



MT Women's Prison VOLUNTEER FORMS



**Please complete and return the
attached forms before leaving.
Thank you!**



State of Montana
DEPARTMENT OF CORRECTIONS
Criminal Background Check Authorization
 (For Employment, Service Providers, Contractor or Volunteers)

Applicant's Name:	
Other Names Used: (i.e. aliases, nicknames, maiden name, previous married names)	
Social Security Number:	
Date of Birth:	
Driver's License # & State Issued	
List States Where You Have Resided:	

Have you previously been employed by the State of Montana? ___ yes ___ no

If yes, at what Department and under what name were you employed: _____

Purpose: _____
 (Reason for requesting access to DOC facility, e.g. employment, contract work, tour, volunteer, etc.)

Representing (if applicable): _____
 (Name of company/organization you represent.)

TO WHOM IT MAY CONCERN:

As an applicant for a position and/or current employee with the Department of Corrections, I am required to furnish information for use in determining my qualifications for the position for which I have applied and/or currently hold as is evident through my past work record. I hereby expressly authorize the Department of Corrections to contact my present or past employers, co-workers, personal references or any other possible work references. I further expressly authorize those aforementioned present or past employers and/or references to respond to such work related inquiries and to provide any and all information that they may have concerning me, including information of a confidential or privileged nature. I further release those past and/or current employment sources from any liability, which may relate to the information provided to the Department in good faith.

I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for purposes related to the hiring decision for the position that I have applied and/or for purposes related to continued employment with the Department of Corrections.

This authorization shall be valid and effective indefinitely from the date signed.

Have you ever been convicted of Domestic Abuse, either Felony or Misdemeanor? If the answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

___ No ___ Yes Date: _____ Jurisdiction: _____

Applicant's Signature: _____ **Date:** _____



Montana Department of Corrections Montana Women's Prison

701 South 27th, Billings, MT 59101

Phone: (406) 247-5100 Fax: (406) 247-5161

Application for Volunteer Services

Date of Application

Month, Day, Year

New Renewal

PERSONAL INFORMATION

(Type or print legibly in ink - Answer all questions)

Last First Middle/Maiden Preferred

Street Address or Post Office Box

Apartment No. City State Zip Code

Email Address Home Phone Work Phone Cell Phone

Gender Male Female Race

Date of Birth

Are you multilingual? Yes No

If yes, what language(s)?

Items brought into the secure perimeter must be approved.

Are you on medication, have a medical equipment aid, or device that you feel you must keep on your person while in the facility?

Yes No If yes, describe?

Are you clergy or a spiritual leader with ministerial functions?

Faith Denomination/Tribal Nation

Licensed Ordained Traditional Rites

Community Faith Organization Affiliated with?

A letter from the affiliated ecclesiastic authority specifying and endorsing the individual's religious qualifications must accompany the application.

In case of an emergency contact

Name

Relationship Phone

RELATIONSHIPS

Yes No

1. Are you currently providing volunteer services in the prison?

a. What prison group are you affiliated with?

Yes No

b. Are you the group leader? If no who is?

b. What year did you start providing serves at the prison?

Yes No

c. Do you have previous experience volunteering in a correctional setting?

If yes, what agency/state?

Yes No

2. Are you currently or have been in the past a correctional employee?

If yes, what agency/state?

Yes No

3. Do you have relatives working for the MT DOC?

If yes, which agency or organization?

4. Have you been Incarcerated, or on probation or parole for a felony conviction in the last 5 years?
 If yes, with Feds or which state? Department Id No.?
5. Have you been convicted of a misdemeanor in the last 5 years?
 If yes, describe?
6. Are you now under any criminal charges for any violation of law?
 If yes, describe?
7. Are you a relative, friend, or associate of a current or former inmate in the MT DOC?
 If yes, what is the inmates name and id if known?
8. Are you a relative, friend, or associate of a current inmate in the womens prison?
 If yes, what is the inmates name and id if known?
9. Are you currently on an MT womens prisons inmate's visting list?
 If yes, what is the inmates name and id if known?
10. Do you correspond with or receive any phone calls from a womens prison inmate?
 If yes, what is the inmates name and Id if known?
11. Have you or any family member been a victim or witness in a case involving an inmate currently incarcerated at the womens prison?
12. Have you ever been a member of a street gang or security threat group?
 If yes, what is the name of the gang?
13. Have you ever been convicted, disciplined, Investigated or accused of sexual misconduct of any nature?
 (Examples: sexual harassment, undue familiarity, rape, etc.) Please explain a YES answer including final outcome of any investigation, conviction or discipline.
14. Do you have an interest in starting a new program, service or activity as a volunteer at the womens prison?
 If yes, complete the volunteer program description form.
15. Would you like to apply, be screened, attend an orientation and training to become a prison mentor. This process is in addition to the volunteer criteria.

CATEGORY OF VOLUNTEER SERVICE

- Regular Volunteer - following orientation, authorization up to a 3-year renewable term. New volunteers may be invited to attend an In-service training at the end of the first year of volunteering.
- Onetime Guest or Single Event Volunteer - authorization terminates at the conclusion of the event. New application required for future participation.
- Mentor Volunteer - additional training and a 1 year commitment is required.
- Professional Service Volunteer - authorization must be approved by the facility Warden for a specific pupose and period.

AVAILABILITY	Morning	Afternoon	Evening
	8-11am	1-4pm	7-9pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

TYPE OF VOLUNTEER SERVICE (Based on proposal submitted select the best fit)

- Encourage Cultural, Spritual & Religious Values and Beliefs through Pastoral Counseling, Ministry, Religious study, Worship & Ritual, Grief Programs
- Enhance Health, Fitness and Relaxation through Diet, Nutrition, Fitness, Sports, Stress Management
- Overcoming abusive habits or behaviors through AA, NA, CA, Overeaters' Anonymous, Gambler's Anonymous
- Period of Continuous Sobriety (under nonresidential conditions) _____
- Career Enhancement/Employment skills and Basic Schooling/Vocational and Educational through academic instruction, tutoring, work force readiness, technical skills, job search & interview coaching, finances
- Identifying and Maintaining Healthy Family/Friends/Social Relationships through Healthy Choices, Healthy Relationships, Setting and Sustaining Boundaries, Mentoring, Parenting & Family Connections , or engaging in Healthy Prosocial Activities
- Re-entry support/Lifestyle changes; Cognitive Skills, Communication Skills, Changing behaviors, Setting goals & objectives, Self-motivation, Victim Impact Panels
- Inmate Volunteer Community Service Hours through Community Service, Hobby Crafts, Inmate Organizations.
- Other - (specify) _____

AUTHENTICATION

I understand that I will not receive any compensation for serving as a volunteer. I understand that there is an inherent risk to any person entering the prison. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. Furnishing the information requested on this application is voluntary, but failure to provide accurate and complete information may result in lack of further consideration for clearance, access to the facility or termination of your volunteer status with this agency.

The information provided is true to the best of my knowledge. I also understand that the prison will conduct a background investigation. I understand I am required to adherence to all of the agencies policies or doctrine. The prison and/or the department of corrections will not be responsible for any personal injury or property loss that may occur to me while performing volunteer service, and I am aware of the agency's zero tolerance for anything which may constitute contraband either legal or illegal, pursuant to federal or state statute, rule or policy, including any firearm, dangerous weapon, electronic device, tobacco, alcohol, drugs, and sexual misconduct.

Printed Name: _____

Signature: _____



State of Montana
DEPARTMENT OF CORRECTIONS
VOLUNTEER SERVICE AGREEMENT

I, _____ (*print name*), do agree to the following conditions of providing volunteer services for the Department of Corrections:

1. I agree to engage only in those assignments or activities that have been assigned or authorized by the volunteer coordinator.
2. I will not present myself as a representative or paid employee of the Department.
3. I do not expect to receive monetary compensation for my services.
4. I may be reimbursed for incidental expenses such as transportation, lodging, meals, and other volunteer related costs, when necessary and approved for the performance of the volunteer activity.
5. I agree to avoid undue familiarity. If an offender has a problem that is beyond the scope of my position, I will direct the offender to the appropriate agency staff. I will not pursue a relationship with an offender that is outside my assigned responsibility.
6. I agree to bring nothing in or take anything out for any offender except work materials that have been approved by the volunteer coordinator.
7. I will report without delay to the volunteer coordinator any condition, activity, or unusual behavior that may be unethical, illegal, dangerous or potentially dangerous.
8. I agree to meet attendance and performance requirements.
9. I understand that I am responsible, and therefore liable, for my own actions, and agree to use due care and caution when providing volunteer services.
10. I agree not to report for volunteer activities under the influence of alcohol or drugs.
11. I agree to accept only those assignments and engage in only those activities that have been assigned or authorized and that supplement, but do not supplant, the work of classified Department employees.
12. I understand that offenders under Department jurisdiction have been convicted of felony criminal activity, and that any offender I may have contact with may attempt to take unfair advantage of me. If taken hostage, I understand that the same rules apply to me as to any Department employee.
13. I understand that my status as a volunteer may be suspended or terminated at any time with or without any reason and at the complete discretion of the Department.
14. I have received a copy of *DOC Policy 1.3.16*, have read it, and agree to be bound by its terms.

VOLUNTEER'S SIGNATURE

DATE



State of Montana
DEPARTMENT OF CORRECTIONS
SERVICE PROVIDER PREA ACKNOWLEDGEMENT

I, _____ (*print name*), have received a copy of *DOC Policy 1.3.12, Staff Association and Conduct With Offenders*, and *DOC Policy 1.1.17, Prison Rape Elimination Act of 2003 (PREA)*. I have read and understand the policies' terms and directives.

Service Provider Signature

DATE

Witness Signature

DATE



Montana Department of Corrections Prison Rape Elimination Act Questionnaire

The Department of Corrections has a zero-tolerance policy for any form of sexual misconduct to include staff, contractor or volunteer on inmate or inmate on inmate sexual harassment, sexual assault, sexual abuse or consensual sex. Any staff, contractor or volunteer who engages in, fails to report, or knowingly condones sexual harassment or sexual abuse with or between inmates will be subject to disciplinary action and may be subject to criminal prosecution. The Department will take a proactive approach regarding the prevention, detection, response and punishment of any type of sexual abuse or sexual harassment. To ensure this and to comply with the federal PREA standards please answer the questions below.

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

___ yes ___ no

2. Have you 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?

___ yes ___ no

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in number 2 above?

___ yes ___ no

4. Have you been involved in any incidents of sexual harassment?

___ yes ___ no

- a. If yes, has this been in the last 12 months?

___ yes ___ no

Material omissions regarding such misconduct, or the provision of materially false information, will be grounds for termination.

Signature

Date

Print Name



State of Montana
DEPARTMENT OF CORRECTIONS
VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____ agree to respect the privacy of inmates and to hold in confidence all information to which I may have access in the course of my volunteer service at Montana Women's Prison, 701 S. 27th St., Billings, MT. 59101.

I understand that I may not discuss cases with anyone outside the agency, or with employees of the agency in any public place.

I understand that I may not, outside of my volunteer service at Montana Women's Prison, refer to any specific inmate or include case details that would identify any individual who is under the supervision of the Montana Women's Prison.

I understand that I am not allowed to take, or to accept for any purpose, photographs of inmates under the supervision of the Montana Women's Prison. Questions concerning imaging or interviewing the inmates need to be directed to the Community Relations Manager.

Volunteers Signature

Date

Witness Signature

Date



**Montana Women's Prison
HANDBOOK and HANDOUT
ACKNOWLEDGEMENT FORM**

I, _____ (*print name*), have received a copy of the
volunteer or mentor handbook and the policy handout. I have read and understand the
expectations and guidelines for providing volunteer services to the incarcerated
population in the handbook(s) and the policies' terms and directives listed in the handout.

- Volunteer Handbook
- Policy Handout
- Mentor Handbook

Service Provider Signature

Date

Witness Signature

Date



Montana Women's Prison

PROGRAM PROPOSAL FORM

Print Legibly or Type All Responses. Attach additional pages and support documents to thoroughly present this proposal. This form is to be completed by the program leader ONLY.

Program Title: _____

Program is: New program Change in existing program activity Special Event

Program Leader: _____

Credentials of Facilitators: (Background, Professional Credentials, Covering or Endorsing Authority?) _____

Type of Program (Check the one that best describes the program):

<input type="checkbox"/>	Faith-based Programming; encourages cultural, spiritual & religious models which support inmates values and beliefs and act as a mechanism for continued self-change
<input type="checkbox"/>	Physical Wellbeing/Prevention; promote health and quality of life through fitness, diet, relaxation, education and disease control for a healthy balanced life style.
<input type="checkbox"/>	Substance Abuse Treatment and Education; speakers share success stories, inmates develop coping skills, enhance recovery techniques and strategies for recovery and relapse prevention.
<input type="checkbox"/>	Healthy Relationships; setting and sustaining boundaries, getting along with others, staying connected with family/children, friends or mentors who preserve and strengthen an inmate's recovery and reentry efforts.
<input type="checkbox"/>	Cognitive/Behavioral Strategies & Life Skills; identify inaccurate or negative thoughts and beliefs. Alter them by building on interpersonal communication, and problem-solving skills, goal setting, practice that promotes an inmate's self-efficacy and achievement.
<input type="checkbox"/>	Creative Arts Programming; encourages inmates to discover skills and talents through hobby arts and crafts or community service projects which support charities and raises awareness for causes through social cohesion.
<input type="checkbox"/>	Victim Awareness; victim driven restorative just programs. (Victim Accountability Letters, Victim Impact Panels, Victim Offender Dialogue)
<input type="checkbox"/>	Other - (specify)

Duration and Structure of Program:

Length of Program (check one): 2-4 days 6 weeks 12 weeks 16 weeks Quarterly Other _____

Frequency (check one): Once per week 2-3 times per week Once per month
 Quarterly Once per year

Length of Session (check one): 1 hour 2 hours 3 hours

Structure (check all that apply): Open discussion Lecture Written Assignments

Reading Activity (arts, crafts, music) Handouts Homework Role Playing

Other (explain): _____

Anticipated number of participants: <5 6-15 16-30 >30

Equipment and supplies: (Include preferred room set-up, food items & paper goods required, tools, audio-visual equipment; specify if they will be donated, carried in/out, or provided by MWP):

Target Population: (Who would benefit from this program? Characteristics and Anticipated number of participants):

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Re-entry is a process where an individual transitions from prison to society; a re-entry plan should include developing skills and tools which improve relationships, employment, housing, and wellness (physical, mental and spiritual) outcomes during re-entry. Offenders have an opportunity to choose from a variety of classes and programs that they feel will enhance their personal recovery and build a sustainable re-entry plan. Plans will have a great deal of variety—Some women may focus on formal treatment needs; others may concentrate on building vocational skills; others may set up re-entry services; and still others may work on a plan for getting through a long sentence in the most meaningful ways possible for them.

Need for course (Based on the above definition of recovery and re-entry planning, explain what value, benefit and needs are met by this program.):

Course Description (What are the goals and objectives of the course?):

Course Criteria (What research and information supports the use/need of this course?):

<input type="checkbox"/> Evidenced Based	<input type="checkbox"/> Gender Specific	<input type="checkbox"/> Trauma Informed	<input type="checkbox"/> Corrections Specific
<input type="checkbox"/> Cognitively Focused	<input type="checkbox"/> Cost Effective		

Expected Results or Outcomes of the course (How do we know if someone is benefiting?):

Internal Evaluation Process (How do we know the facilitator and course are doing what they intend?):

Service Provider Signature

Date

Programs must be approved prior to beginning and are subject to periodic review, renewal or termination. All volunteers must be affiliated with an approved program prior to being approved.

FOR MWP USE ONLY

Approved: Yes No If no, reason:

Approved by:

Staff Member/Team Leader Signature

Date