



## Perry County Detention Center Volunteer Application

APPLICANT'S NAME \_\_\_\_\_

Thank you for your interest in volunteering at the Perry County Detention Center.

Please complete the following Volunteer Application packet and bring it with you to your scheduled Volunteer Orientation. Please complete all of the enclosed forms honestly and accurately.

You may if you wish begin the orientation process and review the required PowerPoint modules prior to your scheduled orientation date.

To do so please visit:

[perry.indianasherriffs.net/volunteers](http://perry.indianasherriffs.net/volunteers)

\*Do not add "www." to the web address

Microsoft Office PowerPoint is required to view the training modules. If you do not have PowerPoint installed on your computer you can download the free PowerPoint Viewer at [www.Microsoft.com](http://www.Microsoft.com)

### Application Checklist

In order to ensure you have completed all required documents and procedures please "check" off each item once you have completed it.

- \_\_\_\_\_ Application for Registered Volunteer
- \_\_\_\_\_ Background Check for Volunteer
- \_\_\_\_\_ Statement of Confidentiality
- \_\_\_\_\_ Volunteer Waiver of Liability
- \_\_\_\_\_ Facility Volunteer Emergency Contact Information
- \_\_\_\_\_ Emergency Preparedness Personal Information
- \_\_\_\_\_ Statement of Trafficking Laws and Authorization of Search
- \_\_\_\_\_ Volunteer Orientation Training
- \_\_\_\_\_ Documentation of Volunteer Training (Complete all training modules prior)
- \_\_\_\_\_ Acknowledgement of Receipt of Training (PREA) (Complete PREA training prior)
- \_\_\_\_\_ Acknowledgement of Volunteer Training (Complete all training modules prior)



**Application for Registered Volunteer**  
 State Form 9238 (R-2 / 4-84)  
 Indiana Department of Corrections

**Please print!**

Name of Facility **Perry County Detention Center**

Name of Applicant  male  female \* over 18?  yes  no

Address (number, street, city, state and ZIP code)

Telephone (home) Telephone (work) Extension Fax

In emergency contact Telephone ( ) Family physician Telephone ( )

Education - Special Training

Hobbies - Interests - Skills

Volunteer experience

What prompted you to volunteer for DOC?

Name of Volunteer Group (if applicable)

Availability	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Daily  Weekly  Twice Monthly  Monthly  Other:

Have you ever been convicted of a felony?  y/n Are you currently on parole or probation?  y/n If applicable, length probation/parole

Do you have any family members currently incarcerated in DOC?  y/n If so, where?

Are you presently volunteering at any other DOC facility?  y/n If so, where?

Are you presently visiting an offender at this or any other DOC facility?  y/n If so, where?

Are you an employee of the Indiana Department of Corrections?  y/n

Please advise of any physical limitations or medical conditions which would affect your service as a volunteer:

Will you be required to use/carry prescription medication while volunteering?  y/n Please list (on reverse if needed)

Have you had a TB screening within the last 12 months?  y/n

Signature of applicant Date Signature of Superintendent / Designee Date

Application denied (state reasons on reverse): Signature of Superintendent Date



**INDIANA DEPARTMENT OF CORRECTION**

**Perry County Detention Center**

Facility/Parole District/Central Office

**Volunteer**

Reason for Background Check

By the person's signature on this letter, he/she is aware of and has agreed to a criminal history check through the Indiana Department of Correction as part of a background investigation. This person is aware that the information received will be considered in our determination of approval or denial of employment, volunteer and visitation that this information will only be shared on a need to basis.

Please **PRINT** clearly and fill in with the correct information.

LAST NAME		FIRST	MIDDLE	MAIDEN	
STREET ADDRESS			CITY	STATE	ZIP CODE
ADDRESS LAST 5 YEARS			CITY	STATE	ZIP CODE
DATE OF BIRTH	STATE OF BIRTH		SOCIAL SECURITY #	DRIVER LICENSE NUMBER	
STATE OF DRIVER LICENSE		SEX	RACE	WEIGHT	
HEIGHT	HAIR	EYES	FELONY CONVICTIONS? NO ___ YES ___ IF YES EXPLAIN ON BACK OF THIS SHEET		
LAST EMPLOYER		ADDRESS		CITY	STATE
IF BORN OUTSIDE THE UNITED STATES, HOW OLD WERE YOU WHEN YOU ARRIVED IN AMERICA? _____					
IF BORN OUTSIDE THE UNITED STATES WERE YOUR PARENTS IN THE U.S. MILITARY AT THE TIME OF BIRTH? NO ___ YES ___					
PASSPORT NUMBER _____			GREEN CARD NUMBER (FORM I-90) _____		

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Authorization Signature



# MANDATORY PRE-INTERVIEW QUESTIONS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you ever been convicted of a Domestic Violence Offense, or charged with Domestic Violence and pled down to a lesser offense?

Yes  No

If yes, please explain:

Offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

Arrest: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

(City, State, County)

2. Do you have any criminal charges pending?

Yes  No

If yes, please explain:

Offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

Location: \_\_\_\_\_

(City, State, County)

3. Have you ever been disciplined formally for violence in the workplace?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Do you have any known immediate family (spouse, parents, siblings, children) or close associates (any person other than a relative with whom you reside) currently employed by or who provide services to the Indiana Department of Corrections.

Yes  No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Facility: \_\_\_\_\_

5. Do you currently have any known relatives (spouse, parent, sibling, child, grandchild, grandparent, aunt, uncle, niece, nephew, cousin, including first blood, step, half, foster or in-law) or close associates (any person other than a relative with whom you are currently residing or have previously resided) incarcerated in the Indiana Department of Correction or who are currently on parole, mandatory supervised release or electronic detection?

Yes  No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Facility: \_\_\_\_\_

6. Have you visited any Indiana Department of Correction inmate while he/she was/is incarcerated?

Yes  No

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Facility: \_\_\_\_\_

7. Have you ever been a volunteer at any other Indiana Department of Correction facility? What facility did you volunteer at?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you have any bi-lingual skills?

Yes  No

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date



Perry County Detention Center  
 2211 Herrman Street  
 Tell City, Indiana 47586  
 Phone (812) 547-2441 Fax (812) 547-0410

**STATEMENT OF CONFIDENTIALITY**

In order to conduct its business, the Department of Correction is required to collect information relating to offenders and staff. Some of this information is confidential by nature and, as such, shall not be released except in accordance with Federal and State law and Department of Correction policies and procedures. In addition to a violation of law and/or Department policies and procedures, the release of some information may result in the endangerment of staff, offenders, or the public and breach on the security of the facility and/or Department.

During the course of carrying out assigned duties, staff may be given access to information that is confidential and, if released, may result in a threat to the safety and security of the facility, staff, offenders or the public. The types of information which shall not be released without prior authorization includes, but is not limited to: staff and offender medical/mental health information, victim/witness information, investigative materials, substance abuse treatment records, security threat group information, policies and procedures that have been declared confidential for security reasons, staff personnel records, etc.

Staff may not release any confidential information to any other person unless authorized to do so by his/her supervisor or other authorized supervisory staff. If a staff member has questions about whether information may be released, he/she shall contact his/her immediate supervisor or other staff designated by the Facility of Office Head.

The release of restricted or confidential information without the required authorization may result in disciplinary action, up to and including termination of employment with the Department of Correction and possible referral for criminal prosecution.

**I have read and understand the above. I agree to abide by all laws and Department procedures regarding the release of information.**

Signature	Date Signed (Month, Day, Year)
Witness	Date Signed (Month, Day, Year)



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**VOLUNTEER WAIVER OF LIABILITY**

*\*Please print name below.*

I, \_\_\_\_\_, realize that once I am accepted as a Perry County Detention Center volunteer, I hereby waive and release any and all rights or claims of any kind that may exist or accrue in the future against the State of Indiana, Department of Correction, Perry County, its personnel, or its agents as a result of my duties and responsibilities which I will undertake as a volunteer. I am voluntarily signing this waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

My signature below acknowledges that I am refusing to sign this waiver and I understand that by my refusal I will not be accepted as a volunteer at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_





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**FACILITY VOLUNTEER EMERGENCY CONTACT INFORMATION**

Volunteer Name:			
Home Address:		E-Mail:	
Home Phone:		Cell Phone:	
Alt Phone:			
Physician Name:			
Physician Phone Number:			
Preferred Hospital:			

<b>1<sup>st</sup> Emergency Contact:</b>			
Relationship:			
Home Phone:		Cell Phone:	
Alternate Phone:			

<b>2<sup>nd</sup> Emergency Contact:</b>			
Relationship:			
Home Phone:		Cell Phone:	
Alternate Phone:			

<b>3<sup>rd</sup> Emergency Contact:</b>			
Relationship:			
Home Phone:		Cell Phone:	
Alternate Phone:			

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**CONFIDENTIAL**

**PERRY COUNTY DETENTION CENTER  
 EMERGENCY PREPAREDNESS PERSONAL INFORMATION**

The following information shall be confidential and maintained in the Personnel Office. Only the Superintendent or designee may access this form in an emergency situation. The information shall be used to ensure proper medical treatment and supply personal information necessary during a hostage situation, or other situation emergency. Volunteers shall complete this form prior to starting volunteer work. This form shall be updated annually.

- Employee
- Contractor
- Volunteer

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Classification: \_\_\_\_\_

SSN: \_\_\_\_\_

Supervisor: \_\_\_\_\_

The completion of the section below is voluntary. Be advised that failure to complete this section could result in endangerment to you or others safety in the event of a riot or disturbance.

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I decline to provide the requested medical information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**STATEMENT OF TRAFFICKING LAWS AND AUTHORIZATION FOR SEARCH**

State Form 41465 (R4 / 2-12)  
DEPARTMENT OF CORRECTION

The following Indiana Statutes are brought to your attention. As a person desiring to enter a correctional facility, either as an employee or for other approved purposes, it is important to understand the content of these laws.

IC 35-44-3-9 states:

- (b) Except as provided in subsection (d), a person who, without the prior authorization of the person in charge of a penal facility or juvenile facility knowingly or intentionally:
  - (1) delivers, or carries into the penal facility or juvenile facility with intent to deliver, an article to an inmate or child of the facility;
  - (2) carries, or receives with intent to carry out of the penal facility or juvenile facility, an article from an inmate or child of the facility; or
  - (3) delivers, or carries to a worksite with intent to deliver, alcoholic beverages to an inmate or child of a jail work crew or community work crew; or
  - (4) possesses in or carries into a penal facility or a juvenile facility:
    - (A) a controlled substance; or
    - (B) a deadly weapon;

commits trafficking with an inmate, a class A misdemeanor.

- (c) If the person who committed the offense under subsection (b) is an employee of:

- (1) the department of correction; or
- (2) a penal facility;

and the article is a cigarette or tobacco product (as defined in IC 6-7-2-5), the court shall impose a mandatory five thousand dollar (\$5,000) fine under IC 35-50-3-2, in addition to any term of imprisonment imposed under IC 35-50-3-2.

- (d) The offense under subsection (b) is a Class C felony if the article is:

- (1) a controlled substance; or
- (2) a deadly weapon; or
- (3) a cellular telephone or other wireless or cellular communications device.

A person who commits a Class A misdemeanor shall be imprisoned for a fixed term of not more than one (1) year; in addition, he/she may be fined not more than five thousand dollars (\$5,000). (IC 35-50-3-2) A person who commits a Class C felony shall be imprisoned for a fixed term of four (4) years, with not more than four (4) years added for aggravating circumstances or not more than two (2) years subtracted for mitigating circumstances. In addition, he/she may be fined not more than ten thousand dollars (\$10,000). (IC 35-50-2-6)

It is a Class C infraction for a person to furnish an alcoholic beverage to a person confined in a penal facility. It is unlawful, also, for a person who has charge of a penal facility to knowingly permit a prisoner confined within his/her jurisdiction to receive an alcoholic beverage unless it has been prescribed by a physician as medicine for the prisoner (IC 7.1-5-10-16) or unless it is distributed as sacramental wine for a religious purpose by a minister, priest, or rabbi. [IC 7.1-1-2-3(a)(3)]

A person who commits a Class C infraction may be fined not more than five hundred dollars (\$ 500) [IC 34-28-5-4(c)].

I, the undersigned, have read and understand the above statutes. I recognize the potential danger of contraband or prohibited property of any nature entering or leaving the facility. I do hereby express my willingness to submit to a thorough search of my person, articles in my possession or any vehicle that I may operate on the grounds of the facility at any time that the Facility Head or designee authorizes. Such searches may include work areas, post assignment, and my living quarters, if on State property.

I understand that refusal to submit to such a search shall be cause to be refused entrance to the facility or to be removed from a facility and may constitute grounds for disciplinary action or referral for prosecution.

Signature	Date signed (month, day, year)
Signature of witness	Date signed (month, day, year)



Perry County Sheriff's Office & Detention Center  
**DOCUMENTATION OF VOLUNTEER TRAINING**

Name of Facility	
Perry County Detention Center	
I have received the orientation Volunteer Training for the year 2014-2015. I have indicated below those topics in which I received training. It is my understanding that this constitutes my orientation training for the 2014-2015 year, and completes the orientation training required of active volunteers for Perry County Detention Center.	
<b>I FURTHER UNDERSTAND THAT IF I DO NOT SIGN THIS DOCUMENT, ALONG WITH THE VOLUNTEER AGREEMENT, TRAFFICKING FORM, AND WAIVER OF LIABILITY MY VOLUNTEER SERVICES WILL BE TERMINATED AND I MUST RE-APPLY IF I DESIRE TO VOLUNTEER IN THE FUTURE. (INITIAL BESIDE EACH TRAINING COMPONENT RECEIVED).</b>	
	Mission Responsibility: D.O.C. Community, and Offender
	An Historical Overview of the Perry County Detention Center.
	Philosophy of the D.O.C.
	Volunteer Responsibilities ( <i>Safety, Confidentiality, Dress Code, Training Requirements, Termination of Volunteer Services, Notification of Termination of Volunteer Services, Professionalism</i> )
	Safety and Security ( <i>Security Services, Search procedures, Search of Offenders, Contraband, Trafficking Law, Indiana Code 11-11-4-1, Criminal Manipulation</i> )
	Tobacco Free Environment
	Use of Physical Force
	Standards of Conduct ( <i>Do's and Don'ts</i> )
	Volunteer Relationships with Offenders ( <i>Fantasies, Whistles, Stares, &amp; Obscene Remarks, Compliments, Touching, Time Spent with Offenders, Over Familiarity, Correspondence</i> )- <b>Mentoring an Offender</b>
	Coping with Emergencies
	Institutional Life ( <i>Admission to the System, Unit Management, Daily Routine, Personal Property, work Assignments, Commissary, Operations, visiting, telephones &amp; correspondence, Recreation, Religious Programming, Medical Services, Social Services, Transition Programming, Offender Discipline, Offender Grievance Procedure</i> )
	Level of Risk
	Liability
	Special Guest Requirements
	Visitor Sign-in Log
	Volunteer Application Requirements
Name of Volunteer (print)	Signature of Volunteer
Signature of Instructor	Date



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**ACKNOWLEDGEMENT of VOLUNTEER TRAINING**

I acknowledge that on \_\_\_\_\_ (date), I completed reviewing the required Volunteer Training Power Point modules for a Level Two \_\_\_\_\_ or Level Three \_\_\_\_\_ Volunteer (check appropriate level).

\_\_\_\_\_  
Volunteer's Written Signature

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Witness Signature



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**Acknowledgement of Receipt of Training and Brochures  
"Sexual Assault Prevention"**

This receipt acknowledges that on this date I received training from the Indiana Department of Correction (Perry County Detention Center) regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02-01-115, "Sexual Assault Prevention and Reporting." Additionally, I have been provided with a copy of the Department of Correction Brochure, "Sexual Assault Prevention" and a copy of any facility brochures/documents relating to sexual assault prevention and reporting, if I have not already been provided with a copy of these documents.

Also, my signature indicate that I understand that the Department of Correction maintains a Zero (0) Tolerance for sexual misconduct, abuse and assault involving staff and/or offenders/students. I understand that any sexual contact, including physically touching, verbal or written comments, sexual harassment, etc., between a staff person, contractor, volunteer and/or offender/student is strictly prohibited and may be in violation of IC 35-44-1-5 which states that a staff person who knowingly or intentionally engages in sexual intercourse or deviate sexual conduct with an offender/student commits sexual misconduct, a Class D felony. The Department of Correction shall terminate from employment any staff person who commits any sex act while on duty and/or while in a Department facility or office or with or in the presence of an offender/student. Additionally, the Department will pursue criminal prosecution of any staff person who engages in sexual misconduct.

Further, I understand that:

1. As with all Department of Correction Policies and Procedures, it is my responsibility for maintaining familiarity with, and adherence to, this policy and its procedures.
2. Questions regarding this policy and its administrative procedures may be addressed to my immediate supervisor.
3. Procedures regarding subjects covered by this policy, but not limited to this policy, are available for my information and review through my department. It is my responsibility to comply with Department of Correction and facility policies, procedures and directives.

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Signature

Printed Name

Date

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Signature of Witness

Printed Name of Witness

Date