

ACKNOWLEDGEMENT OF UNDERSTANDING BETWEEN THE MAINE DEPARTMENT OF CORRECTIONS AND COMMUNITY VOLUNTEERS

Community volunteers are a very valuable component of the programs for prisoners within the Maine Department of Corrections. Many of the services and activities would be impossible without this help from members of the community who donate their time, energy and effort to prisoners. In order for volunteer programs to be both safe and successful, certain rules and expectations for the volunteer must be understood and agreed to.

- 1) I will follow all staff instructions with respect to parking, securing personal property, turning in keys, providing identification, signing in, etc. and will comply with all instructions regarding security practices.
- 2) I understand I am subject to be searched for contraband.
- 3) I will display my volunteer identification clearly while in the facility.
- 4) I will, in accordance with staff instructions, proceed directly to the area of the facility designated for my volunteer service. I understand that I may be stopped or questioned by facility staff at any time. If I become lost within the facility, I will report immediately to the nearest Correctional Officer.
- 5) I will conduct myself in a responsible manner at all times and will not run or jog on facility grounds. I will have no physical contact with prisoners except to shake hands, and I understand that embracing and kissing prisoners is not allowed.
- 6) If I am supervising a program, I will limit attendance to those prisoners approved for participation. If a prisoner leaves the program prior to the scheduled end of the program, I will inform facility staff, as directed by the Chief Administrative Officer, or designee.
- 7) If a prisoner becomes angry or disruptive or any incident occurs involving blood or any type of body fluids during any time of my participation at the facility, I will inform facility staff, as directed by the Chief Administrative Officer, or designee.
- 8) If at any time I have reason to believe that a prisoner may attempt to hurt him/herself, hurt another person or attempt escape from custody of the facility or engage in criminal or disciplinary activity, I will report this information to facility staff, as directed by the Chief Administrative Officer, or designee.
- 9) I understand that personal information regarding a prisoner is confidential and that a Department of Corrections Release of Information form, signed by the prisoner, is necessary before information about the prisoner can be provided to me. All information regarding any prisoner and/or the operation of the facility is to be kept

absolutely confidential and is not to be shared with anyone in the community, including my family, friends, etc.

- 10) I understand that I am not to give anything to a prisoner without specific approval from the Chief Administrative Officer, or designee. I am not to take anything from a prisoner, including letters, packages or messages. If I find that I have known a prisoner prior to his/her incarceration and he/she is now assigned to my program, I will inform facility staff, as directed by the Chief Administrative Officer, or designee.
- 11) I will not send money to a prisoner at any departmental facility.
- 12) I understand I will not telephone or write to anyone in the community in regard to or on behalf of a prisoner without the specific approval of the Chief Administrative Officer, or designee.
- 13) I will notify facility staff, as directed, if I am unable to keep a scheduled appointment or program time.
- 14) I understand that all facility programs are authorized for the intended purpose as stated at the inception of the program. All program content (subject matter) will remain directly related.
- 15) Any and all prisoner needs outside the intent of the program will be referred to facility staff, as directed by the Chief Administrative Officer, or designee.

Your suggestions regarding volunteer program activities are welcome. Please submit them to the facility Volunteer Coordinator.

I have read and I understand the above rules and procedures. I agree to comply with these rules and all rules of the facility during my visits to the facility in the role of a community volunteer.

Volunteer's Signature

Volunteer's Name Printed

Date

Volunteer's Address

Telephone Number: _____