

	<b>DEPARTMENT OF PUBLIC SAFETY</b>		<b>EFFECTIVE DATE:</b> May 25, 2018	<b>POLICY NO.:</b> COR.19.02
	<b>CORRECTIONS ADMINISTRATION POLICY AND PROCEDURES</b>		<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.19.02 – 03/14/95	
	<b>SUBJECT:</b>  <b>VOLUNTEER SERVICES</b>			<b>Page 1 of 20</b>

## **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 ensure the efficient and effective use of volunteers to achieve Department goals and objectives.

## **2.0 REFERENCES AND FORMS**

### **1. References**

- a. Department of Public Safety (PSD), Policy and Procedures (P & P) ADM.03.01, Ethics Code, Gifts and Unwarranted Privileges.
- b. PSD, ADM.03.09, Personal Appearance and Dress Code.
- c. PSD, P & P, ADM.08.08, Prison Rape Elimination Act.
- d. PSD, P & P, COR.01.17, Internships.
- e. PSD, P & P COR.08.02, Searches of Visitors and Staff.
- f. PSD, P & P, COR.09.03, Meals, Staff and Guests.
- g. PSD, P & P, COR.14.18, Inmate Consent to be Interviewed, Photographed, and/or Videotaped.
- h. Director's Directive, dated June 3, 2003, To All Corrections Division Employees, RE: Fraternization between Staff and Inmates.
- i. Hawaii Administrative Rules (HAR), Title 23, Department of Public Safety, Subtitle 1, Administration, Chapter 1, General Provision, § 23-1-4, Department's Programs.
- j. HAR, Title 23, Department of Public Safety, Subtitle 1, Administration, Chapter 10, Suitability Determinations for Staff Members and Prospective Staff Members.
- k. HAR, Title 23, Department of Public Safety, Subtitle 2, Corrections, Chapter 100, Visits.

**NOT CONFIDENTIAL**

<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 2 of 20</b></p>

- l. HAR, Title 23, Department of Public Safety, Subtitle 2, Corrections, Chapter 101, Contraband.
- m. Hawaii Revised Statutes (HRS), Chapter 90, State Policy Concerning the Utilization of Volunteer Services in State Government.
- n. HRS Chapter 386, Worker's Compensation, §§ 386-171 to 386-174, Volunteer Personnel.
- o. HRS Chapter 662, State Tort Liability Act.
- p. HRS Chapter 707, Offenses Against the Person, §§ 707-730 to 707-733, Sexual Offenses.
- q. *State v. Cardus*, 86 Haw. 426, 949 P.2d 1047 (Haw.App. 1997).

## .2 Forms

- a. KaMakani Monthly Volunteer Time Record (online).
- b. PSD 8101, Volunteer Application form (attached).
- c. PSD 8102, Volunteer Reference form (attached).
- d. PSD 8103, Acknowledgment Between Volunteer and Supervisor form (attached).
- e. PSD 8108, Volunteer Monthly Time Report (attached)
- f. PSD 8109, Volunteer Consent for Criminal Background Check form (attached).
- g. PSD 8111, Receipt of Handbook for Volunteers form (attached).
- h. PSD 8112, Volunteer Program Services Requirement form (attached).
- i. PSD 8113, Volunteer Training Evaluation form (attached).
- j. PSD 8117, Prison Rape Elimination Act of 2003 form (attached).
- k. PSD 8118, Confidentiality form (attached).

**NOT CONFIDENTIAL**

COR P&PM	SUBJECT:  <b>VOLUNTEER SERVICES</b>	POLICY NO.: <b>COR.19.02</b>
		EFFECTIVE DATE: <b>May 25, 2018</b>
		Page 3 of 20

- l. PSD 8118, Mandatory Reporting form (attached).
- m. PSD 8252, Notice of Consent to Search form (attached).
- n. PSD 8328, Minor Consent form (attached).
- o. PSD 8740, Inmate Consent to be Interviewed, Photographed and/or Videotaped form (attached).

### **3.0 DEFINITIONS**

- .1 Branch Liaison Volunteer Coordinator or Designee (BLVC): Coordinator of the Volunteer Services Program in a correctional institution.
- .2 CJIS: Criminal Justice Information System
- .3 Credentials: This shall include but is not limited to certificates and/or licenses in the area(s) of service, letters of approval/authorization from the Warden or designee, letter of good standing from pastor and/or faith group, etc.
- .4 Corrections Program Services Administrator (CPSA): Administrator of the Corrections Program Division.
- .5 Corrections Program Supervisor – Volunteers (CPS-V): Administrator of the Statewide Volunteer Services Program.
- .6 Departmental Officer: Administrator of a particular statewide program.
- .7 Fraternization: To develop a social and personal relationship with people who are unrelated or of a different class (i.e., co-workers), as if they were family members, siblings, personal friends and/or lovers.
- .8 Material Donor: Any person or organization who provides funds or materials to the Department without monetary compensation.
- .9 NCIC: National Crime Information Center.
- .10 OBTS/CCH: Offender-Based Transaction Statistics/Computer Criminal History.
- .11 Offender Services Administrator: Administrator of offender services in the correctional institution.

**NOT CONFIDENTIAL**

<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 4 of 20</b></p>

- .12 Potential Volunteer: An applicant seeking placement within the Corrections Program Services Division. The applicant has not yet undergone or is in the middle of training and orientation.
- .13 PREA: Prison Rape Elimination Act of 2003.
- .14 Protective Order: An order issued by the court instructing an individual to desist from abusing, harassing, stalking, assaulting, threatening, and/or contacting the petitioner. A protective order may include but is not limited to a Temporary Restraining Order (TRO) or an injunction.
- .15 Social Media – Computer mediated tools which allow people, companies, and other organizations to create, share and/or exchange information, ideas, videos/pictures/photographs in virtual communities and networks, which include but not limited to Facebook, Instagram, Twitter, Flickr, blogs, etc.
- .16 VolinCor: PSD's Volunteer Services Program.
- .17 Volunteer: An individual or organization who provides goods or services to PSD without monetary or material compensation from PSD.
  - a. Level I Volunteer – Has completed all of the training and orientation requirements set forth by PSD, and is engaged in specific services and/or activities on an ongoing, continuous and regularly scheduled basis. This shall also include volunteers who provide services on a sporadic, periodic, occasional, and/or on-call basis. The Level I volunteer is allowed into the assigned facility areas unescorted.
  - b. Level II Volunteer – Has not completed all of the training and orientation requirements set forth by PSD. These volunteers may be a material donor (provides materials or monetary donations) or may be a faith group or part of a faith group providing one-time or occasional services. These volunteers are not allowed into the facility unescorted.
- .18 Volunteer Supervisor: Supervisor of a unit that volunteer services are provided. (i.e., Chaplains, Librarians, Educational Specialists, etc.)

#### **4.0 POLICY**

It is the policy of PSD 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. Volunteers shall never supplant the functions

**NOT CONFIDENTIAL**

COR  P&PM	SUBJECT:  <b>VOLUNTEER SERVICES</b>	POLICY NO.: <b>COR.19.02</b>
		EFFECTIVE DATE: <b>May 25, 2018</b>
		Page 5 of 20

of employees of PSD nor shall they be substituted for classified staff where authorized positions may be filled. They shall not displace a paid worker nor be placed in a job slot for which funding is available; however, volunteers are able to apply for paid positions.

The use of volunteers enables increased personal contact for the inmate, broadens community resources for the Department, increases public awareness of the correctional system, develops management skills among employees, and is an integral component of all service delivery activities.

Volunteering is a privilege and not a right; therefore, PSD reserves the right to decline the services of any volunteer whom it deems inappropriate, a threat to the safety and security of the facility, staff and inmates, and/or fails the training, and/or background criminal checks.

## 5.0 PROCEDURES

- .1 Each facility shall designate an individual to act as the liaison between the facility, VolinCor and volunteers.
- .2 Each facility shall have a list of names of the volunteers assigned to the facility. Volunteers whose names are on the list, shall be allowed into the facility. The list of volunteers for each facility shall be updated monthly.
- .3 Responsibilities: The following lists are guidelines and do not limit the individual's responsibilities.
  - a. Corrections Program Supervisor – Volunteers (CPS-V)
    - 1) Oversees the volunteer program, including but not limited to recruiting and training volunteers, and establishing procedures and guidelines for the program.
    - 2) Shall conduct the NCIC and CJIS criminal background check, including a warrants check, on each volunteer.
      - a) The results of the criminal background check shall be submitted to the facility Warden or designee for approval.
      - b) If the background check is not completed within 10 days, it shall be the Warden's option to allow the Volunteer into the facility, pending the background check.

**NOT CONFIDENTIAL**

<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 6 of 20</b></p>

- 3) Establishes and maintains referral, reporting, and record keeping systems.
- 4) Facilitates recognition of volunteers and employees.
- 5) Ensures that appropriate training is provided to all volunteers prior to participating in volunteer activities.
- 6) Develops and provides in-service training in response to needs expressed by volunteers and employees.
- 7) Monitors and supervises 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' needs and are gratifying to the volunteers and inmates.

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

- 8) Counsels BLVCs and other employees regarding volunteers.
- 9) Counsels volunteers as needed.

**b. 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 the appropriate identification badges are provided for volunteers providing services in a correctional facility.
- 4) Matches the volunteer to a job and supervisor.

**NOT CONFIDENTIAL**

<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 7 of 20</b></p>

- 5) Process volunteer forms and maintains facility records for Volunteer Services.
  - a) Ensures that PSD 8103, Acknowledgment Between Volunteer and Supervisor, is signed by the volunteer and his/her Supervisor. Each one must also be signed by BLVC.
  - b) Establishes individual files on each volunteer. File should include all of the documents listed in Section 2.2, above, in addition to the syllabus or course outline, if applicable, credentials, if applicable, any other documents relating to the volunteer.
  - c) Upon termination this file shall be kept for three (3) years then destroyed.
- 6) Serves in advisory capacity on committees organized by CPS-V.
- 7) Ensures that volunteers receive recognition, both formal and informal, for their contribution to the Department.
- 8) Collects data on volunteer activities and hours worked at their facility.
- 9) Completes and submits all reports as requested by CPS-V to the Volunteer Services Office.
- 10) Each BLVC on the Neighbor Island will have these additional responsibilities:
  - a) Defines need for volunteers.
  - b) Identifies volunteer resources in the community.
  - c) Recruits volunteers.

**c. 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:

**NOT CONFIDENTIAL**



<b>COR</b>  <b>P&amp;PM</b>	<b>SUBJECT:</b>  <b>VOLUNTEER SERVICES</b>	<b>POLICY NO.:</b> <b>COR.19.02</b>
		<b>EFFECTIVE DATE:</b> <b>May 25, 2018</b>
		<b>Page 8 of 20</b>

- 1) Arranges for clearance for the volunteer to have access to the facility at the agreed upon hours of service; handles the scheduling for the volunteers.
- 2) Ensures that a volunteer is wearing a VOLUNTEER identification badge while in the facility.
- 3) Provides essential information and orientation concerning the unit and the inmate(s) as well as training for specific tasks.
- 4) Entrusts the volunteer with confidential information that may be needed in carrying out the assignment.
- 5) Gives the volunteer a significant task, one that is worthwhile and challenging, without relinquishing authority or responsibility.
- 6) Directs and supports the volunteer in carrying out the assigned responsibilities.
- 7) Provides orientation for the inmate(s), indicating mutual responsibilities and obligations of inmate(s) and volunteer.
- 8) Processes the KaMakani form for monthly Volunteer Time Report, keeping a copy and forwarding the original to BLVC.
- 9) Writes letters of reference for volunteers upon request, if warranted.

d. Volunteer

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

- 1) Reviews, discusses, executes and submits all documents listed in Section 2.2, along with a current TB clearance.
- 2) Works only within the role and terms specified in PSD 8103, Acknowledgment Between Volunteer and Supervisor.
- 3) Accepts orientation and supervision to assure maximum effectiveness on the job.

**NOT CONFIDENTIAL**



<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 9 of 20</b></p>

- 4) Works cohesively with other employees and volunteers developing a unified team.
- 5) Works according to the same standards expected of employees in terms of reliability, punctuality, and professionalism.
- 6) Adheres to all facility rules, with emphasis placed on those relating to security issues or concerns, confidentiality of inmate personal and medical records, and other privileged information.
- 7) Retrieves and wears Volunteer Identification Badge from the screening desk while in the correctional institutions. Returns badge to screening desk before departure.
- 8) Completes and submits PSD 8108, to the Unit Supervisor during the first week of each month and other reports as required.
- 9) Participates in evaluations and surveys.
- 10) Volunteers are subject to all Policies and Procedures as set by PSD and individual facilities for Employees.
- 11) In the event a volunteer receives a request from an inmate for advice or assistance relating to a matter outside of the volunteer's duties, he/she will:
  - a) Explain to the inmate that the request does not come under his/her assigned duties and jurisdiction.
  - b) Advise and assist the inmate in contacting the proper staff member.

#### **.4 General Provisions for Volunteers**

- a. Clothing worn by volunteers shall be neat, clean and appropriate for the environment, work station and function of the volunteer, as outlined in P & P ADM.03.09, Personal Appearance and Dress Code.
- b. Guidelines for civilian employees shall also be applied to volunteers; however, the Warden has the discretion to further specify clothing guidelines for each facility.

**NOT CONFIDENTIAL**

COR P&PM	SUBJECT:  <b>VOLUNTEER SERVICES</b>	POLICY NO.: <b>COR.19.02</b>
		EFFECTIVE DATE: <b>May 25, 2018</b>
		<b>Page 10 of 20</b>

- 1) Clothing should be consistent with general community standards and which are applicable to the wearer's trade and profession, and mindful of the environment in which he/she is working.
- 2) Volunteers shall not wear anything that is unsafe, gaudy or less formal than the community with whom they come in contact during their period of service. The following are **prohibited** in all facilities:
  - a) Tank tops or T-shirts without collars; however, polo shirts are acceptable.
  - b) Shirts printed with and/or displaying profanity, sexual symbols or facsimiles, symbols relating to drugs or narcotics, slogans which are indicative of racial prejudices or violence, etc.
  - c) Vests without a shirt or blouse underneath.
  - d) Mini skirts or slit skirts which expose the leg above the knee.
  - e) Abnormally tight trousers or skirts.
  - f) See-through, backless, crop, mid-drift, low-cut blouses and/or tops.
  - g) See-through, backless, low-cut, cut-out, and spaghetti strap dresses.
  - h) Rubber zoris or similar rubber slippers, and any type of sandals.
  - i) Any type of clothing which resembles inmate clothing.
- 3) The length of skirts and dresses shall be below the knee. Skirts may have slits which do not rise above the knee.
- 4) Under garments shall be worn at all times, including bras and panties for women.
- 5) Footwear (boots, shoes) shall be in clean and in good repair.
- 6) Neckties may be worn, but must be the break-away type.
- 7) Sunglasses shall not be worn in the facilities.

**NOT CONFIDENTIAL**

<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 11 of 20</b></p>

- c. Cell phones are not allowed in the facilities and should be locked in the volunteer's car.
- d. Electronic equipment such as laptops, tablets, cameras, radios, TV, etc., are not allowed in the facilities unless utilized for training and/or educational purposes, and previously authorized by the Warden or designee.
- e. If working in a secured area of the facility and/or with inmates, all jewelry should be removed; however, the volunteer is permitted to wear a wrist watch, personal medical ID bracelet, and wedding ring or band. Jewelry that are permanently fixed to the body may qualify as an exception but must be authorized by the facility Warden or designee.
- f. Large bags are not allowed in secured areas and should be locked in the volunteer's car.
- g. Outside food is not allowed in the facilities and volunteers shall not bring food into the facilities, except for special events, and with prior written authorization from the Warden or designee.
  - 1) Prior to bringing in outside food for special events, volunteers shall consult with the Institutional Food Service Manager to ensure that this will not place an undue burden on the Food Service staff.
  - 2) Outside food being brought into the facility shall be from vendors who have been approved by PSD, and the Department of Health, and hold a Department of Health certification or green placard.

**.5 Fraternization**

- a. Volunteers are prohibited from fraternizing with inmates, including entering into consensual sex with an inmate.
- b. Volunteers are not allowed to fraternize with an inmate's family, and/or act as an intermediary between the inmate and his/her family.
- c. Volunteers are not allowed to deliver any items and/or messages to the inmate, other than approved course or service materials, and with prior authorization from the Warden or designee.

**NOT CONFIDENTIAL**

<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 12 of 20</b></p>

- d. Volunteers are not allowed to deliver any items and/or messages from the inmate to his/her family, friends and/or relatives.
  - e. Volunteers are not allowed to take any item(s) out of the facilities, for any reason, without the express authorization of the facility Warden or designee.
  - f. Volunteers are allowed to have "fist bumps" and/or handshakes, when first greeting the inmates. Volunteers are not allowed to have any other physical contact with the inmates (e.g., hugging, group hugs, hand holding).
  - g. Volunteers are not allowed to contact the inmate's families and/or relatives, unless it is a part of the volunteer's duties.
  - h. Volunteers are not allowed to contact the victim(s) of the inmate(s) or the victim's family and/or relatives at any time.
  - i. Volunteers may continue to counsel an inmate after he/she has been released and relocated to the mainland; however, volunteers may assist the inmate in transitioning to a counselor located on the mainland, but the transition period shall not exceed sixty (60) days.
  - j. Any volunteer found in violation of any of these provisions shall be banned from the facility.
- .6 Volunteers are not allowed to videotape and/or photograph any inmates without prior written authorization by the Warden.
- a. Any inmates to be videotaped and/or photographed shall sign PSD 8740, Inmate Consent to be Interviewed, Photographed and/or Videotaped. If an inmate declines to sign PSD 8740, Inmate Consent to be Interviewed, Photographed and/or Videotaped, the inmate is not to be videotaped and/or photographed.
  - b. Videotapes and/or photographs taken of inmates shall not be published on social media.
  - c. Should a non-profit organization desires to post photographs and/or videotapes of inmates on its website in conjunction with religious services offered to inmates, prior written authorization shall be obtained from the Director of the Department of Public Safety.

**NOT CONFIDENTIAL**

COR  P&PM	SUBJECT:  <b>VOLUNTEER SERVICES</b>	POLICY NO.: <b>COR.19.02</b>
		EFFECTIVE DATE: <b>May 25, 2018</b>
		Page 13 of 20

- .7 Volunteers shall not conduct interviews with inmates without prior written consent from the Director of the Department of Public Safety.

## **6.0 ELIGIBILITY OF VOLUNTEERS**

- .1 Any person who desires to provide volunteer services and is at least eighteen years (18) of age.
- Individuals under the age of 18 years may be permitted to provide volunteer services as a part of a faith or service group, provided that PSD 8328 has been submitted to the facility Warden at least ten (10) working days prior to the date of admission to the facility. A State-issued identification or birth certificate must accompany PSD 8328, Minor Consent form.
  - The facility Warden or designee retains the discretion to deny admittance to anyone under the age of 18.
- .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 aforementioned status will not be considered as a regular volunteer.
- Convicted felons wishing to volunteer must have been in the community for five (5) years, during which time they must be completely arrest free, and off of all supervision for at least two (2) years.
  - Convicted misdemeanants wishing to volunteer must have been in the community for two (2) years, during which time they must be completely arrest free, and off of all supervision for at least two (2) years.
  - Individuals with a sexual harassment complaint against them, either pending or resolved, will require special review and approval.
  - Individuals found not guilty of a crime by reason of insanity or mental defect will require special review and approval.
  - Individuals with substance abuse histories and/or problems should be with his/her referring agency for one (1) year and clean and sober for at least one (1) continuous year, although two (2) continuous years is recommended.

**NOT CONFIDENTIAL**

<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 14 of 20</b></p>

- f. Individuals who fail to fully disclose his/her criminal history, falsifies and/or withholds information on PSD 8109, Volunteer Consent for Criminal Background Check, shall be rejected.
  - g. Persons currently on probation or parole, or with pending criminal charges are not eligible to become a Level I Volunteer.
  - h. However, on a case-by-case basis, an individual with a criminal background (i.e., someone on parole) may become a Level II volunteer with the written recommendation of the Branch Liaison Volunteer Coordinator and written approval from the Warden.
  - i. An individual with a criminal background may become a Level I volunteer with the written recommendations of the BLVC and facility Warden, and written approval by the Deputy Director for Corrections (DEP-C).
- .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. The volunteer shall not serve in the same facility as the inmate, unless prior written approval from the Warden has been obtained.
- .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 seeking to provide a specific service as a volunteer (i.e., educational, medical/mental health services, chapel services, etc.) must provide appropriate credentials.
- .7 Any person seeking to be a volunteer must complete training and orientation with VolinCor. Upon completion of training and orientation, the applicant must take a written test and pass with 80% or higher. Each volunteer must complete training, take a written test and pass bi-annually to continue his/her eligibility status.
- a. Should a volunteer terminate his/her service and subsequently desires to restart his/her volunteer service, the volunteer shall be required to submit a current TB clearance, retake the training and orientation, along with the written test.

**NOT CONFIDENTIAL**

COR  P&PM	SUBJECT:  <b>VOLUNTEER SERVICES</b>	POLICY NO.: <b>COR.19.02</b>
		EFFECTIVE DATE: <b>May 25, 2018</b>
		Page 15 of 20

- b. Volunteers shall also undergo PREA training during the VolinCor training and orientation sessions. However, if a volunteer is required to spend a considerable amount of time working with inmates (20 or more hours per week), the volunteer shall be required to attend the complete PREA training that is given to PSD staff.
  - c. Certain volunteers, including but not limited to those providing services in the Mental Health Unit, or Substance Abuse Treatment, or with the Sex Offender Treatment Unit, along with Chaplains and Chapel Assistants shall attend the complete PREA training.
- .8 The potential volunteer must consent to and pass a criminal background check prior to training.
  - a. A NCIC and/or CJIS criminal background check shall be performed by the CPS-V.
  - b. A check for any for any protective orders against and/or by the potential volunteer shall be conducted.
    - 1) The Judiciary's Public Access to Court Information (Ho'ohiki), <http://hoohiki.courts.hawaii.gov/#/search>, and eCourts Kokua, <http://jimspss1.courts.state.hi.us:8080/eCourt/ECC/ECC.iface>, should be checked to verify if there is an active protective order against or by the inmate.
    - 2) The name of the potential volunteer should be checked in Ho'ohiki and eCourts Kokua.
    - 3) The NCIC may be checked to see if there is an out of state protective order by or against the potential volunteer.
    - 4) If there is an active protective order by the potential volunteer against an inmate, or an inmate against the potential volunteer, prior written approval shall be obtained from the Warden prior to allowing the volunteer to attend training.
  - c. The facility Warden shall review and evaluate the criminal history of each Volunteer, and retain the right to approve or disapprove each individual for entry into the facility.

**NOT CONFIDENTIAL**



<p>COR</p> <p>P&amp;PM</p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 16 of 20</b></p>

- d. If the volunteer does not meet the approval criteria (background check), but the facility Warden believes the services offered by the volunteer will be of value to the inmates and/or PSD, the Warden may submit a request for approval to the Institutions Division Administrator.
  - e. The Institutions Division Administrator will then submit a request for an exception of the volunteer and obtain written approval from the Deputy Director for Corrections (DEP-C).
- .9 Upon completion of the training and passing the test, all volunteers must review and complete all forms as outlined in Section 2.2 above, and review the Volunteer Handbook.
- a. Approved volunteers shall have 90 days in which to turn in all completed forms. If completed forms are not submitted within 90 days, the volunteer will be considered terminated or withdrawn from the program.
  - b. If an individual did not submit the required forms within 90 days, but subsequently decides to re-enter the program, the individual shall retake the training, and resubmit the application packet.
- .10 A TB clearance must be submitted after approval of the volunteer's application and prior to entering the facility.
- a. The TB clearance must be within two (2) years of the start of service.
  - b. While not mandatory, volunteers are encouraged to have an annual TB clearance.
  - c. Should there be a break in service, the volunteer will be required to obtain a TB clearance prior to restarting service.

## **7.0 RECRUITING**

- .1 Recruiting volunteers is a staff responsibility under the supervision of the CPS-V.
- .2 Recruiting efforts may include public, media, civic organizations, educational institutions, public agencies, and individuals.
- .3 Individuals from all segments of the community are encouraged to apply as PSD volunteers.

**NOT CONFIDENTIAL**

COR  P&PM	SUBJECT:  <b>VOLUNTEER SERVICES</b>	POLICY NO.: <b>COR.19.02</b>
		EFFECTIVE DATE: <b>May 25, 2018</b>
		Page 17 of 20

## **8.0 VOLUNTEER PLACEMENT**

- .1 A request for volunteers may be submitted to the CPS-V.
- .2 The CPS-V or BLVC will recruit to fill the position requested, review the Volunteer Application packet, then conduct 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 appropriate Unit Supervisor for consideration of placement.
- .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, PSD 8103, Acknowledgment Between Volunteer and Supervisor, 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 BLVC. In addition, the volunteer must have attended the Volunteer Orientation/Training session or have been oriented to the correctional institute 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.

## **9.0 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 HRS Chapter 386, Sections 171 and 172: Worker's Compensation.

**NOT CONFIDENTIAL**

<p>COR</p> <p>P&amp;PM</p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 18 of 20</b></p>

- .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 free meals, they may purchase meal tickets with administration approval. The Warden, in consultation with the Institutional Food Service Manager (IFSM), 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.

#### **10.0 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.

#### **11.0 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. 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.

**NOT CONFIDENTIAL**

<p><b>COR</b></p> <p><b>P&amp;PM</b></p>	<p><b>SUBJECT:</b></p> <p><b>VOLUNTEER SERVICES</b></p>	<p><b>POLICY NO.:</b></p> <p><b>COR.19.02</b></p>
		<p><b>EFFECTIVE DATE:</b></p> <p><b>May 25, 2018</b></p>
		<p><b>Page 19 of 20</b></p>

## **12.0 TERMINATION**

- .1 Volunteers may be terminated from services by the Department for any of the following reasons:
  - a. Services are no longer needed or desired.
  - b. Breach of Confidentiality (i.e., security procedures, inmates personal information, etc.).
  - c. Unlawful conduct or breach of Department and or facility rules and regulations.
  - d. Physical or emotional illness which adversely affects job performance.
  - e. Failure to follow directions of their immediate supervisor without just cause.
  - f. Any acts which threaten the order or safety of employees, inmates or volunteers.
  - g. Erratic and unreliable attendance or failure to comply with assigned tasks.
  - h. 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.).
  - i. Pending criminal charges or investigation.
  - j. Fraternizing with inmates and/or inmates' families and relatives.
  - k. Bringing in or taking out contraband.
- .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 contained in this policy.

**NOT CONFIDENTIAL**

COR P&PM	SUBJECT:  <b>VOLUNTEER SERVICES</b>	POLICY NO.: <b>COR.19.02</b>
		EFFECTIVE DATE: <b>May 25, 2018</b>
		Page 20 of 20

- 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.

### 13.0 SCOPE

This policy applies to all correctional facilities and Volunteers.

APPROVAL RECOMMENDED:

  
 Deputy Director for Corrections
 
 May 25, 2018  
 Date

APPROVED:

  
 Director
 
 May 25, 2018  
 Date

**NOT CONFIDENTIAL**

**VOLUNTEER/CONTRACT STAFF APPLICATION**  
**(CONFIDENTIAL WHEN COMPLETED)**

DATE: \_\_\_\_\_ BASE FACILITY: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
STREET \_\_\_\_\_ APARTMENT # \_\_\_\_\_  
CITY \_\_\_\_\_ ISLAND \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CONTACT INFORMATION: HOME: \_\_\_\_\_ BUSINESS: \_\_\_\_\_  
FAX: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
GLASSES: YES NO CONTACTS: YES NO TATTOOS: YES NO MOLES: YES NO

CURRENT EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUPERVISOR/TITLE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
Circle last year of school completed: (Grade) 9 10 11 12 13 14 15 16 17 18 19 20 21 22  
College(s) Attended: \_\_\_\_\_  
Major: \_\_\_\_\_ Degree(s)/Year: \_\_\_\_\_  
Languages Spoken/Written (other than English): \_\_\_\_\_  
Special Skills/Interest: \_\_\_\_\_  
Licenses and/or Certification: \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone Number(s): Home: \_\_\_\_\_ Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street/Apartment # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**TYPE OF VOLUNTEER:** Religious, AA, NA, Educational, Clerical, SOTP, Toastmasters, OTHER: \_\_\_\_\_

**FACILITY LOCATION** (Circle all that apply): HCF, OCCC, WCCC, WCF (Outer Island) HCCC, KCCC, KCF, MCCC

**FOR RELIGIOUS VOLUNTEERS ONLY:**

CHURCH AFFILIATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
SUPERVISOR/PASTOR/PRIEST/BISHOP/ETC.: \_\_\_\_\_ PHONE: \_\_\_\_\_



**VOLUNTEER REFERENCE**  
**(CONFIDENTIAL WHEN COMPLETED)**

MUST BE COMPLETED BY YOUR IMMEDIATE SUPERVISOR OR A NON-RELATIVE

NAME OF APPLICANT: \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE INITIAL

\*\*\*\*\*  
**FOR RELIGIOUS VOLUNTEERS ONLY:** This reference form must be filled out by the applicant's immediate religious supervisor (e.g. Priest, Pastor, Clergy, Elder, Bishop, Deacon, etc.), within that religious organization.

Church Affiliation: \_\_\_\_\_ Denomination: \_\_\_\_\_

Applicant has been active in this church? \_\_\_\_\_ Serving in what capacity? \_\_\_\_\_

\*\*\*\*\*  
**FOR APPLICANTS WITH A SUBSTANCE ABUSE HISTORY:** This reference form must be filled out by the organizations contact person for PSD.

Affiliation: \_\_\_\_\_ Length Of Continuous Sobriety Or Being Clean: \_\_\_\_\_

Does the applicant have a sponsor (Y/N): \_\_\_\_\_ Does the applicant have a home group (Y/N) \_\_\_\_\_

COMMENTS:

\*\*\*\*\*  
 REFERENCE COMPLETED BY: \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: \_\_\_\_\_  
 STREET/APARTMENT # CITY ISLAND ZIP CODE

TELEPHONE NUMBER(S): \_\_\_\_\_  
 HOME BUSINESS MOBILE FAX

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 \*\*\*\*\*

**EVALUATION**

**WORK PERFORMANCE:**

	Excellent	Above Average	Average	Below Average	Unsatisfactory
Dependability					
Initiative					
Ability to work with minimum supervision					
Quality of work					

**RELATIONSHIP:**

Understands and accepts other people's viewpoints					
Able to communicate with people of different ages and background					
Cooperates/Works as a part of the team					

**EMOTIONAL MATURITY:**

Appropriate to consider for prison work					
Able to work alone					
Able to work under pressure					
Adaptable/flexible					
Exercise good judgment					

**OVERALL RECOMMENDATION:**

**(CHECK ONE)**

\_\_\_\_\_ I feel that the applicant is suited to provide services to the Department of Public Safety. (COMMENTS):

\_\_\_\_\_ I feel that the applicant is unsuited to provide services to the Department of Public Safety. (COMMENTS):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return reference form to the appropriate Branch Liaison Volunteer Coordinator to the address listed below.  
 (Oahu applicants please submit all forms to Oahu Community Correctional Center)

**VOLUNTEER SERVICES**  
**OAHU COMMUNITY CORRECTIONAL CENTER**  
 2199 KAMEHAMEHA HIGHWAY  
 HONOLULU, HAWAII 96819-2307  
 832-1665 Fax: 832-1665 (Agnes Berschauer)

**VOLUNTEER SERVICES**  
**HAWAII COMMUNITY CORRECTIONAL CENTER**  
 60 PUNAHELE ST  
 HILO, HAWAII 96720  
 981-2895 Fax: 981-2896 (Kenneth Rowe)

**DEPARTMENT OF PUBLIC SAFETY**  
**VOLUNTEER SERVICES**  
 919 ALA MOANA BLVD., SUITE 405  
 HONOLULU, HI 96814  
 587-1269 Fax: 587-1280 (Bruce Spencer or Leona Ogi)

**VOLUNTEER SERVICES**  
**KAUAI COMMUNITY CORRECTIONAL CENTER**  
 3-5351 KUHIO HIGHWAY  
 LIIHUE, HAWAII 96766  
 241-3050 ext 235 Fax: 241-3059 ((Jeannie Renaud)

**VOLUNTEER SERVICES**  
**MAUI COMMUNITY CORRECTIONAL CENTER**  
 600 WAIKOLE DRIVE  
 WAILUKU, HAWAII 96793  
 243-5106 Fax: 243-5157 (Brian Cade)

**VOLUNTEER SERVICES**  
**KULANI CORRECTIONAL FACILITY**  
 PO BOX 4499  
 Hilo, HI 96720  
 932-4471, Fax 932-4524 (Polly Varize)



**ACKNOWLEDGMENT BETWEEN VOLUNTEER OR  
CONTRACT EMPLOYEE AND DEPARTMENT OF PUBLIC SAFETY**

Date: \_\_\_\_\_

\_\_\_\_\_ will work for the Department of Public Safety \_\_\_\_\_  
(Name) (Unit/Section)

as scheduled per Passlist memo (effective upon meeting all PSD requirements) and ending upon termination or resignation.

The position is \_\_\_\_\_, as a Volunteer / Contract Employee.  
(Circle One)

*This position will encompass the duties outlined below.*

Reports to be submitted to the Department of Public Safety supervisor or manager are:

1. Monthly time and attendance sheets.
2. Incident Reports if requested.
3. Other Reports to be turned in each month:

I have received and understand the Volunteer and/or Contract Staff Handbook. I have also read and understand the rules and regulations regarding Prison Rape Elimination Act (PREA), confidentiality, mandatory reporting, notification that any sexual contact with an inmate is a felony sexual assault, Policy on Harassment, and professional conduct as presented by PSD Trainers. I agree to maintain confidentiality regarding inmates, staff, and security; and abide by all the rules of the Department of Public Safety and the Code of Ethics. I understand that my failure to do so may result in my termination.

\_\_\_\_\_  
Signature of Volunteer or Contract Employee Date

\_\_\_\_\_  
Signature of PSD Staff Date

**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

**VOLUNTEER & CONTRACT STAFF  
CONSENT FOR CRIMINAL BACKGROUND CHECK**

**Incomplete applications will not be processed. PLEASE FILL IN ALL INFORMATION BELOW:**

APPLICANT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Maiden Name/Other names used: \_\_\_\_\_

TYPE OF ID: \_\_\_\_\_ ID#: \_\_\_\_\_

EXAMPLE: (Name of State) Drivers License, (Name Of State) ID, (Name Of Country) Passport, Military ID, etc.

This is to inform all volunteers and contract personnel that any person authorized to provide services for the Department of Public Safety is subject to both State and Federal Criminal Background Checks. All information will be kept confidential and will be handled in accordance with Department Administration Policy & Procedures: ADMIN .05.01: Access Control to Department Confidential Information.

Are you currently listed on any inmate's approved visit list? (Circle One) YES NO

Are you related to any inmate? (Circle One) YES NO

Do you have a personal and/or business relationship with any inmate? (Circle One) YES NO

Do you have a Protective Order filed against any inmate? (Circle One) YES NO

Do you have a Protective Order filed against you by any inmate? (Circle One) YES NO

If yes, inmate's name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Facility: \_\_\_\_\_

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

Have you ever been arrested (Local, State, Federal, Military)? (Circle One) YES NO

**INCLUDE ALL ARRESTS (DAG'S, DANC'S, DISMISSALS, EXPUNGEMENTS, NOLLE PROSEQUI, ETC)**

Have you ever been incarcerated (Local, State, Federal, Military)? (Circle One) YES NO

Have you ever been served with a TRO (Restraining or Protective Order)? (Circle One) YES NO

Have you ever had a sexual harassment complaint lodged against you? (Circle One) YES NO

**If any of the above is answered yes, fill out below.**

<u>MOST RECENT CHARGE(S)</u>	<u>STATE</u>	<u>DATE OF ARREST</u>	<u>PRESENT STATUS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**IF MORE SPACE IS NEEDED, USE BACK OF THIS PAGE OR ATTACH A SEPARATE SHEET**

Are you currently under court, probation, or parole jurisdiction? (Circle One) YES NO

If yes, please provide information below.

State and City: \_\_\_\_\_ Reason: \_\_\_\_\_

Name of Probation/Parole Officer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time left on sentence: \_\_\_\_\_

I hereby authorize the Department of Public Safety to conduct a background security check on the information provided above. In addition, I understand that I may be subject to fingerprinting should a discrepancy be found. *I certify that the aforementioned information is true, complete, and correct. I understand that withholding and/or falsification of information pertaining to the State and Federal Criminal Background Checks is cause for rejection of application and/or termination.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

**CJIS CLEARANCE** YES NO (Reasons) \_\_\_\_\_ Date \_\_\_\_\_  
 Please attach record

**NCIC CLEARANCE** YES NO (Reasons) \_\_\_\_\_ Date \_\_\_\_\_  
 Please attach record

**COMMENTS:**  
 Conducted by: Name \_\_\_\_\_ Title \_\_\_\_\_ Facility \_\_\_\_\_

## CODE OF ETHICS

I understand that I have been accepted by the Department of Public Safety (DPS) as a "STAFF MEMBER" and that I am expected to abide by professional and ethical standards expected of all employees. As a volunteer or contract staff member, 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 I assume certain responsibilities and am expected to be accountable for my conduct.

1. I will maintain the professional and personal dignity and integrity in public, and will not accept any gift or favor from an inmate or his/her families, or anything that appears to, or could imply an obligation inconsistent with the objective exercise of my professional duties.
2. I agree to follow all rules and regulations and not use my position with the DPS to secure privileges or advantages for myself.
3. I will maintain the highest level of confidentiality in public, in reference to security procedures and revealing private information of inmates to anyone not having proper authorized use of the information.
4. I will not discriminate against any person on the basis of race, religion, color, national origin, sexual orientation, age, physical or mental disability, marital status, changes in marital status, pregnancy, parenthood, or any other class protected by law, and will respect and protect the civil and legal rights of all inmates.
5. I promise to bring to my place of service an attitude of open-mindedness and willingness to teach and be taught; I realize that I have assets that my co-workers may not have, vis a' vis, and I should utilize these assets to enrich the project that we are working together on, therefore, I will not act in my capacity in any matter in which I have a personal interest that could appear to impair my objectivity.
6. I will not engage in undue familiarity with inmates, former inmates and their families; I will report any corrupt or unethical behavior of a fellow correctional staff member that could affect an inmate, or the integrity of the DPS, but will not make statements critical of colleagues or other criminal justice agencies.
7. I will respect the importance of, and cooperate with, all elements of the criminal justice system, and will develop relationships with colleagues to promote mutual respect for the profession and improvement of the quality of service provided.
8. I realize that I must fulfill my promise, and therefore, I will read carefully the agreement that I make with my supervisor to ensure clarity to avoid misinterpretations. Further, I believe I have an obligation to my work, those who direct and guide it, to my colleagues, and for those to whom I provide the service.

***I have read the Code of Ethics 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 or Contract Staff Member.***

---

Signature of Volunteer/ Contract Member      Date

---

Print Name

---

Signature of Witness

---

Date

**VOLUNTEER & CONTRACT STAFF PROGRAM SERVICE REQUIREMENTS****Eligibility requirements for the Department of Public Safety Volunteers.**

1. Are you at least eighteen (18) years of age? ☐ Yes ☐ No
2. Do you have prior arrests and/or convictions? ☐ Yes ☐ No. If "Yes", see APPROVAL CRITERIA
3. Do you have relatives and/or close friends who are incarcerated? ☐ Yes ☐ No. If "yes" you must notify the Branch Liaison Volunteer Coordinator as soon as possible.
4. Are you on any approved inmate visit list? ☐ Yes ☐ No. If "Yes" you must immediately notify the Branch Liaison Volunteer Coordinator.
5. Are you an employee of the State? ☐ Yes ☐ No
6. Applicants desiring to provide a specialized service as a volunteer (i.e. educational, medical/mental health services, chapel services, etc.), must provide appropriate credentials.

*I have read and met all of the above requirements.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Department of Public Safety Approval Criteria (applies to both new applicants and retraining)**

1. Convicted felons must be in the community for 5 years during which time they must be **completely arrest free**. They also need to be **off all supervision for 2 years**.
2. Convicted misdemeanants must be in the community for 2 years during which time they must be completely arrest free and off all supervision for 2 years.
3. Persons with pending criminal charges **WILL NOT BE CONSIDERED**.
4. Persons on probation or parole are **NOT ELIGIBLE**.
5. Anyone with a sexual harassment complaint will require special review and approval.
6. Anyone found not guilty by reason of insanity or mental defect will require special review and approval.
7. Persons with substance abuse histories/problems should be with the referring organization for 1 year, as well as clean and sober for at least 1 continuous year, 2 years are suggested.
8. Anyone who fails to fully disclose their criminal history, falsifies, or withholds information on the Consent for Criminal Background Check will be **REJECTED**.
9. Exceptions to these require approvals from the affected wardens, division administrators, and Deputy Director Of Corrections. The church or referring agency must clearly state they know the reasons he/she is not eligible and give reasons why they believe an exception should be made.

*I have read and met all of the above requirements.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

1. ☐ **Application Form**
2. ☐ **Reference Form**
3. ☐ **Consent For Criminal Background Check Form ® (needed for both new applicants and retraining)**
4. ☐ **Certification or Credentials** (i.e. Diplomas, School Transcripts, Ordination, Certification, or other equivalent documents). **For Religious Volunteers Or Other Organizations:** Letter of reference signed by the organization leader on an official church stationery stating that the applicant is a member in good standing and is authorized to represent their organization in prison ministry, service, etc.
5. ☐ **For Volunteers With A History Of Substance Abuse:** Volunteer Reference Form from designated contact person verifying applicant's one (1) year of continuous of being clean and sober; has a sponsor and a home group, support system.
6. ☐ **Syllabus:** Must state goals, objectives and implementation plan. Syllabus should also include but not limited to Title of Program, Purpose/Objective/Goals, and Materials/Items to be brought in.
7. ☐ **Current TB Test** (within two [2] years from date of orientation). \*
8. ☐ **Copy of Picture I.D.** (Drivers License, State I.D., Military I.D. or Passport)
9. ☐ **Copy of Social Security Card or Picture I.D.** with Social Security Number, e.g. Military I.D., Passport

*I understand that I will not be able to provide volunteer services until all of the above documents have been received and approved by the Branch Liaison Volunteer Coordinator.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Note:** TB Tests can be obtained from your private physician or any State of Hawaii TB Testing Clinics.



## PRISON RAPE ELIMINATION ACT (PREA)

The main points that you need to understand regarding the Prison Rape Elimination Act are:

- 1: In order to prevent PREA violations, it is essential to maintain a professional relationship with inmates at all times. ***Personal Relationships and/or Fraternization with Inmates*** are strictly prohibited. This includes hugging or touching inmates at any time. (*Only a brief handshake or "bumping knuckles" at the beginning and end of each session is authorized.*) Examples of personal relationships include (but are not necessarily limited to) "joking around with" or "horse playing" with inmates, doing favors for or receiving favors from an inmate, sharing of personal or confidential information, discussing personal matters, asking inmates for advice, giving and/or receiving gifts of any kind - or anything of value - with an inmate - former inmate - or their families, unauthorized contact with inmates - former inmates - or their families, doing business with inmates - former inmates - or their families, etc.
- 2: There is no such thing as consensual sex between inmates and staff. (Under Federal and Hawaii law, it is a felony offense)
- 3: Any time an inmate, or anyone else, reports that he/she or another inmate, is being, or was sexually harassed, raped, threatened, and/or sexually assaulted while incarcerated, by other inmates or staff, it must be ***immediately*** reported.
- 4: There are no time limitations as to when the incident(s) happened. Even if it was 30 years ago, it must be ***immediately*** reported.
- 5: An anonymous report, hearsay information, must be ***immediately*** reported.
- 6: The criteria for reporting is that "***if you knew, or should have known,***" that inmate could be, is being, or was sexually harassed, raped, threatened, and/or sexually assaulted while incarcerated, by other inmates or staff, it must be ***immediately*** reported.
- 7: The Department has a ZERO tolerance policy regarding the harassment, abuse, threats, etc., of inmates either by staff or other inmates. It is mandatory that you report any PREA incident.
- 8: Failure to report is a violation of Federal and State Law, as well as Department rules. Failure to report may leave you open to administrative, civil, and/or criminal proceedings taken against you. It may also result in suspension or termination.

If you have any questions regarding this matter, please contact your supervisor or Bruce Spencer at 587-1269.

***I have received, read, and understood the rules and regulations regarding PREA. I agree to maintain a professional relationship with inmates at all times and to immediately report all PREA violations. I understand that all PREA violations are mandatory reporting, and my failure to do so may result in legal or civil action being taken against me, including termination.***

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## CONFIDENTIALITY

**CONFIDENTIALITY** is required of all volunteers and contract staff (hereafter, are referred to as "Staff"). Although this term is frequently used, it is not well understood. Essentially, the word means **privileged, private, or secret information**. What is said or observed is not supposed to be disclosed to others. However, its rules and application can and do differ at times depending on the context and/or circumstances.

- 1: Outside Agencies or Individuals.** By policy, Staff may not disclose any information to any outside agency or individual, regarding inmates or the Department without prior written approval of the Director or designated staff. This includes, but is not limited to law enforcement agencies, attorneys, family members, press, media, etc. All requests for such information must be approved in advance by the Director or designated staff.
- 2: Staff to the Public.** Staff are expected to maintain confidentiality at all times. Staff may not disclose any information pertaining to inmates and security procedures to anyone from the public.
- 3: Staff to Inmates.** Staff shall not discuss their personal relationships, problems, or difficulties with inmates at any time. Staff shall not discuss security measures with inmates.
- 4: Inmates to Staff.** The inmate has the right to expect that what he says will be kept **Confidential**. **However, there is no absolute confidentiality.** Anything that is said or observed may be repeated or discussed with the appropriate supervisor.

Inmates often ask Staff to keep a conversation confidential. The inmate should always be informed that any information shared could be repeated to your immediate supervisor. Inmates should also be reminded that you are required to immediately report any and all information that is shared pertaining to threats or harm against another person; plans of escape and riots; drugs, suicide, PREA and other illegal activities within the institution. However, they should also be assured that their names and information shared will be dealt with discretion.

By being truthful, the Staff member stands up for the rules and models pro-social behavior. Inmates do respect Staff who are honest and truthful, and will normally divulge more information to them. Inmates often look for Staff members with a reputation to be "up front" and honest as they entrust these individuals to "Do the Right Thing".

**Questions about confidentiality need to be directed to your immediate supervisor.**

**NOTE: GIVING OUT INFORMATION WITHOUT PROPER AUTHORIZATION, OR FAILURE TO IMMEDIATELY REPORT REQUIRED INFORMATION, IS A MAJOR BREACH OF SECURITY AND MAY BE SUBJECT TO DISCIPLINARY ACTION!**

*I have received, read, and understand the rules and regulations regarding confidentiality. I agree to maintain confidentiality regarding inmates, staff, and security; and abide by all the rules of the Department of Public Safety. I understand that my failure to do so may result in legal or civil action being taken against me, and/or termination.*

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



## MANDATORY REPORTING

All volunteers and contract staff, (hereafter referred to as "Staff") must report any known, or suspected situation(s), or information that is required by law, Department policy, and/or rule. The disclosure of this information must be made in writing through your chain of command prior to leaving the facility. If no one in your chain of command is available, or if you have questions concerning the chain of command, you must report to the watch commander. Failure to report will be considered negligence as well as a major breach of security. **You can be held responsible if "you knew ..., or should have known"...** In other words, willful negligence is not an excuse. Failure to report the following could result in disciplinary action being taken against you which may include suspension and/or termination. Failure to report could also subject you to civil litigation and/or criminal prosecution.

**INCARCERATED RELATIVES OR CLOSE FRIENDS** – Any time you learn that a relative or close friend is incarcerated in any facility, you must immediately report it to your supervisor. If you are conducting your program and see a relative or close friend, you must immediately notify the ACO in your area. If you have a personal and/or business relationship with an inmate, you must report this to your supervisor. This is to ensure both your safety as well as the inmate's. *Staff are not allowed to provide services to relatives or close friends.* Additionally, written approval from the warden will be required to continue providing services.

**SAFETY AND SECURITY**- These include all injuries; known or suspected plans, thoughts/ideations, or attempts that an inmate may hurt him/herself or others. These include suicide, escape, drugs, contraband, riot, rule violations, etc. Anything that could, or does, jeopardize the safety of the inmates, staff, and/or public must be reported immediately.

**PREA – Prison Rape Elimination Act** – Any reports of known and/or suspected PREA violations.

**CHILD and/or VULNERABLE ADULT ABUSE OR NEGLECT.** Vulnerable adults includes the elderly, disabled, and handicapped. Staff must report child and/or vulnerable adult abuse and/or neglect if they have *"knowledge or reason to believe that a vulnerable adult or child has been abused or is in danger of being abused if immediate action is not taken"*. This must also be reported to the Department of Human Services. Reports must also be made to your supervisor or watch commander prior to leaving a facility. You are mandated to report any known or suspected child and/or elderly abuse. *Failure to report known or suspected child, elderly and/or vulnerable adult abuse to proper authorities is a violation of the law.*

**NOTE: THE DEPARTMENT OF PUBLIC SAFETY HAS A ZERO TOLERANCE FOR THE ABUSE OF INMATES, INCLUDING SEXUAL HARASSMENT AND ABUSE. STAFF NEED TO ALWAYS BE PRO-ACTIVE AND DILLIGENT IN ENSURING THE HUMANE TREATMENT AND PROTECTION OF INMATES; AS WELL AS ASSURING SAFETY FOR THE INMATES, STAFF, AND PUBLIC.**

*I have received, read, and understand the rules and regulations regarding mandatory reporting (If you knew ..., or should have known..." you are mandated to report). I agree to report all issues and situations as required by law, Department policy, or rule. I also agree to abide by all the rules of the Department of Public Safety. I understand that my failure to do so may result in legal or civil action being taken against me, and/or termination.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

DEPARTMENT OF PUBLIC SAFETY  
MINOR CONSENT FORM FOR PROGRAM USE

**Both parties must appear in person to sign this consent form prior to visiting. Parents or legal guardians must have proper identification showing the relationships to minors. This form must be submitted ten (10) days prior to the visit.**

I, \_\_\_\_\_, give permission for my son or daughter,  
(Please Print Name)

\_\_\_\_\_, who is a minor to visit \_\_\_\_\_  
(Please Print Name) (Please Print Facility)

to participate in \_\_\_\_\_  
(Name of Program)

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Date

.....

I, \_\_\_\_\_, accept and assume the responsibility of escorting  
(Please Print Name)

\_\_\_\_\_, who is a minor, while visiting the above named inmate.  
(Please Print Name)

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Date

.....

Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Authorized \_\_\_\_\_ Date \_\_\_\_\_  
Warden/Designee

**DEPARTMENT OF PUBLIC SAFETY**

**RELIGIOUS PROPERTY RETENTION FORM**

(Print Clearly; Unreadable Requests Will Not Be Processed)

=====

Inmate Name: \_\_\_\_\_ SID #: \_\_\_\_\_

Facility: \_\_\_\_\_ Module/Unit: \_\_\_\_\_

Current Faith Group Affiliation: \_\_\_\_\_

Personal Religious Item: \_\_\_\_\_

Reason for Retention: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Inmate's Signature**

\_\_\_\_\_  
**Date Submitted**

=====

Reviewing Chaplain: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_

\_\_\_\_\_

Warden \_\_\_\_\_ Date: \_\_\_\_\_

Approved [ ] Denied [ ]

Notes: \_\_\_\_\_

\_\_\_\_\_

Original: Inmate's file  
Copies: Chaplain's file

**DEPARTMENT OF PUBLIC SAFETY**

**FAITH GROUP AFFILIATION DECLARATION FORM**

(Print Clearly; Unreadable Requests Will Not Be Processed)

---

Inmate Name: \_\_\_\_\_ SID #: \_\_\_\_\_

Facility: \_\_\_\_\_ Module/Unit: \_\_\_\_\_

Current Faith Group Affiliation: \_\_\_\_\_

Change to (Write N/A if no change): \_\_\_\_\_

NOTE: You may not make another Faith Group Affiliation change for 12 months from the last Approved Date. Upon approval of this affiliation change, you shall be responsible for obtaining, **at you own expense**, any items relating to your new Faith Group. It is your responsibility to learn and comply with the rules regarding your new Faith Group.

---

**Inmate's Signature**

---

**Date Submitted**

---

**Chaplain's Signature**

---

**Date Received**

**Approved**      **Denied**  
(circle one)

---

**Date**

---

Reason for Denial: \_\_\_\_\_

---

*This form is used to determine religious services needs and not used as an identifying tool.*

Original: Inmate's file  
Copies: Chaplain's file