



State of Oregon
Department of Corrections
Volunteer Program

Volunteer/Student Intern Application

Your willingness to volunteer with the Oregon Department of Corrections is very much appreciated. In order to move the process of becoming a volunteer forward, please **print clearly in black ink** and provide **complete and accurate** information. Please fill out the entire Application. Mail your completed Application to the address below.

If you need more space than is provided to completely answer a question, you may attach additional sheets of paper to the back of this application.

If you have questions, please call the phone number listed below.

For Eastside Institutions, please mail completed Applications to:

Volunteer Program Representative
Two Rivers Correctional Institution
82911 Beach Access Road
Umatilla, OR 97882

Lavon.A.StarrMeyers@doc.state.or.us
(541) 922-2089



**STATE OF OREGON
DEPARTMENT OF CORRECTIONS
Volunteer Program**

**VOLUNTEER/STUDENT INTERN
APPLICATION**

- Student Intern Functional Unit: Religious Services Activities & Life Skills A&D (12-Step) Behavioral Health Services
 HGO Admin Reentry Victim Services Health Services Education Current or Past ODOC Employee or Contractor

Last Name: _____ First: _____ Middle: _____

Address: _____ _____ _____ City: _____ State: _____ Zip Code: _____ Email: _____	Home Phone: (_____) _____ - _____ Msg Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____ Driver's License #: _____ State: _____ Date of Birth: ____/____/____
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Education (Please circle the highest completed):

Elementary Middle-School High-School Associates Bachelors Masters Doctorate

Ethnic Origin (Please circle):

Caucasian Hispanic African American Asian Native American Other _____

Gender: Male Female

Height: _____ Ft _____ In Weight: _____ Hair Color: _____ Eye Color: _____

<p>Name of your Affiliation or Sponsoring Organization (PF, FITS, LDS, CCCF Quilters, Toastmasters, etc.)</p> Name: _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____	<p>The contact person is someone in authority with your Affiliation or Sponsoring Organization who can verify that you are endorsed by the organization. <u>It cannot be you or a relative.</u></p> Contact Person: _____ Phone #: (_____) _____ - _____
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ODOC Facility(ies) Where You Have Been Approved as a Volunteer

(Not where you would like to serve, but where you are part of an established program.)

Primary Facility: _____

Facility Supervisor: _____

Secondary Facilities:

CCCF Min. Supervisor: _____

PRCI Supervisor: _____

CCCF Med. Supervisor: _____

SCI Supervisor: _____

CCCF Intake Supervisor: _____

SCCI Supervisor: _____

CRCI Supervisor: _____

SFFC Supervisor: _____

DRCI Supervisor: _____

SRCI Supervisor: _____

EOCI Supervisor: _____

SRCI Min. Supervisor: _____

OSCI Supervisor: _____

TRCI Supervisor: _____

OSP Supervisor: _____

TRCI Min. Supervisor: _____

MCCF Supervisor: _____

WCCF Supervisor: _____

Emergency Notification

Name: _____

Daytime Phone: (_____) _____ - _____

Address: _____

Evening Phone: (_____) _____ - _____

Msg/Cell Phone: (_____) _____ - _____

City: _____

State: _____

Relationship: _____

Name: _____

Daytime Phone: (_____) _____ - _____

Address: _____

Evening Phone: (_____) _____ - _____

Msg/Cell Phone: (_____) _____ - _____

City: _____

State: _____

Relationship: _____

Emergency Information

Physician: _____

Phone: (_____) _____ - _____

Medical Conditions: _____

Allergies: _____

Professional License:

If professional licensing is required (such as an RN or teaching certificate) for the volunteer work you will do, please provide the licensing information:

Type of License: _____ License Number: _____ Licensing Authority: _____

Address: _____ City: _____ State: _____ Zip: _____

Background Investigation Section

Please provide two references not related to you and not listed elsewhere in this application, whom you have known for more than one year, who can tell us about your qualifications and character. Listing names here constitutes permission to contact them and authorizes them to release information to us.

Name: _____ Daytime Phone: (_____) _____ - _____

Address: _____ Evening Phone: (_____) _____ - _____

_____ Msg/Cell Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Name: _____ Daytime Phone: (_____) _____ - _____

Address: _____ Evening Phone: (_____) _____ - _____

_____ Msg/Cell Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Where were you born? _____ USA Citizen: Yes No

If no, country of citizenship: _____ Are you in legal resident of the USA: Yes No

Please list States where you have lived and give the dates you lived there: _____

If you have ever been a crime victim, please give date(s) and name(s) of the person(s) committing the crime: _____

Have you ever been convicted of a crime, felony or misdemeanor (please exclude juvenile adjudications)? Yes No
If yes, please list them:

Date of Offense	Offense (please be specific)	Disposition (please be specific)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are a codefendant, list the name of the other defendant(s) _____

Background Investigation Section Continued

Are you currently on parole or probation? Yes No If yes, please give details and your PO's contact information:

Are you currently on an Oregon Department of Corrections inmate's visiting list or are you related to, or a close friend of a Department of Corrections inmate? Yes No If yes, please list the following:

Inmate's Name: _____ SID: _____ Relationship: _____

Inmate's Name: _____ SID: _____ Relationship: _____

Inmate's Name: _____ SID: _____ Relationship: _____

Other Names, Social Security Numbers, or Birth Dates You Have Used: _____

I understand that the Oregon Department of Corrections will verify the information in my application and that my failure to provide true, accurate and complete information is grounds for my disqualification from participating in the volunteer program as a volunteer or student intern or from doing a practicum. I understand that accepting duties inside a department facility exposes me to potential hazards and risks that accompany exposure to adult felons and I will not hold the department liable. I will abide by all Oregon Department of Corrections Rules, Policies, and procedural statements; and I will treat all information gained through my volunteer/student intern activities as confidential. I further understand there will be no remuneration or compensation for the services I perform. I have read the Code of Ethics and the Code of Conduct and I agree to abide by them. I also agree to be photographed and fingerprinted.

Signed _____ Date: _____ / _____ / _____

FOR OFFICIAL USE ONLY

Date of LEDS: _____ / _____ / _____ Date of Reference Check: _____ / _____ / _____

VTS: Clear Yes No Inmate Name and SID: _____

LEDS Clear: Yes No SID: _____ FBI: _____ Approved: Yes No

Certified LEDS Operator: _____ Signature: _____



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**Authorized State Volunteer Partial
Waiver and Release of Rights Under the
Oregon Tort Claims Act ORS 30.260-300**

Please Print Your Name Here: _____

PLEASE READ CAREFULLY

As an authorized state volunteer performing activities on behalf of the State of Oregon Department of Corrections, I understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer or intern duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause or suit or action, known or unknown, that I may have against the State of Oregon and/or its officers, agents or employees, and from all liability under Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from, or arising out of my state volunteer or intern activities.

This release does not extend to, or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim suit or action brought against me or liability I may be subject to, or may arise out of my authorized state volunteer activities.

In the event that I am injured while performing state volunteer activities, I will notify my Department of Corrections supervisor and apply for injury coverage benefits.

Volunteer Signature

_____/_____/_____
Date



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CONDITIONS OF VOLUNTEER SERVICE

As a person working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

TORT LIABILITY

You will be protected from civil liability for injuries or damage to the person or property of other, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with intent to inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of General Services Risk Management Division Policy Manual, 125-7-201.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

VOLUNTEER INJURY COVERAGE

Workers Compensation is not provided. However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

REPORTING RESPONSIBILITY

Anytime you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform the agency supervisor as soon as possible.

ASSIGNED DUTIES

Assigned duties are those listed on the Position Description Form.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer Signature

_____/_____/_____
Date