



Utah Department of Corrections

Reentry and Rehabilitation Division

VOLUNTEER SERVICES REGISTRATION

**ALL INFORMATION ON THE FORM MUST BE FILLED IN COMPLETELY
OR VOLUNTEER ID CARD CANNOT BE PROCESSED**

Last:	First:	Middle:	Maiden/other names:	
Name:				
Street Address:				
City:		State:	Zip code:	
Home phone:		Work phone/other:		
Cell Phone:		E-Mail address:		
Employer/School		Occupation:		
Sex: M F	Race:	Height:	Weight:	Hair color: Eye color:
Date of Birth:				
Driver's License #:			State Issued:	

Whom should we contact in case of an emergency? _____

Relationship: _____ Phone: _____

Address: _____

Do you currently have a friend/relative supervised by the Utah Department of Corrections, or are you on an inmates' visiting list? Yes (☐) No (☐)

If yes, please explain nature of relationship and give name of person and facility in which they are located:

Are you bi-lingual? ____ If yes which language? _____

Volunteer service assignment:

Religious (☐) Non-religious (☐) Please specify _____

USCF in which you are assigned: (please circle)

Antelope Bear Currant Dell Emerald Green

CUCF in which you are assigned: (please circle)

Boulder Henry

Do you have any metal in your body? Yes (☐) No (☐)

Please indicate location: _____

If so, you will need to provide a medical card or letter to the Volunteer Services office so we can document it on your Volunteer ID card.

Please note:

In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

1. To be 21 years of age or older and submit proof of age, if required.
2. To submit to a criminal histories background investigation (BCI).
3. A background investigation (BCI) will be completed every 6 months.
4. To be in possession of a valid driver's license, passport, or state identification.
5. To meet attendance and performance commitments.
6. Abide by Volunteer Service Agreement and Code of Ethics.
7. To receive no monetary compensation for volunteer services.
8. To complete new volunteer orientation training/annual refresher training courses as required.
9. To follow policies, procedures, rules and regulations.
10. Agree to pass through the metal detector. Please prepare before coming out to the facility.
(Limit the amount of clothing or accessories that may contain metal, no underwire bras, etc...)

If you cannot pass the metal detector you will not be allowed to come in.

**PLEASE READ CAREFULLY BEFORE YOU SIGN THIS REGISTRATION, FALSE STATEMENTS ON THIS FORM SHALL BE
CONSIDERED SUFFICIENT CAUSE FOR TERMINATION.**

Signature

Date

MUST BE SIGNED OR CARD WILL NOT BE PROCESSED

BCI CHECK__ DATE_____ BY WHOM: _____ ID EXP. DATE_____

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For your ID card to remain active you must come out to the facility at least once every 3 months or your card will be deactivated.



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VOLUNTEER SERVICE CODE OF ETHICS

Please write/print legibly ~ Fill out everything highlighted on both pages

Full Name (Print):	Signature:
Street Address/PO Box, Zip:	Volunteer ID card #:
Valid Email Address:	Home Phone:
Emergency Contact:	Cell Phone:
Assignment / AA, LDS, Catholic, etc.:	Area of assignment:

Volunteer Coordinator: _____ Date: _____

I agree to the following conditions of providing services for the Utah Department of Corrections (UDC) or the offenders under its supervision.

1. Do you currently have a friend/relative who is supervised by the Utah Department of Corrections, or are you on an inmates' visiting list? Yes () No () If yes please explain nature of relationship and give name of person and facility in which they are located.

2. I agree to engage in those assignments or activities, assigned or authorized by the UDC staff. I understand that if I act outside the scope of said assignments or activities, I may be subject to criminal and/or civil liability.
3. I will not represent the UDC in any legal, media or other situation.
4. As a volunteer, I do not expect to receive monetary compensation for my services.
5. I agree to avoid undue familiarity including hugging, holding hands, or any unnecessary physical contact.
6. If an offender has a problem, beyond the scope of my position, I will direct him/her to UDC staff. I will not pursue a relationship with an offender outside my assigned job description.
7. I agree not to correspond with an offender or offenders family/friends in any form, such as letters (kites), phone calls, or social media, while a UDC volunteer.
8. I agree to bring **nothing in** and take **nothing out** for any offender at the facility, except work materials, previously approved in writing.
9. I will **not** purchase, trade, exchange, or gift any item for any offender in this institution without authorization from Reentry and Rehabilitation Division staff. I realize I may be criminally prosecuted if I do not acquire the proper authorization for such items.
10. I will immediately report any condition, activities, or unusual behavior which may be illegal, dangerous, or potentially dangerous to my supervisor or UDC staff.
11. I agree to meet attendance and performance requirements. If I cannot attend my scheduled service, I agree to contact my immediate supervisor/peer to ensure the assignment is canceled or covered by another volunteer.

12. I understand that I am responsible and therefore liable for my own actions and agree to use due care and caution while providing my assigned services for the offenders.
13. I agree not to report to the institution for any activities while under the influence of alcohol or drugs.
14. I understand that the persons under the supervision of this correctional facility have been convicted of criminal activity and any offender I may have contact with may attempt to take unfair advantage of me, including taking me hostage. If I am taken hostage, I understand that it shall not be recognized as an advantage for the hostage taker(s).
15. I understand that as a volunteer, I am restricted from speaking at any court or Board of Pardons & Parole hearings for offenders, and that I may not write to the Board regarding an offender.
16. I will not discriminate in the performance of my duties on the basis of race, color, gender, religion, marital status, sexual orientation, national origin, or the presence of physical, mental, or sensory handicap.
17. After receiving ADA (American Disabilities Act) training, I will notify corrections staff if I am made aware of an ADA issue regarding an offender.
18. I understand that cameras, data recorders, cell phones, digital devices/Bluetooth, members of the news media, are not allowed within the institution without special permission.
19. I recognize that while on the property of this facility, my vehicle and/or person are subject to search for contraband, and that I may be denied access to any facility.
20. I agree to not bring weapons, ammunition, explosives, alcohol, or drugs on prison property.
21. I agree to pass through the metal detector and scan my ID badge each time I enter the prison facility.
22. I agree to notify my staff supervisor or group representative immediately upon termination of my services. I will also turn in my state issued volunteer identification card or other state property in my possession to the Volunteer & Religious Services office.
23. Having attended the Volunteer/Contract staff training class, I will conduct myself according to the facility's volunteer code of ethics, and abide by its policies and procedures (Policy FH11).
24. I understand that failure to meet any of the above conditions may be ground for termination.
25. CUSTODIAL SEXUAL MISCONDUCT: Utah Statute 76-5-412 prohibits sexual contact to a person custody by an employee, private provider, or CONTRACTOR for the Utah Department of Corrections. A violation of this statute could result in a felony or a misdemeanor conviction. Consent of the person in custody is not a defense to any violation or attempted violation of this statute. CONTRACTOR must provide written notice of Utah Code Annotated § 76-5-412 to any employees having contact with offenders pursuant to this contract.

In addition, the Utah Division of Occupational and Professional Licensing (DOPL) is legislatively responsible to investigate complaints regarding the conduct of individuals practicing in regulated occupations and professions. DOPL may be notified of violations of conduct for those UDC VOLUNTEERS who are licensed under DOPL. Refer to Title 58 of the Utah Code and Title R156 of the Utah Administrative Code for details.

**I AGREE TO THE ABOVE CONDITIONS OF PROVIDING SERVICES FOR THE DEPARTMENT OF
CORRECTIONS,**

Volunteer Signature: _____ **Date:** _____

BCI COMPLETED BY

DATE

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Completed annually

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Utah Department of Corrections

Reentry and Rehabilitation Division

VOLUNTEER SERVICES APPLICANT CRIMINAL CONVICTION DISCLOSURE FORM

PRINT FULL NAME: _____
CONFIDENTIAL INFORMATION

IMPORTANT APPLICATION INFORMATION:

As a law enforcement agency, it is necessary that all paid and volunteer personnel of the Utah State Prison be carefully screened prior to appointment. This information is required in order to safeguard the confidentiality of departmental information, and to protect the security of employment or service if, in the judgment of the appointing authority, your qualifications are determined to be appropriate for the position (s) for which you are applying.

List below: convictions and incarcerations for any prior felony offense (s). Also list any gross misdemeanor offense(s) involving sexual misconduct and/or an act of violence, including those sentences that were suspended and/or deferred and those issued by a juvenile court where the defendant was fifteen years of age or older at the time the offense was committed. Do not include convictions vacated by a court and removed from the official record. If there are no convictions, indicate by writing none below.

If incarcerated, give location and dates.

If not incarcerated, what was the disposition?

Date: _____

Crime: _____

If any convictions, have you received a final discharge from supervision, including all civil rights being restored?

Yes () No () (if yes, see below)

Indicate date: _____. Attach a copy of discharge

Do you now have the right under law to carry and use a firearm (concealed carry permit)? Yes () No ()

If yes, list date and B.A.F.T. permit number: _____

All answers and statements are true and complete to the best of my knowledge. I understand that a background check, including, but not limited to arrests and convictions, prior employment and education will be conducted, that, if hired, I may be fingerprinted and that untruthful or misleading answers or deliberate omissions are cause for rejection of my application, removal of my name from eligible registers, or dismissal, if employed or acting as a volunteer.

Signature

Completed as needed

3b

Date