

Requirements for Federal Detention Center

Mail forms to:

Greater Seattle Intergroup
5507 Sixth Avenue S.
Seattle, WA 98108

**CORRECTIONS COMMITTEE
GREATER SEATTLE INTERGROUP**

DATE DATE

FDC SeaTac
Federal Detention Center
P.O. Box 13900
Seattle, WA 98198

Regarding: Volunteer attendance at Alcoholics Anonymous Meetings

To Whom It May Concern:

Please accept this letter of recommendation for _____ to attend A.A. meetings at the FDC SeaTac. _____ has been actively involved in A.A. for _____ years and has been, to my knowledge, free of drugs and alcohol for that entire period. I have been A.A. Sponsor for more than _____ years, and I know him to be active in his program of recovery and helpful in carrying a message of hope to the still-suffering alcoholic. If I can answer any questions, please contact me at the number below.

SPONSOR NAME TELEPHONE NUMBER

**5507 6th Avenue, Seattle, WA 98108
Telephone: 206-586-2838 (24 hours phone service)**

SIGNATURE, CERTIFICATION, RELEASE OF INFORMATION

You must sign this application. Please read the following carefully before you sign.

- * I understand that false statements on any part of my application may be grounds for not approving me as a volunteer or for dismissing me after I have begun my volunteer service.
- * I understand any information I give may be investigated, as allowed by Law or Presidential Order.
- * I consent to the release of information about my ability and fitness as a volunteer by employers, schools, law enforcement agencies and other individuals and organizations to investigators making inquiries on behalf of the Bureau of Prisons.
- * I certify to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.
- * I understand as a volunteer I will not receive any financial reimbursement or compensation from the Federal Bureau of Prisons for my services, time or expenses.

Signature _____

Date _____

**AUTHORIZATION FOR RELEASE OF INFORMATION
NCIC (National Crime Information Center) CHECK**

I hereby authorize a representative of the Federal Bureau of Prisons to obtain any information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at any Bureau facility. I also understand that refusal to provide all necessary information may result in 1) denial of entry into a Bureau facility and 2) denial of volunteer/contract status.

1. Name (Last, First, Middle)

2. Address (Street address) (City, State, County, Zip Code)

3. Home Telephone Number (Area Code, Number):

4. Aliases/Nickname:

5. Citizenship (List the country you are a citizen of):

6. Social Security Number:

7. Date of Birth (Month, day, year):

8a. Sex:

8b. Race:

8c. Height:

8d. Weight:

8e. Color of Eyes:

9f. Color of Hair:

9. Place of Birth (City, State, County), (List city, county and country if outside the U.S.A)

10. The above listed information is true and correct. Applicant's Signature

10a. Date

PRIVACY ACT NOTICE

Authority for Collecting Information: E.O. 10450; 5 USC 1303-1305; 42 USC 2165 and 2455; 22 USC 2585 and 2519; and 5 USC 3301

Purposes and Uses: Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, (3) security clearance or access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Non-disclosures: Furnishing the requested information is voluntary, but failure to provide all or part the information may result in lack of further consideration for employment, clearance or access, or in the termination of your employment.



U.S. Department of Justice

Federal Bureau of Prisons

Federal Detention Center

SeaTac, Washington 98198

The staff at the Federal Detention Center SeaTac joins me in welcoming you as a volunteer to our institution. Volunteers play an important role in the accomplishment of our mission. Volunteers assist us in enhancing services that improve the quality of life of the inmates in our care.

As a new volunteer, you are required to complete an orientation training course before you can begin volunteering. The purpose for this course is to give you management tools that will enhance your knowledge of the Federal Bureau of Prison Security and Operating Procedures.

Attached you will find a completed packet of all forms that you will need to complete before your badge will be issued. The forms have been highlighted where the volunteer must complete and submit to the Volunteer Coordinator. If you do not have all the pertinent information to complete the forms, you will be given 45 days to provide the information. If you fail to provide required documentation your badge will be removed and you will need to reapply for volunteer status.

As a final reminder, you are required by our policy to attend Annual Refresher Training yearly. This is conducted during the National Volunteer Week usually in April and/or May of each year. If circumstances arise at the time this training is offered, please notify the Volunteer Coordinator to have your training rescheduled to another date or your volunteer status will be terminated and you will need to reapply.

Please maintain active contact with your Program Sponsor to ensure that your expectations and needs are also met.

Again, welcome to FDC SeaTac.

Sincerely,

Sarah Byram
Volunteer Coordinator
sbyram@bop.gov
(206) 870-5706

**Federal Detention Center
SeaTac, WA**

Volunteer Orientation Guideline

As a Volunteer for the Federal Detention Center SeaTac, there are some basic procedures you must follow while at this institution. These “**DO’s and DO NOT’s**” are not inclusive, but represents a functional approach to conducting yourself as a volunteer.

DO NOT bring firearms or other weapons into the institution or on Federal property (including parking lot).

DO NOT bring keys inside of the institution.

DO NOT accept gifts or favors from inmates.

DO NOT give, or offer to give, anything to an inmate.

DO NOT bring any correspondence into or out of the institution.

DO leave personal items locked in your vehicle.

DO bring your driver’s license with you to enter the institution each time.

WE DO ask that you conduct yourself in accordance with the institution’s rules and regulations. Ask staff when you do not understand something that applies to a particular activity.

REMEMBER that being a volunteer is different from being a “**FRIEND**” to an inmate.

We realize that you are not Bureau of Prison employees, but we must ask you to abide by the standards which have been set. Remember that you are in a correctional institution and your conduct should be a model for everyone.

Furthermore, the staff at the Federal Detention Center SeaTac thank you for your volunteer services that you provide to the institution. Volunteers play an important role in the accomplishment of our mission. You assist us in enhancing services that improve the quality of life of the inmates in our care.

If you have any question please do not hesitate to call Sarah Byram, Volunteer Coordinator at 206-870-5706 or email: sbyram@bop.gov

Welcome to FDC SeaTac.

**Official Volunteer File (OVF)
 Ten Year Checklist**

NAME OF VOLUNTEER	ENTRY DATE	UPDATE DATE
ONE TIME ONLY		
Volunteer/Student Began		
Application for Volunteer Services		
Volunteer Interview Summary		
Fingerprint Check Submission		
Fingerprint Check Clearance		
FIRST YEAR & EACH YEAR		
Volunteer Agreement and Training Certification	Orientation	Sixth Year Annual Training
	Second Year Annual Training	Seventh Year Annual Training
	Third Year Annual Training	Eighth Year Annual Training
	Fourth Year Annual Training	Ninth Year Annual Training
	Fifth Year Annual Training	Tenth Year Annual Training
APPLICATION & EVERY 5 YEARS		
Letter of Endorsement		
Signature, Certification & Release of Info		
NCIC		
Review File Contents		
FIRST YEAR & AS NEEDED		
Receipt/Employee Code of Conduct		
Credentials of Religious Volunteer		
Ion Acknowledgment		
Waiver of Escort and Supervision		
Country of Citizenship?		

EX-OFFENDER		
Is this person an ex-offender? ___ Yes ___ No		
If yes, the following items must be completed		
Three years crime free		
Current Employment or Academic Status		
OF-612 or Resume		
Separatee Check		
Sensitive Information Certification Attention! The Volunteer Coordinator will not process the badge request unless this section is completed! Will this Volunteer have access to sensitive information? <u>If yes</u> , you must: 1. Submit the non-disclosure agreement signed and dated by the Volunteer. 3. Date Waiver signed _____ _____ No, the volunteer will not have access to sensitive information. Computer Services concurrence: Initials _____ Date: _____		
First Identification Badge		
Identification Badge #:	Expiration Date:	Escorted Unescorted
Supervisor:	Department:	Phone:
Signature of Approving Authority:		Date:
Renewal Identification Badge		
Identification Badge #:	Expiration Date:	Escorted Unescorted
Supervisor:	Department:	Phone:
Signature of Approving Authority:		Date:

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Thank you for offering your services as a volunteer within the Federal Bureau of Prisons. Please read the following questions carefully and type or clearly print your answers to each before signing.

1. Name (Last, First, Initial)		2. Address (Including Street and Zip Code)	
3. Home Phone	Work Phone	4. Birth Date (MO, DAY, YR)	5. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
6. Birthplace (City, State, Country)		7. Former Names, if any	
8. Social Security Number		9. Driver's License, Number and State	
10. Height _____ Weight _____ Eye Color _____ Hair Color _____			
11. Are you a citizen of the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			
12. Race/Ethnicity (for statistical uses only, you need not reply) <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic American/Latino <input type="checkbox"/> Caucasian/European <input type="checkbox"/> Native American			
13. Current Employer (Name, Address, and Telephone Number)			
14. Sponsor Organization (Name, Address and Telephone Number)		15. Contact in case of emergency (Name, Address and Telephone Number)	

- 16. Have you ever been convicted of, or forfeited collateral for any felony violation yes _____ no _____
- 17. Have you ever been convicted of, or forfeited collateral for, any firearms or explosives violation? yes _____ no _____
- 18. Are you now under charges for any violation of law? yes _____ no _____
- 19. During the last 3 years have you forfeited collateral, been convicted, been imprisoned, been on probation or been on parole? (Do not include violations reported in the 16, 17, or 18 above). yes _____ no _____
- 20. Have you ever been convicted by a military court-martial? If no military service, answer "no". yes _____ no _____
- 21. Do you have any medical conditions or disability that may restrict your volunteer services? yes _____ no _____

(CONTINUED ON BACK SIDE)

If you respond "Yes" to questions 16 - 21, please attach a separate page to explain your response.

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I, _____, hereby state on (date) _____, I received and completed my training and orientation as a volunteer at (name of institution) Federal Detention Center SeaTac, SeaTac, WA 98198.

I acknowledge that I must adhere to and support all policies and procedures of the Bureau of Prisons and failure to abide by these rules and regulations may result in my termination from service. Specifically, I recognize the primary mission of the institution is the protection of society, staff and inmates, and any action which is deemed disruptive to this mission may also call for termination.

I have read, understand, and retained copies of the Standards of Employee Conduct (Program Statement 3420.08)

I understand as a volunteer I will not receive any financial reimbursement or compensation from the Federal Bureau of Prisons for my services, time or expenses.

I have been informed of, and accept, in my status as an approved volunteer, or after my termination as a volunteer, I may not visit with an inmate in this institution on a social or personal basis, without the written approval of the Regional Director.

I understand I do not have the authority, express or otherwise, to compel or restrict an inmate's conduct or participation in a particular program. Any limitations of this kind will be made by Bureau of Prisons staff, although I may provide information.

I understand any difficulty encountered must be immediately brought to the attention of the Program Manager or Volunteer Coordinator who will ensure the problem is resolved.

Finally, I understand this completed and signed agreement will be maintained in my Official Volunteer File.

(Volunteer Signature and Date)

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Signature _____

Date _____

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1. Name (Last, First, Middle)	
2. Address (Street address) (City, State, County, Zip Code)	
3. Home Telephone Number (Area Code, Number):	
4. Aliases/Nickname:	
5. Citizenship (List the country you are a citizen of):	
6. Social Security Number:	
7. Date of Birth (Month, day, year):	
8a. Sex:	8b. Race:
8c. Height:	8d. Weight:
8e. Color of Eyes:	9f. Color of Hair:
9. Place of Birth (City, State, County), (List city, county and country if outside the U.S.A)	
10. The above listed information is true and correct. Applicant's Signature	10a. Date

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April 1999

P.S. 3420.09

February 5, 1999

BP-S165.033 ACKNOWLEDGEMENT OF RECEIPT OF "STANDARDS OF EMPLOYEE CONDUCT"

CDFRM

FEB 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I, _____, acknowledge that I received a
(Employee's Name)
copy of the Program Statement (P.S.#3420.09) on the Standards of Employee
Conduct on _____.
(Date)

Received: _____
(Signature)

Date: _____

Institution: FDC SeaTac