

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 153.00

EFFECTIVE DATE: 14 December 2023

SUBJECT: VOLUNTEER PROGRAM

POLICY DIRECTIVE

PURPOSE:

To establish guidelines for the Volunteer Program within Division of Corrections and Rehabilitation facilities.

REFERENCE:

Prison Rape Elimination Act (PREA) §§115.17; 115.32; 115.317; and 115.332.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including DCR Policy Directive 153.00, dated 13 February 2023.

APPLICABILITY:

All facilities within the Division of Corrections and Rehabilitation (DCR). This Policy is available for general distribution.

DEFINITIONS:

None.

POLICY:

- I. Each Superintendent will ensure an active Volunteer Program is operating at the facility on a continuous basis. The Superintendent will designate the Associate Superintendent of Programs (or Unit Manager or similarly situated employee in facilities without an Associate Superintendent of Programs) the responsibility of coordinating the Volunteer Program within the facility. Facilitation of the program may be delegated to the Chaplain or designated programs staff.

- A. Although the services of volunteers are most frequently used in religious services or programs, volunteers may meet other needs such as AA and NA, recreational activities, etc.
 - B. In adult facilities, the introduction of any new program (religious or otherwise) must be approved by the Director of Offender Services.
- II. Citizens wishing to be approved as a volunteer at a Division of Corrections and Rehabilitation (DCR) facility will complete a Volunteer Program Application (**Attachment #1**) and an authorization for Release of Information (**Attachment #2**).
- A. Volunteers will be recruited or otherwise selected based on the needs represented by the inmate or resident population.
 - B. Volunteers will be carefully selected, based on information provided on the volunteer application, background investigation, and any references checked.
 - C. Current DCR employees or contractual employees providing services at any DCR facility are not permitted to provide volunteer services at any DCR facility.
 - D. The Volunteer Program Coordinator may make recommendations regarding the applicant to the Superintendent. The Superintendent/designee (not less in rank than Associate Superintendent or Chief of Security/Chief Correctional Officer) will approve/disapprove the participation of all volunteers. Applicants not selected may appeal the decision to the Superintendent.
 - E. Prior to approving the applicant as a volunteer, the Volunteer Program Coordinator or designee shall ask all applicants about the following misconduct utilizing the *Sexual Misconduct Questionnaire* as contained in the DCR PREA Manual. The applicant's response to those questions ensures that the DCR shall not enlist the services of any volunteer who may have contact with inmates or residents who:
 - 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 - 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - 3. Has been civilly or administratively adjudicated to have engaged in the activity described above.
 - F. The DCR shall also consider any incident of sexual harassment in determining whether to enlist the services of any volunteer who may have contact with inmates or residents.
 - G. Volunteers may be required to cite and verify their credentials, or otherwise prove their

professional competency. A volunteer may only perform professional services when they are certified or licensed to do so.

- H. Volunteers who are approved and trained at one facility will be accepted at every DCR facility as a volunteer, according to the facility needs. No additional training will be required. The facility that conducted the background investigation and training will provide appropriate documentation to the other facility.
- III. Orientation training shall be offered regularly to ensure volunteers are ready to enter the facility and meet the needs of the inmate/resident population. The training shall follow protocols as set forth by the Bureau of Training and Staff Development (BTSD). Documentation of completed orientation training should be maintained by BTSD staff and the Volunteer Program Coordinator.
 - IV. Identification (ID) cards for volunteers, and the presentation of such, shall follow DCR Policy Directive 129.20.
 - V. The Volunteer Program Coordinator or designee will ensure the following.
 - A. Each volunteer is provided a copy of this Policy Directive.
 - B. Each volunteer is provided the name and contact information for the Program Coordinator whom the volunteer reports to.
 - C. Each volunteer completes the *Prison Rape Elimination Act (PREA) Acknowledgement for Volunteers, Contractors, Mentors* form as contained in the DCR PREA Manual. Signed forms will be maintained by the Volunteer Program Coordinator.
 - D. Volunteers will be invited to contribute suggestions concerning the establishment of policy and procedures for the Volunteer Program.
 - VI. The DCR Office of PREA Compliance will ensure that criminal background checks on all current volunteers occur every four (4) years by maintaining a schedule and notifying each facility when the background requests are needed. The *Sexual Misconduct Questionnaire* will be utilized in conjunction with the agency's four-year background check process.
 - VII. A former employee or contractual employee may apply to be a volunteer after a time period of at least six (6) months has passed from their employment with DCR. All requirements of this Policy including application procedures, background checks, and training will be followed for all former employees.
 - VIII. The Superintendent or designated Volunteer Coordinator will limit access of volunteers to the facility in the following manner to ensure the efficient and orderly operation of the facility.
 - A. The frequency of programs that use volunteers may be limited based on the needs of the facility. The Volunteer Program will be inmate/resident need driven and not

volunteer desire driven.

- B. Normally, no more than four (4) volunteers from any organization will be permitted access to the facility at any one time. The organization may present applications for and have two (2) alternates approved and trained.
 - C. The Superintendent/designee will permit programs and special religious events requiring weekly or consecutive day scheduling as necessary. These events include, but are not limited to, certified Inmate Peer Mentor training, KAIROS weekends, religious faith group revivals, Christmas programs at multiple facilities, Day with Dad events, substance abuse training, reentry programs, or other training approved by the Director of Offender Services. In some cases, it may be necessary to provide this access utilizing video conferencing or similar technology where possible. The number of volunteers needed to facilitate these programs may include more than the normal four (4) volunteers permitted.
- IX. The Superintendent/designee may limit, postpone, discontinue, or terminate the institutional access and activities of any volunteer, volunteer group or private citizens who impede the security or orderly operation of the facility. Any volunteer activity that is shown to threaten the facility's order and security or the safety of a volunteer shall be limited or discontinued until the problem is resolved.

ATTACHMENT(S):

- #1 Volunteer Program Application (2 pages)
- #2 Release of Information

APPROVED SIGNATURE: William K. Marshall III 12/14/2023
William K. Marshall III, Commissioner Date

WV DIVISION OF CORRECTIONS & REHABILITATION

VOLUNTEER PROGRAM APPLICATION

NAME: _____ PHONE: _____
(LAST, FIRST MIDDLE)

ADDRESS: _____

(CITY) (STATE) (ZIP)

BIRTHDATE: _____

Person to notify in case of emergency: _____

Relationship: _____ Telephone Number: _____

SERVICE OR ACTIVITY VOLUNTEERING FOR: (You must provide copies of credentials or otherwise prove your professional competency for services that require such.)

WHAT ORGANIZATION DO YOU REPRESENT? (The WVDCR normally recruits and/or selects organizations and not individuals to participate in our Volunteer Program. A letter of endorsement, appointment, and/or authorization to represent the organization may be required)

(ORGANIZATION NAME)

(STREET ADDRESS) (CITY) (STATE) (ZIP)

PRESENT EMPLOYER: _____

(STREET ADDRESS) (CITY) (STATE) (ZIP)

REFERENCES:

1.

NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ HOW LONG ACQUAINTED: _____

2.

NAME: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ HOW LONG ACQUAINTED: _____

Have you ever been convicted of a crime other than a traffic ticket or parking ticket? (If Yes, include an explanation on a separate sheet.): _____

Do you personally know, or have knowledge of any inmate or resident incarcerated in any WVDCR facility? (If yes, include an explanation on a separate sheet.): _____

Briefly describe why you desire to be a volunteer:

I agree to allow the WVDCR to conduct an investigation of my application to become a volunteer. I release the WVDCR and its employees of any and all liabilities and damages that may result for me as a result of that investigation. If selected to participate in the Volunteer Program, I agree to abide by all rules and regulations of the WVDCR and the facility where I am a volunteer. I acknowledge that I will not be paid by the WVDCR for any services that I perform. I further agree to participate in the Citizen Involvement and Volunteer Services orientation / training and any further training required.

(SIGNATURE/DATE)

WV DIVISION OF CORRECTIONS & REHABILITATION

RELEASE OF INFORMATION

I hereby authorize any representative of the West Virginia Division of Corrections and Rehabilitation bearing this release to obtain information from your files or other sources pertaining to my personal background, limited to law enforcement, NCIC check, including local, state, and federal agencies records that they may have regarding me. I hereby direct you to release such information upon request of the bearer. This release is for the official use of the West Virginia Division of Corrections and Rehabilitation. Consent is granted for the West Virginia Division of Corrections and Rehabilitation to furnish such information as is described above in the course of the West Virginia Division of Corrections and Rehabilitation fulfilling its official responsibilities with regard to my application to participate in the Volunteer Program upon the grounds of any West Virginia Division of Corrections and Rehabilitation facility. I hereby release you, the institution or establishment which you represent, including its officer, employees and related personnel both individually and collectively, from any and all liability for damages, of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

State of West Virginia (or other state): _____

County _____ Full Name _____
(Print)

Date of Birth _____

Address _____

Social Security Number _____ Race _____

Signature