

EMERGENCY INFORMATION & SECURITY CONSENT FORM

This form must be signed and submitted annually by volunteers, public visitors and interns to the Volunteer and Internship Coordinator at each facility in which the individual serves. Completed forms may be duplicated for those who frequent multiple facilities.

1. <input type="checkbox"/> Volunteer <input type="checkbox"/> Public Visitor <input type="checkbox"/> Intern		2. Preferred Facility:	
3. Organization/School you represent:			
4. LAST Name		5. FIRST Name	
		6. MIDDLE Name	
7. Complete HOME ADDRESS			
8. Home TEL ()		9. Alternate TEL ()	
10. EMAIL Address		11. Date of Birth / /	
12. MOTOR VEHICLE(s) that you may drive on facility grounds	Year	Make	Model
13. I have a medical condition which requires ready access to emergency medication.			Yes No
14. I have a metal implant that may trigger the metal detector (circle).			Yes No
15. EMERGENCY CONTACT	Name	Relationship	TEL (Alternate)
		()	()
16. List offenders and ex-offenders that you seek to assist with community reintegration needs below (Offenders are persons under the supervision of probation/parole; ex-offenders are persons previously released from criminal justice custody):			
NAME Of Offender/Ex-Offender	Last SCI	NAME Of Offender/Ex-Offender	Last SCI
1)		3)	
2)		4)	

SECURITY CONSENT. I attest that I have been fully advised and clearly understand that:

- The property which I will enter in the above capacity is under the supervision and control of the Pennsylvania Department of Corrections; and that many inmates who are confined in this facility are permitted to move freely, without restraints, in some areas in which I may be present and that I may not always be in the immediate presence of a correctional officer/staff member;
- I assume all risks which may result from the normal operation of the facility;
- No cameras, weapons, recording devices, alcohol, drugs, etc., are permitted on Department property and that my vehicle is subject to being searched;
- I must lock my wallet/purse/handbag, home keys, attaché case, cell phone, etc. in my locked vehicle and completely close all vehicle windows;
- I should only bring one vehicle key into the facility and I must register my vehicle type and license plate number in the lobby;
- I must successfully pass through a metal detector and am subject to being pat searched and searched with an electronic drug ion scanner;
- Advance written permission must be obtained to bring any item into a facility (e.g. books, medication, etc.);
- Failure to bring a Department-issued ID Badge (Volunteers, Interns) or a Photo ID (Public Visitors) will result in my being denied access to the facility; I must wear a Department-issued ID Badge or a Visitor Badge visibly on my clothing at all times;
- I am forbidden to enter any area of the facility other than the designated area for my area of service;
- I must carefully monitor keys, musical and athletic equipment, etc., reporting lost items immediately;
- I must wear conservative, non-revealing clothing;
- I may not discriminate with regard to age, race, color, ancestry, creed, sex, sexual orientation or identity, marital status, national origin, non-job related handicap, or religious or political beliefs;

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Operation of Volunteer Programs

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Attachment 3-D

13. At no time may I give any item to an inmate, no matter how small or trivial it may seem to me;
14. I am forbidden to hug inmates or to strike or lay hands on an inmate unless it is in self-defense;
15. I am not permitted to visit, correspond or converse by phone with any inmate confined in a State Correctional Institution or the Boot Camp;
16. I am forbidden to contact an inmate's family or give an inmate my contact information;
17. I am required to report if an inmate attempts to make outside contact with me by any medium;
18. I may not serve as a foster parent to an inmate's child while the inmate parent is in custody;
19. I am not permitted to directly or indirectly solicit, accept, or agree to accept any gift of money or goods, loans or services for personal benefit from an inmate or a Department employee or contractor;
20. I am not permitted to accept or perform favors or accept or distribute any gifts, money, or loans to or from inmates or members of an inmate's family;
21. I am not permitted to trade, barter, or receive or deliver gifts, money, and favors from or to an inmate or an inmate's friends, relatives, or representative;
22. I must inform my immediate supervisor if an inmate is disrespectful toward me or the group I represent or if I encounter any problems during my visit to the facility;
23. I must immediately report any unusual situations or information that could threaten inmates, staff, visitors or volunteers, as well as facility property, or could compromise and safety and security of the facility;
24. I am always to be respectful of and courteous to correctional staff and immediately obey their directives.
25. If I am not sure if I am permitted to do something, I will ASK a staff member FIRST. I will not make assumptions regarding what I think should be allowed in a correctional environment;
26. I may assist offenders and ex-offenders with community reintegration needs, provided these individuals are NOT confined in a State Correctional Facility or the Boot Camp, and I:
 - i. Disclose on the Volunteer and Intern Application and on the Emergency Information and Security Consent Form the name(s) of the offender(s) and ex-offender(s) that I seek to assist with community reintegration needs before I begin to relate to this individual(s);
 - ii. Assume all risks involved relating to individuals with a criminal history, with an awareness that many offenders have been convicted of violent crimes and that while the Department attempts to impact and change criminal behavior and thought processes while inmates are confined in its facilities, that it cannot guarantee that offenders or ex-offenders will not manipulate, abuse, or victimize those who, with good intentions, seek to assist them in their reintegration process;
 - iii. Maintain professional boundaries in relating to an offender or an ex-offender;
 - iv. Am aware that if an offender or ex-offender is recommitted to a State Correctional Institution or the Boot Camp, I must report this to my Volunteer and Internship Coordinator and the privilege of communicating with this individual outside approved programing opportunities available in the institution will cease;
27. I am not permitted to divulge confidential information about an inmate outside the facility without authorized release;
28. I am subject to the laws of the Commonwealth of Pennsylvania and understand that crimes committed on facility grounds will be prosecuted, and that the failure to adhere to Department rules may result in my permanently being barred from entering a Department facility;
29. If I engage in, or knowingly condone sexual harassment or sexual contact with inmates, I shall be subject to disciplinary action;
30. I am required to inform the Department immediately if an immediate family member, significant other or close friend, who, since I last completed a Centralized Clearance Information Request Form, has since been incarcerated in the Department;
31. I am required to inform the Department of any changes to the information disclosed above and on file with the Department, and I agree to abide by the rules and regulations of the Department as further explained in the Security Orientation for Non-Department Employees (1.1.6. Attachment 3-E).

SIGNATURE _____ DATE ____/____/____

1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Volunteer and Public Visitor Information

Attachment 3-D

Issued:
 Effective: