

COUNTY OF RUTHERFORD

Rutherford County Correctional Work Center



William Cope

Superintendent

To: All volunteer applicants

In this application packet you will find the following application, volunteer rules, policy statement and signature sheet.

1. Please fill out application (having a legal record or taking medication will not disqualify you from serving but we need to know this information)
2. Volunteer Rules: Please read these carefully. These rules are for your protection as well as the protection of the inmates.
3. Statement: This is an overview of the requirements for the volunteering in the Policy Correctional Work Center. You must read and understand the policy and sign the signature sheet indicating your agreement with these policies.
4. Signature Sheet: A signed returned copy indicates you understand the policies and guidelines for programming / ministry in the Rutherford County Correctional Work Center and agree to minister in accordance with them.

If you have any questions please contact the Programs Director at 615-898-7847

The application may be returned in person or mailed to the following

Rutherford County Correctional Work Center

1720 S. Church Street

Murfreesboro, TN. 37130

Thank you.

William Cope

1. **DO NOT** argue with an inmate or attempt to make him / her accept your point of view. Discussion is fine, but arguing is not acceptable.
2. As a volunteer you are **not permitted** to give or take anything from an inmate. Everything must be cleared through the program coordinator. There are no exceptions; this includes letters, addresses, etc.
3. **DO NOT** take pocket knives, mints, gum, medicine, food, cameras, money, credit cards or cell phones in the jail with you.
4. **DO NOT** ask a person why they are in jail.
5. **DO NOT** make promises that you can't or won't keep.
6. **DO NOT** give out your address or telephone number, use a post office box or your churches address for letter writing.
7. **DO NOT** take anything in or out of the jail without permission.
8. **DO NOT** be "preachy" or push people to make a decision for a Higher Power.
9. **DO NOT** criticize staff, an institution, other races, countries, religions or politics.
10. **DO** dress conservatively. Wear colored clothing so that you are easily distinguished from the inmates. See through material, shorts, tank tops, Message tops and shirts without collars are not appropriate.
11. **DO** bring your current drivers license or other picture identification with you. Purses, wallets and all personal items are to be kept in the lockers in the front entrance of the facility.
12. All Items and volunteers are subject to search by security personnel.
13. **DO** get permission before bringing any materials needed for the program.
14. **DO** be trustworthy when someone shares personal or confidential information with you
15. **Do** stay with your group and be a good listener.
16. **NO** physical contact with the inmates.
17. **DO** be alert to CON games and do not get "suckered in"
18. **DO** build self-esteem and find ways to encourage and give hope.
19. **DO** be natural being yourself.
20. **DO** make living faithfully practical. Let inmates know how you live faithfully in your daily life.
21. **DO** observe all posted speed limits and other posted rules
22. **DO** be kind and courteous to all Rutherford County Correctional Work Center personnel.
23. Please **BE HERE ON TIME**. If you are going to be late or not conduct the program on your scheduled day and time, **please call the facility** and advise the staff on duty. 615-898-7847
24. Due to inmate confidentiality **DO NOT** take still photo's or video's of them nor of the property of the facility.

Church / Organization Name:_____ Phone:_____

Pastor / Leader’s Name:_____ Phone:_____

Applicant Name:_____

Phone:_____ Email address:_____

Organization

Description:_____

_____.

Define the level of knowledge, experience and training that the group, organization or individual has in their activity._____

_____.

Describe the goal of the activity:_____

_____.

A complete description of the criteria for the inmate to successfully complete of program Delineate the selection process for your attendees / students? How many inmates can attend at one time?_____

_____.

How long do you and your group / organization intend to provide this activity? Also include the frequency and duration of the sessions_____

_____.

How is your organization funded?_____

_____.

Please provide the following information for all the persons involved with delivering of the program. Persons delivering program material are subject to a background investigation. **Clergy Requirement:** Clergy of all recognized religious faiths, duly licensed and ordained by their denomination, shall be permitted to conduct services and otherwise provide counseling services after being approved by the Chaplain, Captain and or Superintendent. Prospective clergy shall submit a written application and licensing document, prior to providing religious services.

Do you have any other information you wish to consider? _____

_____.

On a separate sheet, please give a brief account of spiritual commitment / faith experience

Name:	Date of Birth	Social Security Number	DL# / State

Do you have any physical handicaps? _____ Are you currently under a physicians care? _____

Do you consume alcoholic beverages? _____

Have you or are you now using drugs / medications for any reason? _____

If you answered “yes” to any of the above questions please explain

_____.

Emergency Contact: _____ Phone: _____

Name: _____ Signature _____ Date _____

Program Volunteer Agreement

Program _____

I hereby certify that all information contained in this application is correct. I give my permission for all references and employers specified this application to be contacted and give my permission for any law enforcement agency files pertaining to me, to be examined. I realize that any false information contained herein is grounds for this application to be rejected and or my privileges to serve as a volunteer to subsequently terminated.

I affirm that I have read and understand the conditions for the public access to the Rutherford County Correctional Work Center which emphasizes the inherently dangerous nature of the correctional environment and notes that by signing this agreement, the undersigned explicitly

1. Assumes the risk for any injury, which may occur in connection with the visit including but not limited to the risk of being taken hostage while on the premises.
2. Holds harmless and forever discharges the Rutherford County Correctional Work Center, its agents, employees, servants, successors and assignees, from any and all liability for injury or damage arising out of such visit.
3. Has read and agrees to abide by the institution / facility rules for clergy / volunteer visitation.
4. Will comply with verbal instructions of the officer in charge.

Failure to comply with the above rules is cause for dismissal

Signature _____ Date _____

OFFICE USE ONLY

DATE OF BACKGROUND CONDUCTED: _____

ACCEPTED: _____

DENIED: _____

ORIENTATION DATE _____

PERSON CONDUCTING ORIENTATION _____