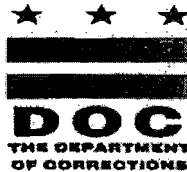


GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS



**BACKGROUND FORM FOR
VOLUNTEERS and CONTRACTORS**

This form is required to be completed by volunteers and contractors who will have access to inmates while volunteering or contracting to provide services and/or programs to inmates on an ongoing basis. The Department of Corrections will confirm the volunteer or contractor's affiliation and or employment with a contracting or religious, spiritual organization.

Name: _____

Organization or Employer Name: _____

Organization or Employer Address: _____

Organization or Employer Number: _____

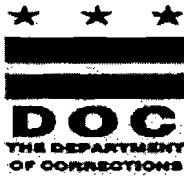
I, _____ hereby authorize the D.C. Department of Corrections, Office of Investigative Services to complete a WALES, NCIC and III Background check as a condition of my gaining entrance into the Central Detention Facility and/or the Correctional Treatment Facility, to serve as Volunteer or Contractor in their programs or religious services. I understand that the D.C. Department of Corrections will utilize the NCIC/Wales system to assist in checking such information. I also understand that the information I am providing will be used solely for the purpose of obtaining criminal history information.

Social Security Number: _____ Sex: Male or Female

Race: _____ DOB: _____

Signature of Applicant: _____

Date: _____



APPLICATION FOR DEPARTMENT OF CORRECTIONS EMPLOYEES IDENTIFICATION CARD			
REQUESTING OFFICE:		TO: D.C. DEPARTMENT OF CORRECTIONS Office of Human Resources Washington, D.C. 20001	
Request the following named employee be issued a replacement D.C. Department of Corrections Employee Identification Card for reason(s) indicated below.			
NAME:	SSN:	DOB:	EOD:
REASON FOR REPLACEMENT: <input type="radio"/> Card Expired <input type="radio"/> Mutilated <input type="radio"/> Recalled <input type="radio"/> Loss <input type="radio"/> Stolen			
IF LOSS OR STOLEN, INDICATE DATE:			
SIGNATURE OF EMPLOYEE:		SIGNATURE OF REQUESTING OFFICIAL:	
COPY OF INVESTIGATIVE REPORT ATTACHED: <input type="radio"/> YES <input type="radio"/> NO			
DATE REPORTED TO SECURITY SPECIALIST:		RECOMMENDATION: <input type="radio"/> Approval <input type="radio"/> Disapproval	
SIGNATURE OF DEPARTMENT SECURITY SPECIALIST:			
APPROVED: (Card Expired)		CHIEF, OFFICE OF HUMAN RESOURCES	
APPROVED: (Loss, Stolen, or Destroyed)		CHIEF, OFFICE OF INVESTIGATIVE SERVICES	
		RECOMMENDATION: <input type="radio"/> Approval <input type="radio"/> Disapproval	

Cards recalled, lost or stolen will require the approval of the Chief, Office of Investigative Services.



**D.C. DEPARTMENT OF CORRECTIONS
VOLUNTEER SERVICES FORM**

Pursuant to the D.C. Code §§ 1-319.01-1-319.05, Government Volunteers, and the Volunteer Services Act of 1977, Title 6, Chapter 40, B4000, et seq., of the District of Columbia Personnel Manual and the D.C. Department of Corrections Policy and Procedure entitled 1310.3, "Volunteer Services Programs," I acknowledge the following:

- (a) That I have been informed of the nature and scope of the voluntary services to be performed;
- (b) That I have read and understand the provisions of D.C. Law 2-12, (D.C. Code, §§ 1-319.01-1-319.05), and the Volunteer Services Act of 1977, DCMR Title 6, Chapter 40, B4000, et seq., of the District of Columbia Personnel Manual (attached) as well as the applicable agency guidelines for the use of volunteers set forth in Program Statement 1310.3 entitled Volunteer Services Program; and
- (c) That I agree to perform voluntary services under the terms and conditions set forth in this D.C. Law 2-12, (D.C. Code, §§ 1-319.01-1-319.05), and the Volunteer Services Act of 1977, Title 6, Chapter 40, B4000, et seq., of the District of Columbia Personnel Manual as well as the applicable agency guidelines for the use of volunteers set forth in Program Statement 1310.3 entitled Volunteer Services Program;

Signature

Name (Print)

Date

VOLUNTEER SERVICE AGREEMENT

~~Volunteer services are authorized under DC Code §§1-319.01 to 1-319.05 and DC Personnel Manual Chapter 35 Voluntary Services~~

I, _____ enter this agreement with the
Please print your full name
DC Department of Corrections' (DOC) Volunteer Services Program. I agree to serve in the capacity of

_____ from _____ to _____
Volunteer's position title Starting Date One year from Starting date

I hereby agree to donate my services to the D.C. Government as a volunteer. I have been informed of the nature and scope of voluntary services I agree to perform and I certify that I am qualified to perform services in the above capacity based on my training, education, trade or craft, experience, license and maturity. I understand that DOC will not utilize my services if such would constitute or give rise to the appearance of a conflict of interest as set forth in DC Code 1-319.03.

I understand I will not receive wages, health insurance, retirement, life insurance, leave or the right to organize for collective bargaining purposes. However, I may be eligible to receive compensation for job-related illnesses or injuries and protection from liability for tortious injuries caused while acting within the scope of duty under the supervision and control of DOC.

I understand that in the course of my volunteer work I may have access to information regarding inmates, employees, DOC operations, etc. I agree to keep information confidential and only release the information that I am authorized to release and to release it only to persons who are authorized to receive it. I will obtain my supervisor's advice and appropriate approval before releasing any information when my authority to do so is not clear to me.

I agree to abide by the directions and supervision of my designated supervisor and adhere to established rules and regulations and standards and ethics of the D.C. Department of Corrections and the District of Columbia Government. I agree not to engage in any form of political activity during the hours I am performing duties as a volunteer.

I agree to keep my supervisor informed regarding the progress of my work assignments and my time and attendance. I will attempt to resolve any problems I encounter with my immediate supervisor before seeking other resolutions.

I understand that I may terminate this agreement. I understand DOC may discontinue my services at any time for any reason at any time and discontinuation of my services shall not give rise to any right or process of appeal.

Emergency Notification:

Name _____ Relationship _____
Address _____ Phone: _____

Agreement to perform voluntary services to the DC Department of Corrections (DOC)

Volunteer's Signature Date

Volunteer services accepted by

DOC Official's Printed Name Title

DOC Official's Signature Date



NEW VOLUNTEER SERVICES APPLICATION

LAST NAME FIRST NAME MIDDLE INITIAL

DATE DOB ETHNICITY Male Female GENDER SSN
ADDRESS: _____
CITY STATE ZIP CODE
EMAIL: _____
PHONE NUMBERS Home _____ CELL _____ WORK _____
OCCUPATION License/Certification _____

TYPE OF VOLUNTEER WORK DESIRED: *Ministry or Program (If program, please complete attached form)*

SKILLS, TRAINING, EDUCATION: _____

PREVIOUS VOLUNTEER SERVICE

Dates	Location	Services performed
_____	_____	_____
_____	_____	_____

LIST COMMUNITY, SOCIAL OR PROFESSIONAL ORGANIZATION MEMBERSHIPS

Will you accept another assignment if the one preferred is not available Yes No

Days of the Week Available _____ Times Available _____

HISTORY OF ANY CRIMINAL CONVICTIONS

Dates	Jurisdiction	Dates	Jurisdiction
_____	_____	_____	_____

IDENTIFICATION CARD INFORMATION
_____ Ft _____ Inches Weight: _____ Color of Eyes: _____ Color of Hair: _____

Name of Organization/Ministry: _____

Name of Coordinator: _____ Phone # _____

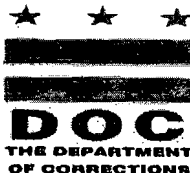
Are you are a victim of, related to or a friend of an inmate or release from DOC? Yes No

Name of Inmate: _____ DCDC# _____ Facility _____
Victim Relative Friend

All volunteer applicants must complete the application materials, submit two (2) letters of reference (one on letterhead paper from your organization or ministry), submit to a urinalysis screening, a yearly criminal background check, recertification training and TB testing. Once complete, and ID badge will be issued.

*Falsified information on this application is automatic grounds for Termination of Services.
Allow forty-five (45) days for processing this application*

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS



PREA STANDARDS FORM
(PRISON RAPE ELIMINATION ACT)

Pursuant to the Prison Rape Elimination Act (PREA) 42 USC 15601, the D.C. Department of Corrections SHALL NOT hire or promote anyone who may have contact with inmates, and SHALL NOT enlist the services of any contractor or volunteer who may have contact with inmates who: a) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; b) has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; c) has been civilly or administratively adjudicated to have engaged in the activity described.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION
REGARDING THE PREA STANDARDS

Please check the appropriate box:

- I have never engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other confinement institution.
- I have never been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
- I have never been civilly or administratively adjudicated to have engaged in in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

On this _____ day of _____, 20_____, I have completed the foregoing PREA attestation form and understand its contents. The information given is correct to the best of my knowledge and belief and does not knowingly contain any material misrepresentation of fact. Material omissions regarding misconduct or the provision of material false information shall be grounds for termination.

Print Name

Signature