MAINE DEPARTMENT OF CORRECTIONS
VOLUNTEER AGREEMENT

Community volunteers are a valuable component of the programs and services for residents within the Maine Department of Corrections. Many of these would be impossible without members of the community donating their time and energy. Volunteer efforts provide positive engagement opportunities for our residents and help residents develop their personal skills, education, faith, health, wellness, and positive community connections.

In addition to the requirements of Department Policy (AF) 26.1 & (JF) 19.15 - Volunteer Program, the other mandatory departmental policies and attachments referenced therein, mandatory training, and other training, the following instructions must be complied with in order to ensure the safety and security of the residents, staff, student interns, volunteers, and others. Questions or concerns should be presented to the Volunteer Officer or other appropriate facility staff person.

**General**

1. Any change in address, email address, phone numbers, or emergency contact information shall be reported to the Volunteer Officer or the staff supervising the program or service.
2. Personal Information, such as information pertaining to family, home address, or phone numbers, shall not be disclosed to residents.

**Checking in**

Volunteers shall follow all staff instructions with respect to:

3. Parking;
4. Securing personal property;
5. Sign-in procedures (displaying volunteer ID card, turning in personal keys, etc.); and

**Within the Facility**

Volunteers shall:

7. Prominently display the volunteer ID card;
8. Proceed directly to the area of the facility designated for their volunteer program or service, remain there for the duration of the activity unless instructed otherwise by staff, and leave the facility by the most direct route possible;
9. Seek assistance from the nearest Correctional Officer if they become lost within a facility; and
10. In the event of an emergency, comply with staff safety and security directives.

**Volunteer Program or Service**

11. Volunteers unable to arrive at the facility in time to provide the volunteer program or service shall notify the Volunteer Officer, the staff supervising the program or service, or other appropriate facility staff person as soon as possible.
12. Attendance is limited to those residents approved for participation.
13. The nearest Correctional Officer shall be notified in the event that a resident leaves a program or service prior to the scheduled end time.
14. Volunteers who discover that they know a resident from the community shall notify the Volunteer Officer, the staff supervising the program or service, or other appropriate facility staff person as soon as possible.
15. All facility programs and services have authorized purposes and all program or service content (subject matter) shall be directly related to the authorized purpose.
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16. Resident needs outside the purpose of the volunteer program or service shall be referred to appropriate facility staff.

Interacting with Residents

17. Volunteers may shake hands with residents but shall not embrace, kiss, or otherwise touch residents.
18. The nearest Correctional Officer shall be notified immediately:
   a. If a resident becomes threatening, disruptive, or otherwise engages with the volunteer in an inappropriate manner;
   b. if any incident occurs involving blood or any other type of bodily fluids; or
   c. if there is any reason to suspect that a resident has or will hurt themself or another person, attempt an escape, engage in criminal activity, or commit a disciplinary violation.

Confidentiality

19. Information obtained through records, observation, or report, whether about residents, staff, or other persons or about the operation of the facility, is confidential and shall not be disclosed except to facility staff as required by departmental policy.
20. If, as part of a program or service, information about a resident needs to be released to someone other than facility staff, the volunteer shall contact the Volunteer Officer or the staff supervising the program or service about that person (not the volunteer) obtaining a signed release of information from the resident.

Acknowledgement

By signing below, I hereby acknowledge that I have read, understand, and agree to abide by the requirements of Department Policy (AF) 26.1 & (JF) 19.15 - Volunteer Program. the other mandatory departmental policies and attachments referenced therein, mandatory training, and other training, and the above instructions.

__________________________________________________________  ____________________________
Volunteer’s Signature                                Volunteer’s Printed Name

____________________
Date