

## Requirements for Reynolds Work Release and Day Reporting Center (COC)

Two years off alcohol and drugs

Two years, no paper

Contact Greater Seattle Intergroup, 206-587-2838

Mail forms to:

Department of Corrections  
410 – 4<sup>th</sup> Avenue  
Seattle, WA 98101



# VOLUNTEER APPLICATION AND REGISTRATION

PLEASE PRINT OR TYPE

					FACILITY/UNIT		
					DATE APPLICATION RECEIVED		
NAME LAST FIRST MIDDLE			MAIDEN NAME OR OTHER NAMES KNOWN BY				
ADDRESS STREET		CITY		STATE		ZIP CODE	
HOME PHONE		BUSINESS/SCHOOL PHONE		OTHER PHONE		E-MAIL ADDRESS (Optional)	
EMPLOYER/SCHOOL ADDRESS STREET CITY			STATE		ZIP CODE		
OCCUPATION/MAJOR							
<b>ID CARD AND SECURITY CLEARANCE INFORMATION</b>							
SOCIAL SECURITY NUMBER		AGE	DATE OF BIRTH (MONTH, DAY, YEAR)		PLACE OF BIRTH		RACE
HEIGHT		WEIGHT		HAIR COLOR	EYE COLOR		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO			DRIVER'S LICENSE NUMBER OR OTHER APPROPRIATE I.D. NUMBER, IF APPLICANT DOES NOT DRIVE				
EMERGENCY CONTACT (NAME)			ADDRESS, STREET CITY STATE ZIPCODE		TELEPHONE		

Position or type of service you wish to provide:

- Group member \_\_\_\_\_  Student intern for credit \_\_\_\_\_
- Other individual/volunteer \_\_\_\_\_
- Group sponsor/instructor/leader \_\_\_\_\_

If you are applying to provide a professional service (legal, medical, etc.), please cite your credentials, i.e., certification, license.

When would you be able to provide volunteer services?

On call  Regularly  SUN  M  T  W  TH  F  S For \_\_\_\_\_ days a month

From \_\_\_\_\_ (time) to \_\_\_\_\_ (time)

Beginning \_\_\_\_\_ (date) until \_\_\_\_\_ (date)

**PLEASE NOTE:** In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

- A. To be 18 years of age or older, and submit proof of age, if required.
- B. To submit proof of credentials when providing professional services.
- C. To be fingerprinted and photographed, if required.
- D. To be in possession of a valid driver's license, if required.
- E. To meet attendance and performance commitments.
- F. To receive no monetary compensation for his / her services, except as provided to volunteers.
- G. To complete an appropriate orientation or training program.
- H. To conform to other policies, regulations and instructions of DOC.

Please read carefully before you sign this application. False statements on this application form shall be considered sufficient cause for termination.

SIGNATURE OF GROUP SPONSOR-INSTRUCTOR-LEADER	DATE
SIGNATURE OF APPLICANT	DATE

*The contents of this document may be eligible for public disclosure.  
Social Security Numbers are considered confidential information and will be redacted in the event of such a request.  
This form is governed by Executive Order 00-03, RCW 42.17, and RCW 40.14.*

**FOR DEPARTMENT USE**

APPLICATION SCREENED BY	TITLE	DATE
APPLICANT INTERVIEWED BY	TITLE	DATE
ORIENTATION CONDUCTED BY	TITLE	DATE
PROOF OF IDENTITY SHOWN DATE	METHOD OF PROOF	
REFERENCE CHECK RESULTS		
SECURITY CHECK RESULTS	DATE	SYSTEM USED
FINGERPRINTED (FOR THOSE WITH ACCESS TO OFFENDER RECORDS)		DATE
PROOF OF PROFESSIONAL CREDENTIALS SUBMITTED		DATE
APPLICANT APPROVED BY	TITLE	DATE

**TO BE COMPLETED IF THE VOLUNTEER WOULD BE DRIVING  
AS PART OF THEIR ACTIVITY**

PROOF OF VALID DRIVER'S LICENSE	DATE
DRIVING RECORD RECEIVED	DATE
PROOF OF LIABILITY COVERAGE	DATE

ASSIGNMENT	LOCATION	STAFF SUPERVISOR
VOLUNTEER I.D. NUMBER	DATE ISSUED	RETURNED
DATE DISCONTINUED	REASON FOR DISCONTINUATION	
DISCONTINUATION REQUESTED BY (NAME)		TITLE
DISCONTINUATION AUTHORIZED BY (NAME)		TITLE



This handout is provided to assist you with understanding the Department of Corrections' (DOC) expectations of working safely while you are conducting state business. (DOC) is concerned for your safety and asks your assistance to ensure your valuable time spent with us is safe and beneficial.

**1. BLOOD AND BODY FLUIDS PRECAUTIONS:**

Because of the potential hazard of contracting Hepatitis B and / or the Human Immunodeficiency Virus (HIV) that are transmitted by blood or other body fluids, you are asked to please refrain from assisting in any situation which may lead to contact with blood and / or body fluids.

Please notify staff in case of emergency.

**2. CHEMICAL HAZARD COMMUNICATION (HAZCOM) INFORMATION:**

You have a right to know if any chemical substances you come in contact with are hazardous to you.

If you have questions regarding chemical substances you may be exposed to, contact your supervisor who will explain if there are hazards associated with the use of those chemicals.

**3. HOW TO REPORT WORKPLACE ACCIDENTS:**

Contact your supervisor or senior staff person on duty and fill out a "Report of Employee Personal Injury" form DOC 03-133 within twenty-four (24) hours. Use RED INK when filling out the form. Print "VOLUNTEER" after your name. This form is available at the worksite.

**4. DRIVING SAFELY:**

If you drive a state vehicle or drive your own vehicle to conduct state business, you are required to exercise caution, utilize the seatbelts provided for yourself and passenger(s), and observe all traffic laws.

Should you have an accident while on state business, notify your supervisor or senior staff person and fill out state form SF137.

**5. REPORTING UNSAFE WORKING CONDITIONS:**

Contact your supervisor or senior staff person if you have identified a workplace hazard or condition that may affect your or another's ability to work safely. Your supervisor may request you fill out a "Hazard Report" form DOC 03-151. This form is also available at the worksite.

**6. BACK INJURY PREVENTION:**

Do not lift any object greater than (25 lbs) without assistance.

Should you have a medical restriction or you are aware of any problem(s) that may affect your ability to lift, please let your supervisor or senior staff person and fellow workers know.

**7. TUBERCULOSIS EXPOSURE:**

Should you become exposed to Tuberculosis while on the job, the (DOC) will coordinate with the Washington State Department of Health, Tuberculosis Control Office, to ensure appropriate follow-up.

**ACKNOWLEDGEMENT**

*I acknowledge I have read this handout and the contents have been explained to me. I realize that any willful neglect on my part to abide by the safety rules of the Department of Corrections may be cause for disciplinary action.*

\_\_\_\_\_  
VOLUNTEER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMMUNITY INVOLVEMENT COORDINATOR

\_\_\_\_\_  
DATE

Distribution: ORIGINAL - Volunteer File COPY - Volunteer  
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# REGISTERED VOLUNTEER AGREEMENT

I, \_\_\_\_\_ agree to the following conditions for providing volunteer service to the Department of Corrections DOC or offenders under its supervision:

- a) I agree to engage only in those assignments or activities that have been assigned or authorized by DOC staff.
- b) I will not present myself as a representative or paid employee of the DOC, local institution, or community corrections office without prior approval of the institution superintendent or community corrections supervisor.
- c) I do not expect to receive monetary compensation for my services.
- d) I agree to accept only those assignments and / or engage in only those activities in accordance to my assignment description and which supplement but do not supplant the work of classified civil service positions and employees, but which provide additional services and resources not otherwise available.
- e) I agree to meet attendance, training, and performance requirements.
- f) I will not discriminate in the performance of my duties on the basis of race, color, religion, marital status, national origin, age, gender, sexual orientation, status as a Vietnam-Era Veteran, Disabled Veteran, or have the presence of any physical, mental, or sensory disability.
- g) I agree to avoid undue familiarity. If an offender has a problem that is beyond my assignment description, I will direct him / her to staff. I will not pursue a relationship with an offender or his or her family that is outside my assigned job description.
- h) I agree to not report for volunteer activities under the influence of alcohol or drugs.
- i) I recognize that while on the grounds of any facility housing felons, my vehicle and /or person are subject to search for contraband.
- j) 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.
- k) I will not buy, give, exchange, etc., messages, money, or contraband (any article, legal or illegal, brought into an institution, etc., without proper authority) with any individual under the supervision of the DOC realizing that I could be criminally prosecuted for doing so.
- l) I will report without delay, any condition, activities, or unusual behavior which may be illegal, dangerous, or potentially dangerous, or any other problem to my supervisor or available staff.
- m) I understand that persons under the supervision of the DOC have been convicted of criminal activity; that any offender I may have contact with may attempt to manipulate or take unfair advantage of me.
- n) I understand that I am volunteering in a potentially hazardous environment and that I could be taken hostage or injured.
- o) I agree to report any contact with any offender currently under the supervision of the Department of Corrections other than as authorized during volunteer service provision to my supervisor and volunteer coordinator. (To include, their family members or close personal associates.)
- p) I promise not to divulge or discuss any specific personal information about staff / volunteers or any individual under the supervision of the DOC regardless of the source of the information.
- q) I understand I may share, but not attempt to persuade any offender to convert to my religious belief because doing so would violate state law and DOC policy.
- r) I have been advised that should I be injured while engaged in an authorized volunteer service, I will be covered by state industrial insurance for medical benefits only.
- s) I agree to notify my staff supervisor or group representative and turn in any DOC issued identification, or other state property, in my possession upon termination of my services.
- t) I understand that failure to meet any or all of these conditions may be grounds for termination from the volunteer program.
- u) I agree to follow staff directions while on institution / facility grounds.
- v) I will not carry / possess a firearm while performing volunteer activities.

SIGNATURE OF APPLICANT	DATE
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THE ABOVE NAMED INDIVIDUAL IS HEREBY ACCEPTED AS A VOLUNTEER WITHIN THE DEPARTMENT OF CORRECTIONS COMMUNITY INVOLVEMENT PROGRAM. AUTHORIZED		DATE
SIGNATURE	TITLE	

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