

Volunteer Packet Checklist

(All parts must be completed for application to be considered)

Before turning in, make sure to have the following completed:

- Volunteer application Packet (Completely filled out)
- Copy of Driver's License (Attached to packet)
- Fingerprints - please go to schedulingcity.com (and look up Gallatin County Detention Center) to make an appointment.

The Following Box is for GCDC to complete;

Background Check / CJIN

Orientation

Approved by Admin

Name _____

Program _____

Programs Volunteer Application Gallatin County Detention Center

- Please fill out the application packet. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**
- PLEASE USE BLACK INK.
- Please copy and attach the duplicate of your driver's license and any other applicable licensing and/or certification information (i.e. clergy certification, counselor's license, etc.)
- After you have completed the packet, please go to gallatin.mt.gov to schedule an appointment for fingerprints. If you have trouble you can call our lobby at 582-2130.
- You will need to bring a photo ID, there is no charge for fingerprints for volunteers.
- We review each individual application however, disqualifications may include;
 - Being in the GCDC or SCWP within the past year.
 - Supervision by P&P.
 - Assaultive felonies.
 - A family member is currently incarcerated at GCDC.
 - Your application is incomplete or not accurate (If unsure of something please attach an explanation letter.)
- A background check will be conducted to verify all information supplied in the packet. This process can take a number of weeks.
- The Program Director will email (or call if you do not have email) and invite you to the volunteer orientation which occurs a minimum of once a quarter (you must RSVP to get a slot in the training).
- If you have questions please contact Jackie Keery Lemon, Program Director at 582-2482.

Thank you for applying to volunteer at the Gallatin County Detention Center.



Gallatin County Detention Center

*605 South 16th
Bozeman, MT 59715
(406) 582-2130*

**Dan Springer, Sheriff
Jim Anderson, Jail Commander**

AUTHORIZATION FOR RELEASE OF LIABILITY

I do hereby recognize that my participation with the Gallatin County Detention Center is strictly voluntary and I willingly agree to abide by all policies and procedures under which I must operate as a volunteer. I understand these parameters are designed to insure the safety of all persons incarcerated within the Detention Center. The Gallatin County Detention Center staff will present these conditions to me during an orientation. I am aware of the possibility of encountering hazardous situations as a result of my involvement and release the Gallatin County Sheriff's Office, Gallatin County Detention Center personnel, and my organization from any liability incurred to me during my time there. I am solely liable for myself while in the facility.

Signature

Date

GALLATIN COUNTY DETENTION CENTER

605 S. 16th Bozeman, MT 59715

Program I would like to volunteer with _____

Name: _____
Last, Maiden, First, Middle

Address: _____
Street City State Zip

Phone Number: _____ Optional Phone Number: _____

Email _____

Race: _____ Sex: M F Date of Birth: _____ Place of Birth: _____

Social Security Number _____ (Required for criminal history check. This will be kept confidential)

Have you ever used a different social security number? N Y List the number: _____

1) Employer _____ Phone
Number _____

2) If not currently working or retired list previous employment. _____

2) Have you ever been arrested? N Y If so, which states? _____

Date _____

Charge _____

Date _____

Charge _____

Date _____

Charge _____

3) Have you ever been convicted of a felony? N Y

If yes, list the charge: _____

4) If volunteering for a dependency program how long have you been sober/clean? _____

5) List all states in which you have held a Drivers License: _____

List current Drivers License number and state: _____

6) Do you know anyone who works at the Gallatin county Detention Center? N Y

Who _____

Do you know anyone currently in the Gallatin County Detention Center? N Y Who _____

Do you know anyone who has been in the Gallatin County Detention Center? N Y Who _____

Do you know anyone scheduled to be in the Gallatin County Detention Center? N Y Who _____

7) Personal References:

Name: _____

Address _____

Relation _____ Phone: _____

Name: _____

Address _____

Relation _____ Phone: _____

I certify that the information I have provided is accurate and complete. I authorize the Gallatin County Sheriff's Department to investigate all the information on this application and my criminal history. In the event I am approved, I agree to abide by all the Gallatin County Sheriff's Department rules governing guests authorized to enter the Detention Center.

Further, I hereby agree NOT to hold Gallatin County, the Gallatin County Sheriff's Department, the City of Bozeman and the Bozeman Police Department liable in the event of any injury, which may befall me as a result of my participation in programs at the Gallatin County Detention Center.

Applicant Signature _____ Date _____

Administrator Signature _____ Date _____ Approved Denied

Gallatin County Detention Center Volunteer Agreement/Waiver

As a Detention Center volunteer, I understand and hereby agree to the following:

1. I will NOT bring anything in for an inmate, or take anything out for an inmate.
2. I will not exchange any personal property with an inmate.
3. I am not allowed to accept any gifts from or give any gifts to an inmate.
4. I will not make purchases in the community or on commissary for an inmate.
5. I will not sell anything to or enter into any business transaction with an inmate or their families.
6. I will not give books or other program material, etc., to any inmate unless it has been cleared in advance by proper institutional authorities.
7. I will never accept a personal service from or perform services for an inmate unless it has been cleared in advance by proper institutional authorities. This includes making phone calls, mailing letters, or delivering messages or packages to anyone in the community or another part of the institution.
8. I will not become involved in any conflicts between inmates and/or staff.
9. I will not bring weapons, ammunition, or explosives into the institution.
10. I will not bring any medications, alcohol or drugs to an inmate.
11. I understand that cameras, cell phones, or news media personnel are not allowed in the institution without advanced clearance from proper authorities.
12. I will arrive and depart punctually.
13. I may be denied access to any jail unit and may be subject to search of my person for security purposes.
14. I will not give out any information concerning any inmate or staff member.
15. I know that there is risk involved in giving personal information to an inmate.
16. I understand that this is a Detention facility and I could be taken hostage by an inmate.
17. I will totally exempt the County, City and/or State and any of its agencies from any or all liability that may arise as a result of volunteer activities in the institution.
18. I will conduct my volunteer activities according to the jail policies and procedures.
19. I will attend an annual meeting to keep up to date on changes and additions to Detention Center Policies.

Volunteer's Name (printed)

Date

Volunteer's Signature

Date

Gallatin County Detention Center Volunteer Rules and Regulations

1. **POLICY:** It is the policy of the Gallatin County Detention Facility to use volunteers in the facility, where feasible, to enhance and expand the services and programs offered to the inmates. The use of volunteers allows increased personal contact for the inmates, broadens community awareness of the County Detention System and develops management skills among staff members.
2. **VOLUNTEER:** Any person who, of his or her own free will, provides goods or services to the Gallatin County Detention Facility with no monetary or material gain. The term *volunteer* includes regular and occasional volunteers, material donors, and advisory councils. Volunteers supplement, but never supplant, activities and functions of the facility employees.
3. **ELIGIBILITY:** Any person of good character, at least eighteen years of age and sufficiently mature enough to handle the responsibilities involved, are eligible to become volunteers. Ex-offenders may not be accepted as volunteers, due to the nature of the facility. Relatives of inmates may not serve as a volunteer with the inmate to whom they are related, nor in any group meeting in which the inmate is a part, or in any area of the facility where the inmate is confined.
4. **THE VOLUNTEER: Volunteer Code of Ethics**
 - a. Keep confidential matters confidential.
 - b. Interprets "volunteer" to mean that he/she has agreed to work without compensation in money, but having been accepted as a volunteer worker, expects to work according to the same standard as a permanent employee.
 - c. Maintains an attitude of open-mindedness; is willing to be trained for the job.
 - d. Maintains a professional attitude towards volunteer work; accepts the obligation for the work, to those who direct it, to colleagues, to those for whom it is done and to the public.
 - e. Accepts differences in people in terms of cultural or economic background, race, religion and values.
5. **TERMINATION OF VOLUNTEERS:** Volunteers may be asked to leave the volunteer program for any of the following reasons:
 - a. Breach of confidentiality
 - b. Unlawful conduct or breach of facility rules and regulations
 - c. Physical or emotional illness
 - d. Inability to cooperate with staff members
 - e. Not being supportive off programs as a whole.

For Your Information

- Inmates can be great con artists. They may ask you to do "favors" for them. You may be asked to mail letters, make phone calls, or contact other persons to relay information. The attempt at this may be very subtle. For example, an inmate may tell you that their spouse is very sick and they cannot reach them. The inmate may then ask you to contact the spouse to relay a message. We strongly suggest that you stay clear of these situations. If you are having such a problem, terminate your visit and contact an officer.
- Many inmates are indigent. You may be asked to leave money or give money to family or friends. Again, the attempt here may be very subtle. If you have any questions concerning an inmate, please contact an officer.
- Sometimes inmates want to thank you for providing them with counseling. They may try to give you gifts such as pictures they have drawn, poems, etc. Please do not accept gifts such as these. This is also one way an inmate may try to gain control over you and solicit favors from you.

If you have any questions, concerns, or comments please speak with the Program Director. Please keep this page for your reference. Turn other pages back to the GCDC.