

MIAMI-DADE CORRECTIONS AND REHABILITATION DEPARTMENT

Volunteers and Contractual Personnel Regulations and Application

STEP 1: Applicant shall indicate the respective service bureau/unit and facility. Submit only 1 application per facility.

Chaplaincy Services Unit	<input type="checkbox"/> Faith Based Counselor <input type="checkbox"/> Worship Service Leader <input type="checkbox"/> Other: _____
Rehabilitative Services Unit	<input type="checkbox"/> Counselor <input type="checkbox"/> AA Counselor <input type="checkbox"/> NA Counselor <input type="checkbox"/> Mentor <input type="checkbox"/> DSPTS Instructor <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Family Counselor <input type="checkbox"/> Other: _____
Contractor	<input type="checkbox"/> FMB <input type="checkbox"/> ISB <input type="checkbox"/> Other: _____
Facility	<input type="checkbox"/> BCP <input type="checkbox"/> MWDC <input type="checkbox"/> PTDC <input type="checkbox"/> TGK <input type="checkbox"/> TTC <input type="checkbox"/> WDC <input type="checkbox"/> Other

STEP 2: Applicant shall complete the following questions, read, and sign the Volunteers and Contractual Personnel Regulations Application.

In accordance with Florida Statute 119.071, "General exemption from inspection or copying of public records", a public agency in Florida may request a Social Security Number (SSN) from an individual only when it is specifically authorized by law to do so, or imperative for the performance of that agency's duties and responsibilities. The decision to provide your SSN is your option. However, declining to provide the SSN may delay the processing of your application/request/documents(s). If you provide your SSN, Miami-Dade Corrections and Rehabilitation Department (MDCR) will use it for identification and verification purposes only.

PERSONAL INFORMATION

Name: _____ DOB: _____

Maiden Name: _____ Sex: _____ Race: _____

Home Address: _____ Length of Time: _____

City: _____ State: _____ Zip Code: _____

Driver License/Motor Vehicle State ID #: _____ Social Security #: _____

Telephone #: _____ Cell #: _____ Email: _____

Referred by: _____

Employer Name: _____ Length of Time: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Employer Phone #: _____ Job Title: _____

Supervisor Name: _____ Supervisor Phone #: _____

What service will you perform? _____

Number of visits per week: _____ On what days? _____ At what times? _____

Special Skills/Training: _____

Languages Spoken: _____

Have you ever been arrested or detained? _____ If yes, please provide the date(s) and explain the circumstances and outcomes: _____

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Have you ever been convicted of a crime? _____ If yes, please provide the date(s) and charge(s):

Applicant Name (Print)

Signature

Date

STEP 3: Applicant must submit the following documentation with the application.

Services Volunteers:

- A dated letter of recommendation with the organization's letterhead from their pastor, priest, rabbi, or house of worship leader indicating that they have been a member in good standing for a minimum of 1 year.
- Submit an acceptable copy of identification (valid driver's license or motor vehicle state identification card.)

Rehabilitation/Social Services Volunteers:

- Letter identifying themselves, their position, and the service to be provided.
- Licensed professionals must attach a copy of their license/certificate credentials if volunteering in a professional capacity.

STEP 4: MDCR staff acknowledges reviewing the application for completeness and ensuring the required documentation is attached by signing below.

Applicant Interviewed and Form Verified by:

Staff Name (Print)

Title/Badge #

Signature

Date

STEP 5: MDCR staff acknowledges completing a criminal background check by signing below.

Criminal Background Check Conducted by:

Staff Name (Print)

Title/Badge #

Signature

Date

STEP 6: MDCR staff assigns Pass Number

Pass Number:

Pass Color:

Date Issued:

Contractual personnel/vendors only- Once the application has received final approval/disapproval, it must be hand-delivered to Program Services Division; MDCR Headquarter.

Volunteers and individuals contracted to work in a facility within the Miami-Dade Corrections and Rehabilitation Department (MDCR) shall adhere to the following Rules and Regulations at all times.

Facility Supervisor: _____ Approve Disapprove Date: _____

Security and Internal Affairs Captain: _____ Approve Disapprove Date: _____

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1. Volunteers and contractual personnel shall not give anything to an inmate unless authorized by the Facility/Bureau Supervisor in writing.
2. Volunteers and contractual personnel shall not provide personal favors to any inmate, including preferential treatment to family members in the facility (nepotism).
3. Volunteers and contractual personnel shall treat inmates with dignity and respect.
4. Sexual relations with inmates, regardless of consensual status, are prohibited and subject to administrative and criminal sanctions.
5. Volunteers and contractual personnel shall abide by the rules and regulations of the facility and MDCR.
6. Volunteers and contractual personnel shall be properly dressed when entering a facility.
7. No food, newspapers, or any other outside items shall be allowed into the facility unless prior approval is given by the Facility/Bureau Supervisor.
8. If any volunteer or contractual personnel have questions as to conduct, within the facility, he/she shall contact the Facility/Bureau Supervisor, or the Shift Supervisor/Shift Commander.
9. Any problems with an inmate shall be reported to an MDCR staff member, Shift Supervisor/Shift Commander or Facility/Bureau Supervisor.
10. Volunteers and contractual personnel will be given a tour of the facility to familiarize the individual with the Shift Supervisor/Shift Commander area, evacuation routes, alarm pull stations, and locations of staff telephones.
11. Volunteers and contractual personnel shall not smoke in the facility, nor shall they introduce or give any tobacco products (cigarette, cigar, chewing tobacco, marijuana, including lighters, and matches) to an inmate(s).
12. There shall be no proselytizing (converting inmates from one belief to another) for any specific churches or denominations.
13. There shall be no teaching of church ordinances or sacraments without prior approval of the Chaplain's office.
14. Non-staff/volunteers shall not accept telephone calls from inmates at their personal residence or telephone.

I have been informed of Miami Dade Corrections and Rehabilitation Department's zero tolerance policy regarding: sexual assault, sexual harassment, "consensual sex" with correctional staff, and inmate-inmate sexual assault incorporated into the Prison Rape Elimination Act (PREA) adopted by the US Congress on September 4, 2003. I have been provided a copy of the MDCR Training Bureau's PREA Facility Based Training pamphlet along with that of Public Law 108-79 related to such. I will abide by all policies, directives, rules and regulations including those in reference to confidentiality of records and other privileged information, and the following law regarding contraband:

FS 951.22 County Detention Facilities: Contraband Articles - (1) It is unlawful, except through regular channels as duly authorized by the sheriff or officer in charge, to introduce into or possess upon the grounds of any county detention facility as defined in s. 951.23 or to give to or receive from any inmate of any such facility wherever said inmate is located at the time or to take or to attempt to take or send there from any of the following articles which are hereby declared to be contraband for the purposes of this act, to wit: Any written or recorded communication; any currency or coin; any article of food or clothing; any tobacco products as defined in s. 210.25(11); any cigarette as defined in s. 210.01(1); any cigar; any intoxicating beverage or beverage which causes or may cause an intoxicating effect; any narcotic, hypnotic, or excitative drug or drug of any kind or nature, including nasal inhalators, sleeping pills, barbiturates, and controlled substances as defined in s. 893.02(4); any firearm or any instrumentality customarily used or which is intended to be used as a dangerous weapon; and any instrumentality of any nature that may be or is intended to be used as an aid in effecting or attempting to effect an escape from a county facility. (2) Whoever violates subsection (1) shall be guilty of a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

I understand that if I have questions, at any time, regarding this policy, I will consult with the Department's Project Manager or representative. Please read the policy carefully to ensure that you understand the policy before signing this document.

I, the undersigned, have read and understand the rules and regulations of MDCR and agree to fully adhere to them.

Applicant Name (Print)

Signature

Date