

N.C. Department of Public Safety – Division of Adult Correction and Juvenile Justice
Rehabilitative Programs and Services
COMMUNITY VOLUNTEER APPLICATION

1. Name: _____
First Middle Last
2. Home Address: _____
Street Address City State Zip
3. Mailing Address (if different from above): _____
4. Home Telephone #: _____ Cell #: _____
5. Date of Birth: ____/____/____ 6. Gender: _____ 7. SS # _____ - _____ - _____
8. Driver's License #: _____ State: _____ 9. Race: _____
10. Employer's Name: _____ Address: _____
11. Have you ever served as a Volunteer in the Division of Adult Correction and Juvenile Justice? **No** _____
If **yes**, Where? _____ When? _____
12. Have you ever been dismissed as a Volunteer by the Division of Adult Correction and Juvenile Justice? **No** _____
If **yes**, Where? _____ When? _____
Please list brief details: _____
13. Have you ever been dismissed as a Visitor by the Division of Adult Correction and Juvenile Justice? **No** _____
If **yes**, Where? _____ When? _____
Please list brief details: _____
14. In what area(s) are you interested in serving as a Volunteer? _____
15. Why do you wish to serve as a Volunteer? _____

16. Are you related to an inmate currently housed at this facility? _____ **Yes** _____ **No**
If **yes**, Who? _____ What is the relationship? _____
17. Are you currently visiting any inmates assigned to this facility? _____ **Yes** _____ **No**
If **yes**, Who? _____ What is the relationship? _____
18. Are you applying to be a Community Leave Sponsor? _____ **Yes** _____ **No**
If **yes**, Name of the inmate and how do you know them? _____
19. Would you serve as a Community Leave Sponsor for an inmate that you do not know? _____ **Yes** _____ **No**
20. Have you ever been convicted of a crime other than a minor traffic violation? _____ **Yes** _____ **No**
If **yes**, please explain: _____ **Date:** _____
21. Would you have objections to the Division of Adult Correction and Juvenile Justice making inquiries necessary for the approval of your application? _____ **Yes** _____ **No**

North Carolina Department of Public Safety
DPS, Division of Adult Correction and Juvenile Justice
VOLUNTEER PRIVILEGED COMMUNICATION FORM

It is understood that I as a Volunteer agree to abide by all facility policies relating to the confidentiality of records or other privileged information which is considered to be critical to the Institution's security.

I agree that in the event that I as a Volunteer become aware of information either verbal or written involving a perceived or real threat to the safety, security and health of inmates, staff and the general public then this will be immediately reported to the Chain of Command.

Volunteer Signature **Date**

Print

Staff Signature **Title** **Date**

Facility



North Carolina Department of Public Safety

Adult & Juvenile Facilities

Pat McCrory Governor
Frank L. Perry, Secretary

W. David Guice, Chief Deputy Secretary
George T. Solomon, Director

Request for DCI Check

All information on this form must be printed or typed.

DCI Check performed by: _____ Date: _____

Approved by: _____ Date: _____

I hereby give Central Prison of the NCDPS Division of Adult Corrections permission to run a Criminal Information Check (DCI) on myself for the below checked reason(s). This information includes a criminal history check a driver record inquiry. This information will be kept strictly confidential.

- | | | |
|---------------------|--|---|
| Purpose of Request: | <input type="checkbox"/> Employment | <input type="checkbox"/> H/L Supervision |
| | <input type="checkbox"/> Community Volunteer Sponsor | <input type="checkbox"/> H/L Transportation |
| | <input type="checkbox"/> W/R Supervision | <input type="checkbox"/> Religious |
| | <input type="checkbox"/> W/R Transportation | <input type="checkbox"/> CF Representative |
| | <input type="checkbox"/> Emergency Leave | <input type="checkbox"/> Other: _____ |

Name: _____

Current Mailing Address: _____

Street Address if different: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Work Number: _____

Cell Number: _____

E-mail address: _____

Drivers License Number: _____ State: _____

Social Security Number: _____

Date of Birth: _____ Race: _____ Sex: _____

Inmate/Programs for which services are requested:

Signature: _____ Date: _____

Witness: _____ Date: _____

FBI #: _____ SID# _____



North Carolina Department of Correction
Division of Prisons

I Beverly Eaves Perdue
Governor

214 West Jones Street • 4201 MSC • Raleigh, North Carolina 27699-4201

Alvin W. Keller Jr.
Secretary

MEMORANDUM

TO: All Department Heads
FROM: Alvin W. Keller, Jr. *Alvin W. Keller Jr.*
Date: May 25, 2010
RE: **G.S. 14-258.1 Regarding Tobacco and Mobile Phones**

In August 2009, Governor Perdue signed Senate Bill 167. The bill incorporated changes to the State's General Statute 148-23 concerning tobacco products and mobile telephones for inmates in the Department of Correction.

The bill also incorporated changes to the State's General Statute 14-258.1 that effective March 1, 2010 a person(s) shall be guilty of a Class 1 Misdemeanor charge for giving or selling tobacco or a mobile telephone or wireless telecommunication device to an inmate in the Department of Correction.

To ensure that ALL Department of Correction employees are aware of G.S. 14-258.1, the attached form has been developed for every DOC employee to read and sign. This form should be signed by all Permanent, Part-time, Contractual, and Volunteer staff. An original signed form shall be placed in the employee's personnel file and the employee provided a copy to keep. The deadline for compliance with this memorandum is Wednesday, June 30, 2010.

The Division of Prisons policy, F.2500 Tobacco Policy, has been revised to include all changes as outlined in the Bill and General Statutes and can be found on the Division's website link:
http://internal.doc.state.nc.us/dop/Manuals/Policies_Procedures/f2500.pdf

Where applicable, each Division of Prisons facility is also instructed to update any material and meet with all custodial agents making them aware of this policy and the General Statute. Each facility must have all custodial agents sign a statement of acknowledgment of the General Statute and retain on file at the facility for reference.

Should you or your staff have any questions concerning this memorandum, they may contact Mary Beth Carroll, Chief of Executive Services for the Division of Prisons via e-mail ome01@doc.state.nc.us or by phone at 919-838-4029.

Attachments

AWK/MBC:mbc

NC Department of Correction
Tobacco/Mobile Cellular Phone or Device

14-258.1 (c) Any person who knowingly gives or sells any tobacco product, as defined in G.S. 148-23.1, to an inmate in the custody of the Department of Correction and on the premises of a correctional facility or to an inmate in the custody of a local confinement facility, or any person who knowingly gives or sells any tobacco product to a person who is not an inmate for delivery to an inmate in the custody of the Department of Correction and on the premises of a correctional facility or to an inmate in the custody of a local confinement facility, other than for authorized religious purposes, is guilty of a Class 1 misdemeanor.

14-258.1 (d) Any person who knowingly gives or sells a mobile telephone or other wireless communications device, or a component of one of those devices, to an inmate in the custody of the Department of Correction or to an inmate in the custody of a local confinement facility, or any person who knowingly gives or sells any such device or component to a person who is not an inmate for delivery to an inmate, is guilty of a Class 1 misdemeanor.

By signing below I have read and understand the information listed in G.S.14-258 (c) and (d). I understand that violation of G.S.14-258.1 (c) and (d) is a Class I misdemeanor and that employees who are in noncompliance may be subject to disciplinary action.

(Name)

(Date)

Instructions: Please sign and date indicating intent to comply with G.S.14-258.1 (c) and (d). Keep the original signed statement in employee's personnel file and provide a copy of the signed statement for employee to keep.



**PRISON RAPE ELIMINATION ACT of 2003 (PREA) INFORMATION
FOR PERSON(S) WITH DIRECT AND INDIRECT
CONTACT WITH INMATES/ OFFENDERS/JUVENILES**

The North Carolina Department of Public Safety has adopted a ZERO-TOLERANCE standard for sexual abuse in its prisons, juvenile justice centers, community corrections facilities and other locations related to supervision. The intent of PREA is to ensure a safe, humane and appropriately secure environment, free from the threat of sexual abuse of all inmates/offenders/juveniles.

You have an obligation to maintain clear boundaries with inmates/offenders/juveniles and to establish a relationship of authority, objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional or sexual relationships to occur with inmates/offenders/juveniles. Please remember that any sexual contact between an inmate/offender/juvenile and staff member (including you) is considered a form of sexual abuse.

NC General Statute 14-27.7(a), states that if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental; having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E Felony.

**THERE IS NO SUCH THING AS CONSENSUAL SEX
BETWEEN YOU AND AN INMATE/OFFENDER/JUVENILE!!!**

All forms of unwanted sexual abuse and harassment between inmates/offenders/juveniles are against DPS policy and may be against NC law. Therefore, if you are aware of any such incidents between inmates/offenders/juveniles or with employees, you have a duty to report them to your Departmental/Division Contact.

Reporting methods include but are not limited to the following:

- Facility/Center/Judicial District Office
- Facility/Center/Division Administrator
- PREA Administration: at (919)825-2754 or prea@doc.state.nc.us
- Division Directors/Central Office
- NCDPS Employee
- Officer in Charge or Probation Officer

I acknowledge that I have been oriented on and understand the Prison Rape Elimination Act of 2003, NC General Statute 14-27.7(a), and the NCDPS zero-tolerance standard for sexual abuse. **I also acknowledge that I will report any findings of sexual abuse immediately.**

Print Name and Business/ Organization

Signature and Date

Name and Title of NCDPS Representative

Signature of NCDPS Representative and Date

Volunteer Training

I _____ have completed the Volunteer Training Program for Central Prison # 3100 and received a copy of the Job Description. I have been informed of who my supervisor will be. In the event that I have any questions or concerns.

I agree to follow the policies and procedures for Central Prison.

Volunteer Signature

Date

Staff Signature

Date