



# State of New Jersey

## DEPARTMENT OF CORRECTIONS



### VOLUNTEER RULES AND RESPONSIBILITIES

Date: \_\_\_\_\_

The following rules and regulations apply to you as a volunteer at \_\_\_\_\_  
Correctional Facility

1. I agree that I shall abide by all the rules and regulations set forth by the correctional facility and shall not engage in any activities that threaten the order and security of the correctional facility.
2. I agree that my services shall be on a strictly volunteer basis for which I shall not receive any money, gifts or compensation.
3. I agree to abide by my attendance schedule.
4. I understand that all information relative to the affairs of the correctional facility and to the individual inmates must be given out through the Administrator's office and shall not be discussed outside the correctional facility or the Department of Corrections.
5. I understand that N.J.S.A. 2C:29-6, New Jersey Code of Criminal Justice makes it a criminal offense to introduce within a correctional institution any weapon or other thing which may be useful for escape; or to provide an inmate with any other thing which the person knows or should know it is unlawful for the inmate to possess.
6. I have received and I understand the training regarding the Zero Tolerance policies of the Department of Corrections to include: Zero Tolerance Drug/Alcohol Policy, Zero Tolerance for Misuse or Possession of an Electronic Communication Device Policy and Zero Tolerance for the Incidence of Sexual Abuse in accordance with the Federal Prison Rape Elimination Act.
7. I understand that I shall not exchange any gifts, monies, personal services or other favors with any inmate or any inmate's friend or representative.
8. I agree that I shall notify the authorities at the correctional facility of any unusual situations, gatherings, conversations or events that may occur.
9. I agree that I shall not enter the correctional facility while under the influence of alcohol, narcotics or illicit drugs.
10. I agree that I shall not give any type of medication (over-the-counter or prescribed) to any inmate.
11. I agree that I shall not indulge in undue familiarity with inmates or permit inmates to be unduly familiar with me.
12. I understand that I shall wear my correctional facility I.D. tag at all times while in the correctional facility.
13. I agree that I shall not extend the period of volunteer service without the approval of the Coordinator of Volunteer Services.
14. I understand that I shall keep confidential information regarding inmates.
15. I understand that I must not take anything out of the correctional facility for an inmate(s) such as, but not limited to, mail or other material.
16. I understand that I shall not visit the correctional facility on unauthorized days or times.
17. I understand that all above-listed rules and responsibilities shall be followed at any and all NJDOC locations, such as, but not limited to, any main correctional facility, satellite unit, halfway house or residential community program site.

**I certify that I have read and I understand the rules and responsibilities governing my participation as a volunteer. I understand that if I violate any of these rules and responsibilities, I may be removed from the Volunteer Program. I also acknowledge receipt of a copy of these rules and regulations.**

\_\_\_\_\_  
Printed Name and Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature of Witness

\_\_\_\_\_  
Date