



STATE OF MAINE  
DEPARTMENT OF CORRECTIONS

Volunteer Application

Select Facility:

- ☐ Bolduc Correctional Facility   ☐ Downeast Correctional Facility   ☐ Maine Correctional Center  
☐ Maine State Prison   ☐ Mountain View Correctional Facility   ☐ Southern Maine Women's Reentry Center  
☐ Long Creek Youth Development Center

1. Last Name:	2. First Name:	3. Middle Name:
4. Driver's License Number & State Issued:	5. Last 4 digits of Social Security Number ONLY:	6. Date of Birth (mm/dd/yyyy):
7. Mailing Address:  Physical Address (if different):	8. City:	9. State:      Zip:
10. Email Address:	11. Home Phone:	12. Work Phone: Cell Phone:
13. Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	14. Height:  Color Eyes:	15. Weight:  Color Hair:
16. Emergency Contact Information Full Name: Phone: Address:		
17. Which Maine Department of Corrections staff member has invited you or how did you learn about volunteering at a Maine Department of Corrections Facility?		
18. What kind of volunteer work do you intend on doing at a Maine Department of Corrections facility?		
19. Are you willing to attend a Volunteer Training Session? No <input type="checkbox"/> Yes <input type="checkbox"/>		
20. Are there any medical, physical or other limitations on the types of volunteer work you can perform? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:		
21. Current Employment: Address: Job Title:	22. Highest degree earned:	
23. Professional Licenses and/or Certificates: Expiration Date:		
24. Previous Volunteer Experience Organization: Volunteer Work Done: Responsibilities:		

25. Do you agree to allow the Maine Department of Corrections to conduct a (SBI) State Bureau of Investigation check as well as a National Criminal Information Center (NCIC) check on a bi-annual basis? No <input type="checkbox"/> Yes <input type="checkbox"/>
26. Do you agree to allow the Maine Department of Corrections to request a child abuse registry check on a bi-annual basis through the Maine Department of Health and Human Services, if you may have direct contact with juvenile residents? No <input type="checkbox"/> Yes <input type="checkbox"/>
<i>A yes to the following questions (27-33) does not automatically make you ineligible to become a volunteer.</i>
27. Have you ever had visiting privileges or volunteer status suspended or terminated at any correctional or detention facility (MDOC facility, jail, other state or federal facility)? No <input type="checkbox"/> Yes <input type="checkbox"/> Please explain:
28. Are you currently an approved visitor for any resident or awaiting approval as a visitor at any correctional facility? No <input type="checkbox"/> Yes <input type="checkbox"/> Please list name(s):
29. Do you have a connection to a person in the custody or under the supervision of the Maine Department of Corrections and, if so, indicate the nature of the relationship, e.g., friend, relative, etc. No <input type="checkbox"/> Yes <input type="checkbox"/> Please list names(s) and relationship:
30. Are you a staff member or are you a student intern at any Maine Department of Corrections facility? 31. No <input type="checkbox"/> Yes <input type="checkbox"/> Please provide details:
32. Have you ever been charged with and/or convicted of a crime or adjudicated of a juvenile crime? (Do not include minor traffic violations) No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:
33. Have you ever been a former resident of any correctional or detention facility (MDOC facility, jail, other state or federal facility)? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please explain:

34. Are you a victim of a crime or juvenile crime by any resident of any Maine Department of Corrections facility? No <input type="checkbox"/> Yes <input type="checkbox"/> Please list name(s):
35. Are you prohibited from having contact with any resident of any Maine Department of Corrections facility? No <input type="checkbox"/> Yes <input type="checkbox"/> Please list names:

*If volunteering for religious purposes*

36. Name of religious organization:
37. Name of clergy or head of organization:
38. Address of organization: <span style="float: right;">Phone Number:</span>

I have completed this application and answered all information honestly and accurately. I give permission to the Maine Department of Corrections to verify any information given on this volunteer application. ☐

Volunteer Applicant's Signature:

Date:

(Below for Office use only)

<b>Prohibited contact:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Date:</b>
<b>Received SBI and NCIC:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Date:</b>
<b>If applicable, received child abuse registry check from DHHS:</b> N.A. <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Date:</b>
<b>Volunteer Training Completed:</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Date:</b>
<b>ID Picture Completed/Issued (Photocopy Attached):</b> No <input type="checkbox"/> Yes <input type="checkbox"/>	<b>Date:</b>

☐ Eligible ☐ Not eligible

<b>Signature of Volunteer Officer:</b>	<b>Date:</b>
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☐ Recommends ☐ Does not recommend

<b>If applicable, signature of assigned staff supervisor:</b>	<b>Date:</b>
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☐ Approved ☐ Disapproved

<b>Signature of Chief Administrative Officer, or designee:</b>	<b>Date</b>
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# 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
6. Security screening, including searches for contraband.

### 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.

**MAINE DEPARTMENT OF CORRECTIONS**  
**VOLUNTEER AGREEMENT**

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 themselves 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

## **EXPECTATIONS OF ALL VOLUNTEERS OF LONG CREEK YOUTH DEVELOPMENT CENTER**

All volunteers providing services to residents at Long Creek Youth Development Center (LCYDC) shall follow the contract stated below.

1. Volunteers will maintain the confidentiality of the residents at LCYDC.
2. Volunteers will not bring in any items for residents without the permission of the Chief of Volunteer Services.
3. Volunteers will not speak to residents' family or friends or carry messages, mail letters, or act on behalf of residents to family or friends.
4. Volunteers are not permitted to put money of resident canteen accounts.
5. Volunteers will notify the Chief of Volunteer Services should they unexpectedly encounter and converse with a past resident in the community.
6. Once a resident is in the community, a Volunteer shall not correspond with them, unless otherwise authorized by the Chief of Volunteer Services.
7. Volunteers are not to drive residents, including those on aftercare, in their personal vehicles without the consent of the Chief of Volunteer Services.
8. Volunteers will attend the mandatory trainings per LCYDC policy.
9. Volunteers are mandated reporters, and must therefore **immediately report to a staff supervisor** if a resident does the following:
  - threatens to hurt themselves or someone else
  - discloses abuse, either while inside or outside of the facility
  - knows if another resident, staff, or community member is in danger
  - speaks of drugs or alcohol being inside the facility
  - discloses sexual misconduct (See PREA Notification Section)
  - talks about escaping
  - speaks of or alludes to gang affiliation

Violation of any of these listed expectations could lead to termination or criminal charges.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Volunteer Services

\_\_\_\_\_  
Date

Janet T. Mills  
Governor

Jeanne M. Lambrew, Ph.D.  
Commissioner



Maine Department of Health and Human Services  
Child and Family Services  
11 State House Station  
2 Anthony Avenue  
Augusta, Maine 04333-0011  
Tel.: (207) 624-7900; Toll Free: (877) 680-5866  
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5065

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

**Agency/Provider to receive this information:**

«Clint» «Peebles»  
«Department Of Corrections»  
«25 Tyson Dr., SHS #11»  
«Augusta», «Maine» «04333»

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
(Please print clearly)  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE ADDRESS: \_\_\_\_\_

**IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT→**

Updated 2020

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person has no substantiated findings of Child Abuse or Neglect in the  
State of Maine.

\_\_\_\_\_  
DHHS, OCFS, Background Check Unit Staff

## **Contraband Items for Residents, Staff and Volunteers**

- **Alcohol**
- **Athletic equipment**
- **Backpacks and handbags**
- **Loose barrettes, hair combs, rubber bands**
- **Batteries**
- **Books, magazines or pamphlets, or any items promoting violence, racism, Satanism, vulgar language, drugs, tobacco, sex, gangs, or illegal activity of any type**
- **Calligraphy pens, or pens of any type**
- **Glass containers or mugs**
- **CDs**
- **Cellular phones**
- **Chapstick, make-up**
- **Cigarettes, cigars, pipes, cigarette paper, smoking paraphernalia, snuff, dip, or any other tobacco product**
- **Extra clothing**
- **Drugs, drug symbols, any item advocating the use of drugs, drug paraphernalia, medication or medical devices not approved by medical staff**
- **Food, candy, gum, drinks, or toiletries not purchased at LCYDC**
- **Gang-related articles of any kind**
- **Loose jewelry**
- **Knives, guns, clubs, or anything considered to be or used as a weapon**
- **Keys**
- **Lighters or matches**
- **Money, credit or debit cards, cash, checks, money orders or phone calling cards**
- **Nail clippers, nail files, emery boards, scissors**
- **Telephones, beepers, pagers**
- **Tools, cameras, mechanical devices**
- **Wallets, pocketbooks, purses**
- **Wire of any form such as coat hangers, staples, push pins, paper clips, thumb tacks, spiral notebooks**
- **Thumb drives**



**LONG CREEK YOUTH DEVELOPMENT CENTER  
OFFICE OF VOLUNTEER SERVICES**

**CONFIDENTIALITY OF INFORMATION ACKNOWLEDGMENT**

I, \_\_\_\_\_, understand that information I obtain about residents, staff and the emergency and security procedures of the Long Creek Youth Development Center is confidential. I understand this includes not only what I read and hear but also what I observe. If I obtain information that I feel should be shared or reported, I understand that I will bring that information to the Chief of Volunteer services, who will determine what further steps, if any, will be taken. I also understand that if I observe anything that might be considered abuse of a resident or hear from anyone, including a resident, that a resident or any other person (including someone in the community) has been abused, I am required to report that information to immediately to program staff. Finally, I understand that if I obtain any information that might pose a risk to the safety of any person or the security of the Long Creek Youth Development Center, I am required to report that information immediately to program staff.

In signing this form, I acknowledge my understanding of and agreement to abide by all of the above.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date