

	DEPARTMENT OF PUBLIC SAFETY CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: MAR 14 1995	POLICY NO.: COR.19.02
		SUPERSEDES (Policy No. & Date): COR.19.02- 07/15/93	
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No. 95-28523

1.0 PURPOSE

To establish standards and guidelines govern the operations of the Volunteer Services (VolinCor) program for the Corrections Program Services Division and to insure the efficient and effective use of volunteers to achieve Department goals and objectives.

2.0 REFERENCES and DEFINITIONS

.1 References

- a. Hawaii Revised Statutes, Chapter 90, State Policy Concerning the Utilization of Volunteer Services in State Government; Chapter 386, Section 171 and 172, Worker's Compensation; and, Chapter 662, State Tort Liability Act.
- b. Manual of Standards for Adult Correctional Institutions, American Correctional Association, 3rd Edition, Standards 3-4059: Criminal Background Check, and Standards 3-4111 to 3-4119: Citizen Involvement and Volunteers.
- c. Department Policy 493.08.02 Searches of Visitors and Staff
- d. Department Policy COR.03.12 Employee Inmate Conduct
- e. Department Policy ADM.03.01 Ethics Code, Gifts and Acceptance of Gifts, Unwarranted Privileges.

.2 Definitions

- a. Corrections Program Services Administrator (CPSA): Administrator of the Corrections Program Division.
- b. Warden: Administrator of a correctional institution.
- c. Departmental Officer: Administrator of a particular statewide program.
- d. Volunteer Services Officer: Administrator of the Statewide Volunteer Services Program.

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- 1) Branch Liaison Volunteer Coordinator or Designee (BLVC): Coordinator of the Volunteer Services Program in a correctional institution. (Note: Permanent positions are only at Halawa Correctional Facility and Oahu Community Correctional Center.) All other correctional institutions have designees who are assigned this task by their Warden.
- e. Substance Abuse Services Coordinator: Administrator of the Statewide correctional Substance Abuse Treatment Program.
- f. Sex Offender Treatment Program Officer: Administrator of the Statewide correctional Sex Offender Treatment Program.
- g. Educational Services Officer: Administrator of the Statewide correctional Educational Program.
- h. Library Services Officer: Administrator of the Statewide correctional Library Services.
- i. Religious Program Manager: Administrator of the Statewide correctional Religious Program.
- 1) Facility Chaplain: An individual who has been approved by their faith group and is designated by the Director of the Department of Public Safety to provide administrative services for the correctional institution's Chapels or Religious Services Programs.

This individual assists in recruiting various faiths or religious groups to provide religious services to meet the spiritual needs of the inmates. This individual is a volunteer and serves without compensation from the Department. In addition, this individual is under the day to day supervision of the Facility Warden and receives program direction and support from the Religious Program Manager.

In a facility where there is more than one Chaplain, the Warden may designate a specific Chaplain as the Coordinating Facility Chaplain. Facility Chaplains are required to work a minimum of 20 hours a week.

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- 2) Facility Clergy: An individual who has been approved by their faith group and is designated by the Facility Warden where they will serve. This individual's title should be in accordance with their faith and reflect their position within that religion.

This individual is a volunteer and serves without compensation from the Department. Facility Clergy shall put in a minimum of 10 hours per week. Facility Clergy may serve more than one facility.

- 3) Chapel Assistant: An individual who has been approved by their faith group and is designated as Chapel Assistant by the Warden. This individual is a volunteer and serves without compensation for the Department under the direction of the Warden. The Chapel Assistant shall serve in the absence of the Facility Chaplain to maintain orderly operations.
- j. Food Service Officer: Administrator of the Statewide Food Services Program.
- k. Department Identification Officer (DIO): Administrator of the Department's identification process.
- l. Offender Services Administrator: Administrator of offender services in the correctional institutions.
- m. Volunteer Supervisor: Supervisor of a unit that volunteer services are provided. (i.e., Chaplains, Librarians, Educational Specialists, etc.,)
- n. Active Volunteer (AV): Any person or organization who provides goods or services to the Department of Public Safety without monetary or material compensation. The good or services shall be provided voluntarily by the person's own volition. The term volunteer includes regular, occasional, and stipend volunteers; material donors; and advisory councils.
- 1) Regular Volunteer: Any volunteer who has completed the requirements as set by the Department and is engaged in specified voluntary service activities on an ongoing, continuous, and regularly scheduled basis either as an individual or as part of a group.

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- 2) Occasional Volunteer: Any volunteer who provides an on-call or single task of service.
- 3) Stipend Volunteer: Any volunteer who receives an allowance and provides volunteer service to the Department. The allowance may be for food, lodging, and/or other living expenses. This compensation is not to reflect the services rendered.
- 4) Student Intern: A student who performs services on a regular basis and is from a post-high school educational institution, such as universities, local colleges, vocational school, who is providing services for credit and is under the direct supervision of a school or vocational program.
- 5) Material Donor: Any person or organization who provides funds or materials to the Department without monetary compensation.
- 6) Inter-Agency Volunteer: Any volunteer who is referred to the Department and monitored by more than one agency.
- 7) Multi-Unit Volunteer: Any volunteer who provides service to more than one branch within the Department.
- 8) Potential Volunteer: An applicant seeking placement within the Corrections Program Services Division.
 - o. NCIC: National Crime Information Center
 - p. OBTS/CCH: Offender-Based Transaction Statistics/Computer Criminal History

3.0 POLICY

It is the policy of the Department to utilize volunteers, where feasible, to supplement employees in all correctional facilities and programs in order to enhance and expand the services and/or programs offered to the inmates. Use of volunteers enables increased personal contact for the inmate, broadens community resources for the Department, increases public awareness of the correctional system and develops management skills among employees.

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Volunteers supplement, but never supplant, activities and functions of employees of the Department. Volunteers shall not displace a paid worker nor be placed in a job slot for which funding is available. This does not mean that volunteers cannot apply for paid positions.

Tasks assigned to paid workers shall not be removed for the purpose of creating assignments for volunteers.

Volunteers shall not be substituted for classified staff when authorized positions can be filled.

Volunteers shall not be appendages, but rather integrated components of all service delivery activities.

Volunteers are subject to all Policies and Procedures as set by the Department and individual facilities for Employees and Visitors.

4.0 PROCEDURES

.1 Responsibilities: The following lists are guidelines and do not limit the individual's responsibilities.

a. Corrections Program Services Administrator (CPSA)

- 1) Allocates adequate funds for the Volunteer Program.
- 2) Allocates adequate staffing resources.
- 3) Allows staff time to be trained to work with, support, supervise and/or train volunteers.
- 4) Adequately trains Correction Program Services Officers in appropriate monitoring of volunteers.

b. Volunteer Services Officer (VSO)

- 1) Defines goals and objectives of program.
- 2) Develops policies and procedures, and guidelines for program.
- 3) Works with employees, volunteers, and inmates to define the need for volunteers.

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- 4) Identifies resources in the community.
- 5) Recruits volunteers to meet the needs of the branches.
- 6) Allows staff time to be trained to work with, support, supervise and/or train volunteers.
- 7) Has criminal history of each volunteer reviewed by the Department Identification Officers and notifies BLVCs and facility Wardens of outcome.
- 8) Establishes and maintains referral, reporting, and record keeping systems.
- 9) Collaborates with other agencies and educators to develop learning opportunities and joint programming.
- 10) Designs and conducts evaluations of placements, volunteers, and the program.
- 11) Facilitates mobility and progression of volunteers.
- 12) Facilitates recognition of volunteers and employees.
- 13) Ensures that appropriate training is provided to all volunteers prior to participating in volunteer activities.
- 14) Develops and provides in-service training in response to needs expressed by volunteers and employees.
- 15) Establishes individual files on each volunteer. File should include all of the following original documents:
 - A) **VOLUNTEER APPLICATION-** DOC 8101 (01/95), Attachment B
 - B) **VOLUNTEER REFERENCE-** DOC 8102 (01/95), Attachment C
 - C) **AGREEMENT BETWEEN VOLUNTEER AND SUPERVISOR-** DOC 8103 (01/95), Attachment D
 - D) **VOLUNTEER CONSENT FOR CRIMINAL BACKGROUND CHECK-** DOC 8109 (01/95), Attachment J

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- E) **CODE OF ETHICS FOR VOLUNTEERS-** DOC 8110 (01/95), Attachment K
- F) **RECEIPT OF HANDBOOK FOR VOLUNTEERS-** DOC 8111 (01/95), Attachment L
- G) **NOTICE OF CONSENT TO SEARCH-** DOC 8252 (01/95), Attachment O
- H) **SYLLABUS-** If applicable.
- I) Copy of **CREDENTIALS-** If applicable.
- J) All other document(s) or documentation relating to the volunteers shall be placed in this file.
- K) Upon termination this file shall be kept for three years then destroyed.

- 16) Monitors and supervises the BLVCs or Designees assigned to VolinCor. Monitoring should include site visits, reviewing established files on volunteers, progress of services provided, and insuring that all services provided are fulfilling the facilities' need and are gratifying to the volunteers and inmates.

Supervision also includes program direction, support and encouragement, training in specialized areas, and assurance that the Departmental Policies and Procedures are followed.

- 17) Counsels BLVCs and other employees regarding volunteers.
- 18) Counsels volunteers when necessary.
- 19) Takes appropriate disciplinary action when necessary based on official reports, investigative findings and facility recommendation regarding violations of any facility and/or departmental rules.

c. **Wardens**

- 1) Evaluates the criminal history of all volunteers and provides approval or disapproval for each individual. OBTS/CCH Criminal background checks will be conducted at facility level. (Note: NCIC criminal background check will be conducted by DIO).

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- 2) Has discretionary power to refuse entry of any volunteers for reasonable cause and/or failure to follow proper procedures of the Department and/or Facility.

d. Branch Liaison Volunteer Coordinator (BLVC):

- 1) Receives and screens referral of potential volunteers.
- 2) Conducts orientation to the Branch for Volunteers including but not limited to: policies and regulations of the Branch; roles and responsibilities of the volunteers and employees; and characteristics of the inmate population. Obtains signed acknowledgment of orientation from volunteers.
- 3) Ensures that identification badges are provided for volunteers providing services in a correctional facility.
- 4) Matches the volunteer to a job and supervisor.
- 5) Monitors progress and supervision of volunteers.
- 6) Possess volunteer forms and maintains facility records for Volunteer Services.
 - A) Sees that AGREEMENT BETWEEN VOLUNTEER AND SUPERVISOR form (DOC 8103 (01/95), Attachment D, is completed by each volunteer and their respective supervisors. Each also be signed by BLVC.
 - B) Maintains a personnel file on every volunteer at their facility. The File should contain:
 - i. **VOLUNTEER APPLICATION-** DOC 8101 (01/95), Attachment B
 - ii. **VOLUNTEER REFERENCE-** DOC 8102 (01/95) Attachment C
 - iii. **AGREEMENT BETWEEN VOLUNTEER AND SUPERVISOR-** DOC 8103 (01/95), Attachment D
 - iv. **VOLUNTEER CONSENT FOR CRIMINAL BACKGROUND CHECK-** DOC 8109 (01/95), Attachment J

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- v. **CODE OF ETHICS FOR VOLUNTEERS-** DOC 8110 (01/95), Attachment K
 - vi. **RECEIPT OF HANDBOOK FOR VOLUNTEERS-** DOC 8111 (01/95), Attachment L
 - vii. **NOTICE OF CONSENT TO SEARCH-** DOC 8252 (01/95), Attachment O
 - viii. **SYLLABUS-** If applicable.
 - ix. Copy of **CREDENTIALS-** If applicable.
 - x. All other document(s) or documentation relating to the volunteers shall be placed in this file.
 - xi. Upon termination this file shall be kept for three years, and then destroyed.
 - xii. Reports all status changes to CPS-V.
- 7) Serves in a advisory capacity on committees organized by CPS-V.
 - 8) Ensures that volunteers receive recognition, both formal and informal, for their contribution to the Department.
 - 9) If volunteers are accepted from resources other than VolinCor, all procedures and rules are still apply. CPS-V to be notified if volunteer is accepted from another program.
 - 10) Conducts exit interview when volunteer terminates services. Completes the Volunteer Termination Summary DOC 8106 (01/95), Attachment G. In addition, has volunteer complete Termination Report DOC 8107 (01/95), Attachment H. Originals are sent to CPS-V.
 - 11) Collects data on volunteer activities and hours worked at their facility.
 - 12) Completes and submits all reports as requested by CPS-V to the Volunteer Services Office.
 - 13) Each BLVC on the Neighbor Island will have these additional responsibilities:
 - A) Defines needs for volunteers
 - B) Identifies volunteer resources in the community
 - C) Recruits volunteers

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- e. Department Identification Officer (DIO): Conducts Federal (NCIC) Criminal Background of each volunteer applicant within 10 working days of receipt of **Volunteer Consent for Criminal Background Check** DOC 8109 (01/95), Attachment J, by DIO office.

Should the DIO be unable to complete the NCIC clearances within the 10 working days, it will be the Warden's option to allow the potential volunteer entry into the facility based on the facility's outcome of the OBTS background checks, pending the outcome of the NCIC background check.

DIO must be notified if OBTS criminal background check has not been conducted on a volunteer.

- f. Volunteer Supervisor

Any employee to whom a volunteer is assigned shall be that volunteer's supervisor. The volunteer supervisor's responsibilities include but are not limited to these functions:

- 1) Completes and reviews agreement forms together with volunteer.
- 2) Arranges for clearance for the volunteer to have access to the facility at the agreed upon hours of service.
- 3) Ensures that a volunteer is wearing a VOLUNTEER identification badge while in the facility.
- 4) Provides essential information and orientation concerning the unit and the inmate(s), as well as training for specific tasks.
- 5) Entrusts the volunteer with confidential information that may be needed in carrying out the assignment.
- 6) Gives the volunteer a significant task, one that is worthwhile and challenging, without relinquishing authority or responsibility.
- 7) Directs and supports the volunteer in carrying out the assigned responsibilities.

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- 8) Provides orientation for the inmate(s), indicating mutual responsibilities and obligations of inmate(s) and volunteer.
- 9) Evaluates volunteers at regular intervals* and encourages volunteers to evaluate the placement.**
*Volunteer Performance Evaluation DOC 8105 (01/95), Attachment F

*Volunteer's Evaluation Of Placement DOC 8104 (01/95), Attachment E
When complete these forms are to be forwarded to the BLVC's and a copy will be placed in Volunteer's Personnel Files. The originals will be placed in CPS-V's Volunteer Personnel Files.
- 10) Processes monthly Volunteer Time Report DOC 8108 (07/94), Attachment I. Retains a copy and provides original copy to BLVC.
- 11) Writes letters of reference for volunteers upon request, if warranted.

h. Facility Chaplain:

- 1) Fulfills the spiritual needs of the inmates in the various facility by recruiting individuals from the various faiths.
- 2) Maintains and manages personnel files and records of every religious volunteer.
- 3) Assists BLVC in obtaining all necessary Volunteer forms as needed in Volunteer Personnel Files.
- 4) Provides support and technical guidance for all religious volunteers.
- 5) Manages and serves in an administrative capacity in the correctional institution's Chapels.
- 6) Coordinates and facilitates all religious programs in the correctional institutions.

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i. Volunteer

The responsibilities of the volunteer include but are not limited to these functions:

- 1) Reads Volunteer Services Requirements DOC 8112 (01/95) Attachment M, and completes and signs Volunteer Application DOC 8101 (01/95), Attachment B.
- 2) Has Volunteer Reference DOC 8102 (01/95), Attachment C filled out and sent to appropriate BLVC or CPS-V by a friend or supervisor.
- 3) Completes and signs Volunteer Consent For Criminal Background Check DOC 8109 (01/95), Attachment J.
- 4) Attends Volunteer Orientation/Training sessions as set by Volunteer Office. The following forms will be completed on the day/night of the Volunteer Orientation/Training session:
 - A) Reads and signs Code of Ethics For Volunteers DOC 8110 (01/95), Attachment K.
 - B) Reads and signs Notice Of Consent To Search DOC 8252 (01/95), Attachment O.
 - C) Reads and signs Receipt of Handbook For Volunteers DOC 8111 (01/95), Attachment L.
 - D) Completes and signs Agreement Between Volunteer and Supervisor DOC 8103 (01/95), Attachment D. This form may also be completed with Unit Supervisor at another date and time.
 - E) Completes Volunteer Training Evaluation DOC 8113 (01/95), Attachment N.
- 5) Discusses with Unit Supervisor the specifics of Agreement Between Volunteer and Supervisor DOC 8103 (01/95), Attachment D. Signs Agreement once details are worked completed.

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- 6) Works only within the role and terms specified in the Agreement.
- 7) Accepts orientation and supervision to assure maximum effectiveness on the job.
- 8) Works cohesively with other employees and volunteers developing a unified team.
- 9) Works according to the same standards expected of employees in terms of reliability, punctuality, and professionalism.
- 10) Adheres to all institutional rules, with emphasis placed on those relating to security issues or concerns, confidentiality of inmate personal and medical records, and other privileged information.
- 11) Retrieves and wears Volunteer Identification Badge while in the correctional institutions. (Note: Volunteer Badges kept at Screening/Visit desks.) Returns badge to screening desk before departure.
- 12) Completes and submits the Monthly Volunteer Time Report DOC 8108 (01/95), Attachment I, to the Unit Supervisor during the first week of each month and other reports as required.
- 13) Participates in evaluations and surveys.
- 14) Participates, if requested, in establishment of policies and procedures for the Volunteer Services Program.

5.0 ELIGIBILITY OF VOLUNTEERS

- .1 Any person who desires to provide volunteer services and is at least eighteen years (18) of age.
- .2 Any person who does not have past, present or pending criminal charges or convictions and is not on supervisory release, probation or parole. Anyone with the above mentioned status will not be considered as a regular volunteer. (Note: only on a individual basis, with the written recommendation of the Branch Liaison Volunteer Coordinator and written approval from the Warden will this person be allowed in the facility.)

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- .3 Any person who is not a relative or friend of an inmate confined in the same facility may serve as a volunteer. A friend or relative of an inmate confined in the same facility may only volunteer with prior written approval from the Warden. In addition, a friend or relative of an inmate may not serve as a volunteer with that particular inmate.
- .4 Any person on any inmate visit list must immediately notify the Branch Level Volunteer Coordinator. Only with written approval from the Warden will this person be allowed to serve as a volunteer in the same facility that the mentioned inmate is housed.
- .5 Any employee of the facility may serve as a volunteer at any facility with written approval from the particular facility's Warden.
- .6 Any person desiring to provide a specific task as a volunteer (i.e., educational, medical/mental health services, chapel services, etc..) must provide appropriate credentials.

6.0 RECRUITING

- .1 Recruiting volunteers is a staff responsibility under the supervision of the CPS-V.
- .2 Recruiting efforts shall include public, media, civic organizations, educational institutions, public agencies, and individuals.
- .3 Volunteers shall be sought from all cultural and socio-economic segments of the community.

7.0 VOLUNTEER PLACEMENT

- .1 Utilizing the Request for Volunteer Form DOC 8100 (01/95), Attachment A, requests for volunteers' services should be submitted to CPS-V.
- .2 The CPS-V or BLVC will recruit to fill the position requested, review the Volunteer Application DOC 8101 (01/95), Attachment B, and Volunteer Reference DOC 8102 (01/95), Attachment C, conducts a preliminary interview to determine the applicant's aptitudes, abilities, preferences, and other qualifications necessary for suitable assignments.
- .3 If the applicant is suitable, a referral will be made to the appropriate Unit Supervisor for consideration of placement.

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- .4 If the BLVC is unable to match a potential volunteer with an appropriate placement, the volunteer will be referred to the CPS-V for assistance.
- .5 If a potential volunteer is accepted for placement, the Agreement Between Volunteer and Supervisor DOC 8103 (01/95), Attachment D, shall be completed prior to the volunteer participating in actual program.
- .6 The volunteer's placement should be made soon after all necessary forms have been completed and submitted to the BLVC. In addition, the volunteer must have attended the Volunteer Orientation/Training session or have been oriented to the correctional institution placed at.
- .7 Volunteers will be placed in direct or indirect service assignments according to their interests, capabilities, and credentials in accordance with security requirements of the facility in the following general categories of work: administrative/clerical, academic/education, vocational training, counseling or therapy, recreation (physical or arts/crafts), personal development and religious services.
- .8 Volunteers approved to work in specialized areas (i.e., medical, mental health services, substance abuse counseling, etc.) will be supervised by the departmental officer(s) or unit supervisor of the designated area.
- .9 Inter-Agency Volunteers
- a) Any organization may refer a potential volunteer to PSD for consideration of placement in a correctional institution or within this Department. All referrals should be made directly to the CPS-V for appropriate direction.
 - b) The referring organization will be notified by the CPS-V of acceptance or rejection of volunteer.
 - c) If a volunteer's time and performance are being monitored by more than one organization, the volunteer should be notified or should notify the BLVC or his/her records may reflect this information.
 - d) Agreement should be reached by monitoring organization(s) as to which is the primary agency. The other organization(s) will contact the volunteer for such purposes as evaluation only through the primary agency.

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8.0 VOLUNTEER BENEFITS

- .1 Volunteers shall be covered under the State Tort Liability Act (Chapter 662, HRS).
- .2 Procedures covering cases of injury shall be in accordance with Chapter 386, Sections 171 and 172: Worker's Compensation.
- .3 Reimbursement for transportation costs may be furnished when funding permits. State vehicles may be utilized in the performance of Department or agency-related duties, if approved by the facility Warden.
- .4 Meals may be provided without charge to volunteers working over four hours per shift, provided that their shift covers a meal period. When budgetary constraints do not permit eligible volunteers with free meals, they may purchase meal tickets with administrative approval. The Warden shall have the discretion to withhold such meals on ground of fiscal or resource limitations.
- .5 Volunteers shall be provided with recognition in the form of certificates, awards, or recognition ceremonies as deemed appropriate and when funding permits.

9.0 GRIEVANCES

- .1 Grievances of volunteers shall be processed fairly and promptly.
- .2 Problems and conflicts concerning performance of duties or any other matter, excluding suspension or dismissal, shall be discussed between the individual(s) and the on-site supervisor and or Departmental Officer.
- .3 The individual(s) may submit a written statement to the on-site Supervisor and or Departmental Officer detailing problem.
- .4 The on-site Supervisor and/or Departmental Officer shall meet with all parties involved in attempt to resolve the problem.
- .5 If the matter is not resolved, the Departmental Officer or Unit Supervisor or Volunteer may request mediation or review by the facility Warden and/or CPSA.

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10.0 EVALUATIONS

- .1 Volunteers shall have the opportunity to evaluate their placement periodically. Volunteers shall discuss with their departmental supervisors and/or on-site supervisors their concerns and areas of difficulties. Volunteers have the option of completing Volunteer's Evaluation of Placement (DOC 8104 01/95), Attachment E. Feedback to volunteers is important for a successful learning experience.
- .2 Volunteers should be monitored regularly by departmental officer and/or on-site supervisor to insure that agreements with their respective supervisors are being fulfilled. Refer to responsibilities for particulars.
- .3 Volunteers will be subject to evaluation at regular intervals by their supervisors using the Volunteer's Placement Evaluation (DOC 8105 01/95), Attachment F. This performance measurements for the volunteer as well as provides for information for letters of references or recommendation. Supervisors shall forward completed volunteer evaluations to the BLVC for filing in the volunteer's personnel file maintained by the facility.

11.0 TERMINATION

- .1 Volunteers may be terminated from services by the Department for any of the following reasons:
 - a) Breach of Confidentiality (i.e., security procedures, inmates personal information, etc.).
 - b) Unlawful conduct or breach of Departmental and or facility rules and regulations.
 - c) Physical or emotional illness which adversely affects job performance.
 - d) Failure to follow directions of their immediate supervisor without just cause.
 - e) Any acts which threatens the order or safety of employees, inmates, or volunteers.
 - f) Erratic and unreliable attendance or failure to comply with assigned tasks.

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- g) Failure to perform in a professional manner (i.e., engaging in personal relationships with inmates, constant display of vulgarity to staff and/or inmates, etc.).
 - h) Pending criminal charges or investigation.
- .2 Allegations that the services of a Volunteer(s) threatening the order and safety of the Department or facility shall be investigated by the Departmental Officer or on-site supervisor. The Departmental Officer or on-site shall then discuss the charges with the individual(s) and/or agency supervisor.
- a) The departmental supervisor of the individual involved will thoroughly investigate any allegation(s) that this individual(s) committed any acts listed in .9 .a (1-8).
 - b) This investigation will be conducted and completed in a timely manner. Upon completion of the investigation, the supervisor will present his findings to the Warden, Departmental Officer and to the CPSA.
 - c) If the Warden substantiates the allegations, appropriate disciplinary actions shall be taken. If a Volunteer is terminated via this means, the individual(s) involved will not be eligible to provide services for the Department.
- .3 In the instance of suspension or termination, the individual(s) involved will be denied access to the facility, pending the outcome of the grievance procedure.
- a) The Unit Supervisor and/or Departmental Officer in charge of volunteer may ask for a review from the Warden. The basis for making the request shall be made in writing and addressed to the facility Warden involved.
 - b) Within ten working days of receipt of the request, the Warden shall review this matter and render a decision. The decision of the Warden shall be final.
 - c) Copies of all relevant information will be forwarded to CPSA. Originals will be maintained by Volunteer Officer.

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12.0 SCOPE

This policy applies to all correctional facilities and Volunteers.

APPROVAL RECOMMENDED:

Emi Penarosa

Deputy Director for Corrections

3/13/95

Date

APPROVED:

[Signature]

Director

3/14/95

Date

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

REQUEST FOR VOLUNTEERS

FACILITY: _____ TELEPHONE: _____ DATE: _____

Volunteer Job Title: _____

Duties: _____

Special Requirements: _____

Number of Volunteers wanted: _____ How many males? _____ Females? _____

Circle the days of the week that you prefer to have the volunteer(s) available:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the time period the volunteer(s) is needed:

8 am to 11 am 11 am to 2 pm 2 pm to 5 pm 5 pm to 8 pm

Other _____

Circle the minimum time commitment required of the volunteer:

Single Task 3 months 6 months 9 months 1 year Other _____

Will the volunteer be required to use a vehicle in the job assignment? _____

If so, will a State vehicle be available for the volunteer's use? _____

Is your facility accessible to the handicapped? _____

Who will train the volunteer? _____

Who will be responsible for the supervision of the volunteer? _____

Additional Comments: _____

Do you visit any person currently incarcerated in the State of Hawaii? YES NO

If yes, what is the inmate's name? _____ Facility: _____
If more space is needed, please attach a separate sheet.

Have you ever been arrested? YES NO
If yes, fill out below:

<u>CHARGE</u>	<u>STATE</u>	<u>DATE</u>	<u>PRESENT STATUS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If more space is needed, please attach a separate sheet.

Are you currently under court, probation, or parole jurisdiction? YES NO
If yes, please provide information below:

State and City: _____

Reason: _____

Length of time left on sentence: _____

Name of Probation/Parole Officer: _____

Contact number of P.O.: _____

.....
EMERGENCY INFORMATION

In case of emergency contact: _____

Relationship: _____ Telephone Number(s): Home: _____ Business: _____

Address: _____
Street Apartment # City State Zip Code

.....
I hereby give my authorization to the Department of Public Safety's Inspection and Investigation Office to conduct a background security check on the information provided above. I certify that the aforementioned information is true, complete, and correct. I also understand that withholding and or falsification of information pertaining to the State and Federal Criminal Background Checks are cause for rejection of application and or termination.

Signature

Date

FOR ADMINISTRATIVE USE ONLY

Date Received: _____

Name of Organization: _____

Contact Person: _____

Contact with reference: YES NO

Date of Contact: _____

Application Approved: YES NO

Data Confirmed: YES NO

Date Approved: _____

BLVC Signature: _____

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER REFERENCE

DATE: _____

FACILITY: _____

Reference Completed By: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

STREET

APARTMENT #

CITY

STATE

ZIP CODE

NAME OF APPLICANT: _____

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER OF APPLICANT: _____

How many years have you known the applicant? _____ Relationship: _____

FOR RELIGIOUS VOLUNTEER ONLY: (At least one reference must be from the applicant's church or faith group)

Church Affiliation: _____ Denomination: _____

Application has been active in this church for: _____ Serving in what capacity? _____

SUPERVISOR/PASTOR/PRIEST/BISHOP/ETC.: _____ PHONE: _____

EVALUATION

WORK PERFORMANCE:

	<u>EXCELLENT</u>	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>	<u>UNSATISFACTORY</u>
Dependability	<input type="checkbox"/>				
Initiative	<input type="checkbox"/>				
Ability to work with minimum supervision	<input type="checkbox"/>				
Quality of work	<input type="checkbox"/>				

RELATIONSHIPS

	<u>EXCELLENT</u>	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>	<u>UNSATISFACTORY</u>
Understands and accepts other people's viewpoints	<input type="checkbox"/>				
Able to communicate with people of different ages and backgrounds	<input type="checkbox"/>				
Cooperates/works as a part of the team	<input type="checkbox"/>				

EMOTIONAL MATURITY

	<u>EXCELLENT</u>	<u>ABOVE AVERAGE</u>	<u>AVERAGE</u>	<u>BELOW AVERAGE</u>	<u>UNSATISFACTORY</u>
Appropriate to consider for prison work	<input type="checkbox"/>				
Able to work alone	<input type="checkbox"/>				
Able to work under pressure	<input type="checkbox"/>				
Adaptable/flexible	<input type="checkbox"/>				
Exercises good judgment	<input type="checkbox"/>				

OVERALL RECOMMENDATION

I feel the applicant is **unsuited** to serve as a volunteer in the Department of Public Safety.

COMMENTS:

I feel that the individual is **suited** to serve as a volunteer in the Department of Public Safety.

COMMENTS:

REFERENCE'S SIGNATURE

TITLE

DATE

.....
The application should be returned to the Branch Liaison Volunteer Coordinator at the following highlighted address.

**CORRECTIONS PROGRAM SERVICES DIVISION
VOLUNTEER OFFICE
919 ALA MOANA BLVD., SUITE 405
HONOLULU, HAWAII 96814
587-1264/587-2557**

**OAHU COMMUNITY CORRECTIONAL CENTER
2199 KAMEHEMEHA HIGHWAY
HONOLULU, HAWAII 96819
847-4491/848-2597**

**WOMEN'S COMMUNITY CORRECTIONAL CENTER
42-477 KALANIANA'OLE HIGHWAY
KAILUA, HAWAII 96734
266-9580**

**HAWAII COMMUNITY CORRECTIONAL CENTER
60 PUNAHELE STREET
HILO, HAWAII
933-4515**

**HALAWA CORRECTIONAL FACILITY
99-902 MOANALUA ROAD
AIEA, HAWAII 96701
484-5450/486-2600**

**KAUAI COMMUNITY CORRECTIONAL CENTER
5350 KUHIO HIGHWAY
LIHUE, HAWAII 96766
241-3055/241-3057**

**WAIAWA CORRECTIONAL FACILITY
94-560 KAMEHEMEHA HIGHWAY
WAIPAHAU, HAWAII 96797
455-6714**

**MAUI COMMUNITY CORRECTIONAL CENTER
600 WAIALE DRIVE
WAILUKU, HAWAII 96793
243-5857/ 243-5106**

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
VOLUNTEER SERVICES**

AGREEMENT BETWEEN VOLUNTEER AND SUPERVISOR

Date:

_____ will work at _____
Name of Volunteer Facility

_____ every _____
Unit/Section Day(s) of the Week

from _____ to _____, beginning _____ / _____ / _____ and ending
Time Time MO DA YEAR

on _____ / _____ / _____
MO DA YEAR

The volunteer position is _____
TITLE

The position will encompass the following duties. If more space is needed attach separate sheet.

Reports to be submitted to the Volunteer's supervisor are: Monthly time sheet and _____

Given specific information as to other reports the Volunteer is expected to turn in each month.

The volunteer has received, read, and understands the Volunteer Handbook. The Volunteer has also read and understands the rules and regulations regarding volunteer activities as presented by the supervisor. The volunteer understands the rules and regulations on confidentiality and agrees to maintain confidentiality regarding the clients, staff, and facility. Further, the volunteer agrees to abide by all the rules of the facility and the Codes of Ethics for Volunteers.

The supervisor agrees to provide the orientation, training, and support required to enable the Volunteer to perform duties as mentioned above.

Signature of Volunteer Date

Signature of Supervisor Date

Signature of Branch Liaison Volunteer Coordinator

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER'S EVALUATION OF PLACEMENT

	VOLUNTEER'S NAME	FACILITY	DATE	
			<u>YES</u>	<u>NO</u>
1.	Have you and your supervisor agreed to a clear job description for you?		<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you been given adequate orientation to the policies and rules of the facility?		<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you been made to feel part of the staff when working at the facility?		<input type="checkbox"/>	<input type="checkbox"/>
4.	Has your supervisor assigned tasks to you that are interesting and use your skills to the best of your advantage?		<input type="checkbox"/>	<input type="checkbox"/>
5.	Are you able to get your supervisor's help when you need it?		<input type="checkbox"/>	<input type="checkbox"/>
6.	When you are criticized, is it done in a way useful to you or do you feel "put" down?		<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
7.	Do the employees demonstrate appreciation for your work?		<input type="checkbox"/>	<input type="checkbox"/>
8.	Are you given essential information concerning your responsibilities?		<input type="checkbox"/>	<input type="checkbox"/>
9.	Are you ever asked to do anything outside your job description?		<input type="checkbox"/>	<input type="checkbox"/>
10.	Were you introduced to the staff in the unit you are assigned to?		<input type="checkbox"/>	<input type="checkbox"/>
11.	Were you instructed what to do in case of an emergency at the facility?		<input type="checkbox"/>	<input type="checkbox"/>
12.	Were you given a copy of the VolinCor Handbook for Volunteers?		<input type="checkbox"/>	<input type="checkbox"/>
13.	What, if any, problems have you had while volunteering at this facility?			
<hr/>				
<hr/>				

Thank you for taking the time to complete this evaluation. You may give to your supervisor, or if you prefer, send it to:

VolinCor Office
C/o Department of Public Safety
919 Ala Moana Blvd., Room 405
Honolulu, Hawaii 96814

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER'S PERFORMANCE EVALUATION

Name of Volunteer: _____ Date: _____

Name of Supervisor: _____ Date: _____

Facility: _____

Please rate the following items on a scale of:

1 = Poor; 2 = Below Average; 3 = Average; 4 = Above Average; 5 = Excellent

- _____ Works within the role and terms specified in the agreement.
- _____ Seeks training and consultation when needed.
- _____ Works well with Correctional Staff.
- _____ Is reliable and punctual.
- _____ Follows institutional rules.
- _____ Honors confidentiality of records and other privilege information.
- _____ Submits required reports on time.
- _____ Overall rating of Volunteer.

Volunteer's Signature Date

Supervisor's Signature Date

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER TERMINATION SUMMARY

Name of Volunteer: _____ Date: _____

Name of Supervisor: _____ Date: _____

Facility: _____

1. Supervisor's evaluation of volunteer's performance (PSD 8105) should be completed and attached to this report.
2. Beginning date of service: _____
3. Termination date: _____
4. Was an exit interview conducted? YES NO
5. Who was present at exit interview? _____
6. Was the termination voluntary or involuntary? _____
7. Reason for termination: _____
8. If termination was involuntary, what efforts were made to rectify the situation before termination? _____
9. Total hours of time served by volunteer? _____
10. Total number of inmates served? _____
11. Did the volunteer request an evaluation or letter to utilize as a reference? _____
If yes, attach copy of document.

Supervisor's Signature

Date

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER TERMINATION REPORT

Facility: _____ Volunteer Name: _____ Date: _____

Please answer the questions listed below:

1. How did you learn about our volunteer program? Circle one below.

a. Active Correctional Volunteer	e. Newspaper Article
b. Correctional Staff	f. Radio Announcement
c. College Instructor	g. Other
d. VolinCor Brochure or Newsletter	

2. How long were you a volunteer in this program? _____

3. What did you expect to achieve for yourself or others through your volunteer work?

4. In what ways and to what extent were these expectations met?

5. Did your supervisor use your skills and time to the best advantage?

6. What are your reasons for terminating as a volunteer?

7. What changes would need to occur in order for volunteers to work more effectively at this facility? _____

VOLUNTEER MONTHLY TIME REPORT

Please submit one copy to your supervisor at the end of each month and keep one for your files.

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER MONTHLY TIME REPORT

Please print all information. Forms must be completed in duplicates. Original to supervisor, copy for your retention.

Volunteer's Name: _____ Facility: _____

Program: _____ Supervisor: _____

Report for the month of: _____ Total hours of volunteer service for the month: _____

Total number of inmates for the month: _____

Comments:

Copy 1 - to Supervisor

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER MONTHLY TIME REPORT

Please print all information. Forms must be completed in duplicates. Original to supervisor, copy for your retention.

Volunteer's Name: _____ Facility: _____

Program: _____ Supervisor: _____

Report for the month of: _____ Total hours of volunteer service for the month: _____

Total number of inmates for the month: _____

Comments:

Copy 1 - Volunteer's retention

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

CODE OF ETHICS FOR VOLUNTEERS

As a volunteer, I realize that I am subject to a code of ethics similar to that of professionals in the field in which I am performing services for. Further, I understand that I assume certain responsibilities and that I am expected to be accountable for my conduct.

1. I will maintain the professional and personal dignity and integrity in public, as I represent the Department of Public Safety as an active volunteer.
2. I agree to follow all rules and regulations as set by the Department of Public Safety.
3. I will maintain the highest level of confidentiality in public, in reference to security procedures and personal information about the inmates that is entrusted upon me.
4. I interpret "VOLUNTEER" to mean that I have agreed to provide services without receipt of monetary compensation.
5. I promise to bring to my place of service an attitude of open-mindedness and willingness to teach and be taught.
6. I realize that I have assets that my co-workers may not have and I should utilize these assets to enrich the project which we are working together on.
7. I understand that I may lack the assets that my co-workers possess; however, I will not let this affect my self-esteem. Instead, I will be open to learning this skill to further develop my self-esteem. Instead, I will be open to learning this skill to further develop myself, as well as, the team.
8. I realize that I must fulfill my promise, and therefore, I will be careful the agreement which I make with my supervisor is clear and simple to avoid misinterpretations.
9. I understand that I have been accepted by the Department of Public Safety as a "VOLUNTEER" and that I am expected to abide by professional and ethical standards expected of employees. Further, I believe I have an obligation to my work, those who direct and guide it, to my colleagues, and for those whom I provide the service to.

I have read the Code of Ethics for Volunteers and clearly understand its meaning. I further agree to uphold the Code of Ethics as set by the Department of Public Safety as a Volunteer.

Signature of Volunteer

Date

Print Name of Volunteer

Witness/Volunteer Coordinator

Date

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

RECEIPT OF HANDBOOK FOR VOLUNTEERS

I have received the **Handbook For Volunteers**, and I understand the policies and procedures as set by the Department of Public Safety. I further agree to abide by the policies and procedures discussed during the Volunteer Training and in the **Handbook for Volunteers**.

PRINT NAME

SIGNATURE

DATE

PSD 8111 (12/2009)

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY

RECEIPT OF HANDBOOK FOR VOLUNTEERS

I have received the **Handbook For Volunteers**, and I understand the policies and procedures as set by the Department of Public Safety. I further agree to abide by the policies and procedures discussed during the Volunteer Training and in the **Handbook for Volunteers**.

PRINT NAME

SIGNATURE

DATE

PSD 8111 (12/2009)

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER TRAINING EVALUATION

Date: _____

The following is a list of requirements for eligibility as a Volunteer for the Department of Public Safety.

1. Any person who desires to provide volunteer services and is at least 18 years of age.
2. Any person who does not have past, present or pending criminal charges or convictions and is not on supervisory release, probation or parole. Anyone with the above mentioned status will not be considered as a regular volunteer. (Note: only on an individual basis, with the written recommendation of the Branch Liaison Volunteer Coordinator and written approval from the Warden will this person be allowed in the facility.)
3. Any person who is not a relative or friend of an inmate confined in the same facility may serve as a volunteer. A friend or relative of an inmate confined in the same facility may only volunteer with prior written approval from the Warden. In addition, a friend or relative of an inmate may not serve as a volunteer with that particular inmate.
4. Any person on any inmate visit list must immediately notify the Branch Level Volunteer Coordinator. Only with written approval from the Warden will this person be allowed to serve as a volunteer in the same facility which the mentioned inmate is housed.
5. Any employee of the facility may serve as a volunteer at any facility with written approval from the particular facility's Warden.
6. Any person desiring to provide a specific task as a volunteer (i.e., educational, medical/mental health services, chapel services, etc.) must provide appropriate credentials.

All prospective volunteers for the Department of Public Safety are required to complete and submit the following forms for consideration as a regular volunteer.

1. Volunteer Application Form.
2. Volunteer Reference Form (1) - Reference Form: Must be filled out completely by someone who is a non-relative. For those desiring to volunteer for specific tasks should have their immediate supervisor in that particular organization (i.e., Religious Affiliations, medical/mental health, educational, etc.) complete this form. The reference form should be sent directly to the Branch Liaison Volunteer Coordinator at the facility of choice.
3. Volunteer Consent For Criminal Background Check.
4. Certification or Credentials (i.e., Diplomas, ordination, Certification, or equivalent documents, etc.)
5. For Religious Volunteers Only: Letter of reference signed organization leader on official church stationary.
6. Syllabus: Must state goals, objectives and implementation plan. Syllabus should also include but not limited to (Title of Program/Objectives/Goals; Materials/Items to be utilized). Finally, syllabus must be individualized for each volunteer. Group Syllabus will be considered invalid.

All of the above mentioned required documents shall be submitted two weeks prior to Volunteer Training date. The next Volunteer Training is scheduled for _____ from _____ to _____. All forms must be submitted by: _____

.....
Listed below are all the addresses and phone numbers for each Volunteer Services Office.

**CORRECTIONS PROGRAM SERVICES DIVISION
VOLUNTEER OFFICE
919 ALA MOANA BLVD., SUITE 405
HONOLULU, HAWAII 96814
587-1264/587-2557**

**OAHU COMMUNITY CORRECTIONAL CENTER
2199 KAMEHEMEHA HIGHWAY
HONOLULU, HAWAII 96819
847-4491**

**HAWAII COMMUNITY CORRECTIONAL CENTER
60 PUNAHELE STREET
HILO, HAWAII
933-4515**

**KAUAI COMMUNITY CORRECTIONAL CENTER
5350 KUHIO HIGHWAY
LIHUE, HAWAII 96766
241-3055/241-3057**

**MAUI COMMUNITY CORRECTIONAL CENTER
600 WAIALE DRIVE
WAILUKU, HAWAII 96793
243-5857/ 243-5106**

**WOMEN'S COMMUNITY CORRECTIONAL CENTER
42-477 KALANIANA'OLE HIGHWAY
KAILUA, HAWAII 96734
266-9580**

**HALAWA CORRECTIONAL FACILITY
99-902 MOANALUA ROAD
AIEA, HAWAII 96701
484-5450/486-2600**

**WAIAWA CORRECTIONAL FACILITY
94-560 KAMEHEMEHA HIGHWAY
WAIPAHU, HAWAII 96797
455-6714**

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

VOLUNTEER TRAINING EVALUATION

Date of Training: _____

Please check the answer to the following statements below.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Not At All</u>
1. The Volunteer training was useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The Volunteer Handbook is helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The goals of the training were clearly stated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The goals of the training were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The presenters were well informed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The presenters were well prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was given ample opportunity to ask questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My questions were answered thoroughly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I learned a great deal in this training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions below.

1. What was most helpful in the Volunteer Training? _____

2. What would you like to be added or deleted from the Volunteer Training? _____

OTHER COMMENTS: _____

**STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY**

NOTICE OF CONSENT TO SEARCH

Please read the following carefully:

THE LAW

Constitutional Law holds that all persons have a right to be free of unreasonable searches and seizures. An unreasonable search invades a reasonable expectation of privacy. Where an individual does not have a reasonable expectation of privacy, a search is lawful. For the most part, searches of individuals and their property within penal institutions do not violate a reasonable expectation of privacy provided such searches are prudently carried out, and safeguards against such abuse of such practices are governed by facility policy and procedures. (Auth: 353C-2; JAVAR vs. SAITO, et al, Civil N. 94-00349 HMF/FTY)

NOTICE

Every visitor of a correctional institution (including those authorized to perform work or provide services, either through contract or volunteer), are subject to search of their person, including strip search, and of their vehicle and if parked within the confines of a correctional institution, locker or other personal property at any time with reasonable suspicion. Access to any facility may be denied if you refuse to sign this Notice of Consent to Search Form. (See Hawaii Administrative Rules, Title 23, Subtitle 2, Chapter 100-6.)

CONSENT

I have read or have had the above statement read to me, and fully understand its contents and agree to submit to a reasonable search of my person, including strip search, my vehicle, and any property upon entering any correctional facility.

Visitor Signature Date

Print Name of Visitor

Witness Signature Date

Print Name of Witness