansas Driver's License.
- P. Volunteers may be protected by the state's sovereign immunity while carrying out those volunteer services agreed upon between the volunteer and the Department of Correction.
- Q. Interns/Students will, meet the same requirements as Regular/Occasional Service Volunteers. Additionally, an internship agreement will be negotiated and signed by Department staff providing supervision/training, the instructor or other individual structuring the internship, and the student.
 - 1. Copies of the agreement shall be distributed to: (1) chief executive(s) of the unit(s)/center(s) where internship activities occur, (2) the administrator of the treatment program (if applicable), (3) all parties directly involved, and (4) the Coordinator of Volunteer Services.
 - 2. A badge will be issued after completing an eight-hour unit orientation approved by the Warden and the Volunteer Services Coordinator.
- R. Volunteers, who retired from employment in good standing with the Arkansas Department of Correction, will meet the same requirements as Regular Service Volunteers.
 - 1. Additionally, they must sign a confidentiality agreement.
 - 2. Their orientation and duties will be at the sole discretion of the unit Warden.
 - 3. Their badge request will come from the unit Warden after the appropriate orientation. Documentation of the orientation will be sent to the Volunteer Services Coordinator.
 - 4. Badges will be turned in to the Unit Human Resource Manager when the Retired Services Volunteer is terminated.
 - 5. The Unit Human Resource Manager is responsible for returning badges of all terminated Retired Service Volunteers to the Assistant Human Resource Administrator.
- S. Volunteers may offer suggestions regarding the establishment of policy and procedure related to the Volunteer Services Program with which they are associated.

- T. Volunteers and volunteer programs will be reviewed and evaluated annually by Department personnel as designated by the appropriate Deputy/Assistant Director.

**ARKANSAS DEPARTMENT OF CORRECTION
VOLUNTEER/INTERN/ STUDENT APPLICATION**

Last Name _____ First _____ Initial _____ Date ____/____/____

Address _____ Phone _____

Date of Birth ____/____/____ Social Sec. # ____-____-____ Sex () Male () Female Education _____

Driver's License # _____ State License was issued _____

Special training or skills _____

Can you speak a language other than English? () Yes () No

(If yes, are you willing to serve as a volunteer interpreter?) () Yes () No

Are you skilled in sign language? () Yes () No

(If yes, are you willing to utilize these skills as a volunteer?) () Yes () No

Service you wish to offer _____

Reason for () Volunteering () Internship () Work Study (Please check appropriate box)

Name, address and phone number of two references whom we may contact about you:

1. _____

2. _____

Name & phone of contact person in case of emergency:

Have you been convicted of a felony?

() NO (go to next question)

() YES (offense and date) _____

Are you currently on parole or probation?

() NO (go to next question)

() YES Name supervision officer _____

Are you related to, or on the visitation list of any inmate currently in ADC?

() NO (go to next question)

() YES (name and relationship and Unit)

RELIGIOUS VOLUNTEERS ONLY

Religious Group you represent _____

Address _____

Contact Person _____ Phone _____

PLEASE ATTACH A LETTER OF SPONSORSHIP OR APPROVAL FROM YOUR DENOMINATION, THE GOALS OF YOUR MINISTRY, UNIT(S) YOU WISH TO SERVE, AND AMOUNT OF TIME YOU WILL DEDICATE

PLEASE READ THE BACK OF THIS FORM AND SIGN IN THE SPACE INDICATED

Mail: Religious Volunteers
Chaplaincy Services
P.O. Box 8707
Pine Bluff, AR 71611

all other volunteers
Volunteer Services
P.O. Box 8707
Pine Bluff, AR 71611

*****OFFICE USE ONLY*****

NCIC OK ____/____/____ by _____

WARDEN () APPROVED

() DISAPPROVED

F-881

**ARKANSAS DEPARTMENT OF CORRECTION
VOLUNTEER/INTERN/STUDENT AGREEMENT**

I hereby certify that this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification could lead to termination of my services as a volunteer/intern or student.

I hereby authorize the Arkansas Department of Correction to contact the references that I have listed, to conduct an NCIC (National Crime Information Center) check, and such other background checks as may be considered necessary for the security and good order of institutions of the Department. I also waive my right to view or receive copies of any documents provided by individual references.

I am aware of the inherent dangers associated with working in a correctional setting. I agree to read the copy of Administrative Regulation 409 provided to me. I understand that, while the Department of Correction will make every effort to ensure my personal safety, the Department assumes no liability for loss or injury that may occur while on Department premises or while performing volunteer services.

I expect no reimbursement for my services. I will not commit the Department to any financial obligations.

The services that I offer will be open to all inmates, unless restrictions have prior approval of the supervisor of the program under which I am operating. I understand that I may not use my role as a volunteer/intern/student to develop or to continue a personal relationship. I will do no favors for individual inmates, nor will I be the vehicle for movement of goods, funds or communications in or out of the institution. I will enter no financial agreements with, or on behalf of, inmates. I understand that abuse of my position as a volunteer/intern/student may result in termination of my services.

I agree to participate in training for volunteers/interns/students, if such is required in the service for which I am volunteering. I agree to read the Inmate Handbook which will be provided, and abide by the rules and policies therein. I will promptly follow the directions of those in authority, and voice any concerns or complaints that I have to the proper authority, at the proper place and time.

I agree that my person and possessions may be searched for contraband. I will not bring any camera or a recording device into an institution for the purpose of recording inmates or staff, except under the supervision of the individual responsible for the program to which I am volunteering.

I will not breach any implied or understood confidentiality with inmates.

I will report problems or conflicts in the Department only through appropriate channels. I speak to the media about the Department of Correction only if the interview has been previously approved by the Public Information Officer.

I will limit my activities to those services agreed upon. I will not use my volunteer badge to gain entry to any other Units of the Department of Correction without prior consent from the individual supervising the program to which I am volunteering. I will return my Volunteer Badge when asked to do so, or when I no longer wish to continue to volunteer my services.

I understand that the continuation of my volunteer services and this agreement is subject to review at the discretion of staff of the Department.

(Signed) _____ Date ____/____/____