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STATE OF CALIFORNIA VOLUNTEER APPLICATION AND SERVICE AGREEMENT CDCR 966 (Rev. 01014)

DEPARTMENT OF CORRECTIONS AND REHABILITATION Page 1 of 3

Volunteer Applicant Name INSTITUTION USE ONLY
Institution Institut

### **VOLUNTEER APPLICATION AND SERVICE AGREEMENT**

READ CAREFULLY. Please PRINT or TYPE. The information requested will be used by the officials of the California Department of Corrections and Rehabilitation (CDCR) to determine whether your application will be approved or disapproved.

In accordance with the Privacy Act of 1974 (PL93579), providing your Social Security number is optional. However, any omission or falsification on this questionnaire may be cause for denial of volunteering. Please mail this form directly to the Community Resources Manager of the institution where you wish to volunteer.

	me:			Date of Birth:	
	First MI	La	st		(MM/DD/YYYY
Ac	dress:				
	Number and Street	Apt.#	City	State	Ziρ
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SS	N# (optional):	State Drivers License o	r Identification # (requ	ilred):Exp.	Date:
	Passport#:	()	fapplicable)	Exp. Date:	_
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Spi	ecial Skills/Certificates:				
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Nai	ne and address of company/church/organ	nization you will represent as a	a volunteer (If applicable	e yez sekir aprismen	La transporter
	ne and address of company/church/organ		ber a fil benede ou	es, provide date and locati	ion/institution.
Nai	CONTRACTOR WAS A	prints to CDCR in the past?	□ Yes □ No If ye	es, provide date and locati	Ki gaunge Q
1.	Have you submitted Live Scan finger	any inmates at any other C	P Yes No If yes,	es, provide date and locati list institution and types of	f service.

Volunteer Ap	pplicant Name	GITSH Francis V wo F C	INSTI ☐ New Volunteer	TUTION USE C	NLY Renewa	al
5. Have you e	ever been arrested and/or co s, Attach additional sheet(s),	nvicted of any offense? I necessory. If OLFLY	Tes No If yes, list all	detentions, arre	sts, and/o	ile"
ffense	Approx. Date	Disposition (Dismissed,	Probation, Jall, Prison, etc.)	County	State	Country
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	obation officer lischarged from prison or pare	ole?	f yes, list date of discharg	e, name of instit	ution, and	d attach
Control of the Contro	ressed to the Warden outlini		Those is an exercise policy			
- (	(If information Is not disclose	d or Inaccurate informa	tion is provided, your app	lication may no	t be appro	oved)
certify that:						
> No sa	alaries, wages, or unemplo	yment benefits are to	be paid for volunteer se	ervices.		
> There	e is no Worker's Compensa of State supplies may be po	rmitted when directe	ed to do so.			
. I must	ct attend any required train	ing as directed.		Daniel Cox	duct and	d Accordatio
> i hav	e read and understand the State Prison Inmates (CDC	e CDCR Primary Laws, P Form 181)	, Rules, and Regulations	Kegarding Cor	iduct and	1 7/330¢iatio
. Lauti	borize CDCR to obtain info	mation from law enfo	orcement sources regard	ding my crimina	al history	
> I und to ar	derstand that I must notify ny of the information I have	the Community Resor e provided.	urces Manager immedia	tely in the ever	nt there	is any chang
The informa	ation you provide is ent igning this application, y	ered and stored in you acknowledge ar	a secure electronic d nd agree to this proce	atabase for a	minim	um of thre
		Compression of				
	Applicant's Signature		Dat	e		
1.9						

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

VOLUNTEERS WITH DISABILITIES: If you have special requirements related to your disability (medical implants, prosthetic devices or requiring mobility assistive devices, i.e., crutches, walkers, braces, wheelchairs, battery operated or custom prescribed wheelchairs, guide dog for the visually or hearing impaired, insulin kit with syringes, etc.) you will need to attach a verifying statement from your physician. Volunteers with guide dogs will need to provide the dog's certification paperwork upon visit check-in. The CDCR will make every effort to provide reasonable accommodations for all qualified/eligible volunteers with disabilities in keeping with the safety and security of the institution and the public. If you have any questions and/or concerns, please contact the Community Resources Manager.

Volunteer Applicant Name	INSTITUTIO	N USE ONLY
Institution	☐ New Volunteer	Renewal
SECTION II: To be Completed by CDCR Staf	f	
Purpose of Entry (Circle specific program): Activity Group Religious Name of Program:		
Location of Volunteer Service (List institution and location, ex	xample: chapel, Facility A, classroom #, e	tc.):
Duration of volunteer service: (ie, one, two or more months) Day(s) of Week (circle): M T W Th F S Su Hours		
Escort: □ Yes □ No IB Test Required: □ Yes □ No (Annual TB Testing is requi	ired for all volunteers with more than 6 n	nonths of volunteer service)
Print Name/Classification	Signature	Date
OMMUNITY RESOURCES MANAGER  Reviewed and submitted for background clearance	Signature	Date
USTODY STAFF  JLETS Cleared 🏻 Yes 🗎 No  JLETS Cleared Date:	Signature	Date
Needs further review  VARDEN/WARDEN'S DESIGNEE		COD AS TO COMPANY OF THE PARTY
APPROVED DISAPPROVED	Signature	Date
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SOUR THEIR BEST SOUTH	FOR USE BY PER	SONNEL ONLY
GATE CLEARANCE ONLY  ackground clearance (NLETS) date: lve Scan Date/Location:	VOLUNTEER IDENTIFICATI  Title: VOLUNTEER (For all volunts)	to making the all are last the product
(required after six months of volunteer service)	Live Scan:(Date/Location required aft	er six months of volunteer service
Verification of TB Test provided:  ☐ Yes ☐ No ☐ N/A (If less than 6 months):  Date:	Verification of TB Yest pro ☐ Yes ☐ No ☐ N/A Date:	
opy of Volunteer Emergency Notification (CDC-894) sent to:	Date ID Card Issued:  ID Card Expiration Date:  Thumb Print Date:	
Control	ID Picture Date:	

STATE OF CALIFORNIA PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES CDCR 181 (Rev.10/14)

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates, Title 15, Section 3285. The following is a summation of pertinent information when individuals not employed by the department (volunteers, media, contractors and their employees and dignitaries) come in contact with prison inmates.

- Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.
  - SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3283, 3285, 3289, 3292 and 3415
- CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, nonemployees and employees shall be made aware of this.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304

All persons entering onto institution/tacility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal
by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises or restrictions to
visiting or facility access.

SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3267, 3288, 3289, and 3292.

 Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Secretary, Director of Division of Adult Institutions (DAI), Warden, Regional Parole Administrator and for their designees.

SOURCE: PC Sections 2086, 5054 and 5058; CCR, Title 15, Sections 3283 and 3289

It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps
without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to
refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173, 3283 and 3289

 Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, wireless communication devices or components thereof, tobacco products, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

SOURCE: PC Sections 2772, 2790, 4535, 4550, 4573, 4573.5, 4574, 4576 and 5030.1; CCR, Title 15, Sections, 3172.1, 3189 and 3292

It is illegal to give or take letters from prison immates without the authorization of the Warden. It is also illegal to give or receive any type
of gift and/or gratuities from prison inmates.

SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425

8. In an emergency situation the visiting program and other inmate program activities may be suspended by the Warden or designee.

SOURCE: PC Sections 2086 and 2601; CCR, Title 15, Section 3383

 For security reasons, volunteers, media, contractors, dignitaries and guests must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Sections 3174 and 3349.2.3(g) (3) (B)

Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a
rule violation that may result in appropriate legal action.

SOURCE: CCR, Title 15, Section 3261.5

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH CDCR INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDCR INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

VOLUNTEERMEDIACONTRACTOR/GUEST NAME AND TITLE (Print)	SIGNATURE	DATE \$10NED Attachment C

STATE OF CALIFORNIA EMERGENCY NOTIFICATION INFORMATION CDC 894 (9092)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

GRIG: OFFICIAL PERSONNEL FILE COPY: EMPLOYEE SUPERVISOR

THIS INFORMATION WILL BE KEPT CONFIDENTIAL IN YOUR OFFICIAL PERSONNEL FILE AND YOUR.
SUPERVISOR'S EMPLOYEE RECORDS AND WILL BE USED FOR EMERGENCIES ONLY. PLEASE BE SURE TO UPDATE THIS INFORMATION SHOULD IT CHANGE.

EMPLOYEES NAME (LAST, FIRST, MIDDLE)		SOÇIAL SEC REQUESTED	FOR ID P	IMBER (PROVISION IS VOLUNTARY URPOSES ONLY)
HOME ADDRESS: (SREET NUMBER AND NAME, CITY AND ZIP	CODE)	The state of the let	HOMET	ELEPHONE NUMBER
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ADDRESS	HOME TE	LEPHONE NUM	IBER	WORK TELEPHONE NUMBER
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PERSONAL PHYSICIAN'S NAME	1, 30 F 16, 3, 300T 3	TELEPHONE	NUMBER	
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SPECIAL INSTRUCTIONS (IF APPLICABLE)				
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EMPLOYEE'S SIGNATURE			D.	ATE
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### AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS

VEHICLES ON STATE BUSINESS STO 201 (REV. 3-95) This approval must be renewed annually. Supervisor: Retain Original Copy

### I. CERTIFICATION

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety beits and the vehicle shall always be:

- Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
- Adequate for the work to be performed.
- Equipped with safety belts in operating condition.
- To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD, 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVEN'S LICENSE MUNICIP	STATE	EXPRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED
ON MINE STRAIGHT AND	AND THE PROPERTY SOURCES AND ADDRESS.	
	H. AFFROVAL	
	lse of a privately owned vehicle on State business is approved.	
APPROVING ALTHORITY SIGNATURE	WILE	DATE APPROVED
	III, RENEWAL	
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EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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STATE OF CALIFORNIA - STATE PERSONNEL BOARD HEALTH QUESTIONNAIRE (With Physician's Report) 570, 610 (REV. 132000) (Page 1 of 4)

### STATE LAW AND THE AMERICANS WITH DISABILITIES ACT REQUIRE APPLICANTS TO FILL IN QUESTIONS ON PAGES 1 AND 2 OF THIS FORM ONLY AFTER A JOB OFFER HAS BEEN MADE

DATE JOB OFFER MADE	
SOCIAL SECURITY NUMBER (Options! - See Privacy Statement below)	

For questions 1–31, have you ever had or do you have the following:    TEM   YES   NO   28. Kidney or bladder trouble	TOP	THIS AREA TO BE COMPLETED BY F TOUT NAME (138)	FIRING AGENCY		MPL sau	ETED QU	JESTIONN	HPING AGENCY NAME	URNED TO HIRING	AGE	VCY
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#### PRIVACY NOTICE

(Continue on reverse.)

Official Responsible: Medical Officer, State Personnel Board, P. O. Box 944201, Sacramento, CA 94244-2010; Authority: Government Code Section 18931; Purpose: The information you furnish will be used to evaluate your medical fitness to carry out the duties of the position applied for without endangering the health and safety of yourself or others; Providing Information: Medical clearance is required prior to employment in State service; Effects of Not Providing Information: Omission or misrepresentation may result in placement in a position where the duties or work environment could be hazardous. A misrepresentation or omission may be cause for adverse employment action; Access: Your medical records will be maintained in a confidential manner and may be reviewed by contacting the employing agency's personnel office.

STATE OF CAUFORMA - STATE PERSONNEL BOARD

### OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA

STD. 689 (REV. 5/2002)

Oath may be administered by a person having general authority by law to administer oaths, or may be administered by the appointing power, or by a person for whom written authorization to witness oaths hat been executed by the appointing power. The appointing power maintains a file of such authorizations.

### PART 1-DATH OF ALLEGIANCE TO BE COMPLETED BY UNITED STATES CITIZENS ONLY WHO MUST SIGN OATH-As required in Section 3 of Article XX of the Constitution of the State of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed. WHEN OATH MUST BE SIGNED-As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath. OATH OF ALLEGIANCE (Type or print name of employee, than complete Perl 3.) , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter. WHERE OATHS ARE FILED-As required in Government Code Section 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record. FAILURE TO SIGN-As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation. PENALTIES (Government Code) "3108. Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years." PART 2-DECLARATION OF PERMISSION TO WORK TO SE COMPLETED BY LEGALLY EMPLOYED NUNCITIZENS ONLY NO I am a lawful permanent resident alien of the United States. YES If NO, please read the following: I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power. PART 3-SIGNATURE AND CERTIFICATION (No fee entry be charged for administering) TO BE COMPLETED BY UNITED STATES CITIZENS AND LEGALLY EMPLOYED NONCITIZENS

### STATE OF CALIFORNIA TB INFECTIOUS FREE STAFFCERTIFICATION

CDC 7354 (Rev 5/01)

DEPARTMENT OF CORRECTIONS DISTRIBUTION ORIGINAL - EMPLOYEE MEDICAL FILE CANARY - EMPLOYEE

Applicants, current employees, volunteers and employees from other state agencies who work in the California Department of Corrections (CDC) facilities or with CDC inmates (as defined in Penal Code Section 6006 et seq.) are required to be evaluated for tuberculosis (TB) and certified to be free of TB in an infectious or contagious stage prior to assuming duties with CDC, and at least annually thereafter. The evaluation shall be done by a licensed physician and surgeon or his/her licensed designee whose legally authorized scope of practice allows him/her to conduct examinations for TB under physician supervision; in accordance with the most current recommendations of the Centers for Disease Control and Prevention. Certificates shall be submitted to and maintained by CDC.

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# CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION PRISON RAPE ELIMINATION POLICY Volunteer/Contractor Informational Sheet

The Prison Rape Elimination Policy for the California Department of Corrections and Rehabilitation (CDCR) is explained on this informational sheet. As a volunteer or private contractor who has contact with CDCR offenders, it is your responsibility to do what you can, within the parameters of your current assignment, to reduce incidents of sexual violence, staff sexual misconduct, and sexual harassment and to report information appropriately when they are reported to you or when you observe such an incident.

### Historical Information

Both the Congress and State Legislature passed laws, the Federal Prison Rape Elimination Act (PREA) of 2003, the Sexual Abuse in Detention Elimination Act, Chapter 303, Statutes of 2005, and most recently the United States, Department of Justice Final Rule; National Standards of 2012 to help prevent, detect and respond to sexual violence, staff sexual misconduct and sexual harassment behind bars. It is important that we, as professionals, understand all aspects of these laws and our responsibilities to help prevent, detect, and respond to instances by offenders and staff.

The CDCR policy is found in Department Operations Manual (DOM), Chapter 5, Article 44. PREA addresses five types of sexual offenses. Sexual violence committed by offenders will encompass: Abusive Sexual Contact, Nonconsensual Sex Acts, or Sexual Harassment by an Offender (towards an offender). The two remaining types of sexual offenses covered by PREA are Staff Sexual Misconduct and Staff Sexual Harassment (towards an offender).

### CDCR's policy provides for the following:

- CDCR is committed to continuing to provide a safe, humane, secure environment, free from offender on offender sexual violence, staff sexual misconduct, and sexual harassment.
- CDCR maintains zero tolerance for sexual violence, staff sexual misconduct, and sexual harassment in its institutions, community correctional facilities, conservation camps, and for all offenders under its jurisdiction.
- All sexual violence, staff sexual misconduct, and sexual harassment is strictly prohibited.
- This policy applies to all offenders and persons employed by the CDCR, including volunteers and independent contractors assigned to an institution, community correctional facility, conservation camp, or parole.

Retaliatory measures against employees or offenders who report incidents of sexual violence, staff sexual misconduct, or sexual harassment as well as retaliatory measures taken against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution. Retaliatory measures include, but are not limited to:

- Coercion.
- · Threats of punishment.
- Any other activities intended to discourage or prevent staff or offenders from reporting incident(s).

### Professional Behavior

Staff, including volunteers and private contractors are expected to act in a professional manner while on the grounds of a CDCR institution and while interacting with other staff and offenders. Key elements of professional behavior include:

· Treating everyone, staff and offenders alike, with respect

- Speaking without judging, blaming, or being demeaning
- · Listening to others with an objective ear and trying to understand their point of view
- · Avoiding gossip, name calling, and what may be perceived as offensive or "off-color" humor
- Taking responsibility for your own behavior

### Preventative Measures

You can help reduce sexual violence, staff sexual misconduct, and sexual harassment by taking various actions during the performance of your duties as a volunteer or private contractor.

The following are ways in which you can help:

- Know and enforce the rules regarding the sexual conduct of offenders.
- · Be professional at all times.
- · Make it clear that sexual activity is not acceptable.
- Treat any suggestion or allegation of sexual violence, staff sexual misconduct, and sexual harassment as serious.
- Follow appropriate reporting procedures and assure that the alleged victim is separated from the alleged predator.
- Never advise an offender to use force to repel sexual advances.

#### Detection

All staff, including volunteers and private contractors, is responsible for reporting immediately and confidentially to the appropriate supervisor any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

After immediately reporting to the appropriate supervisor, you are required to document the information you reported. You will be instructed by the supervisor regarding the appropriate form to be used for documentation.

You will take necessary action (i.e., give direction or press your alarm) to prevent further harm to the victim. Staff, including volunteers and private contractors, will make every effort to ensure the victim does not: 1) Shower; 2) Remove clothing without custody supervision; 3) Use the restroom facilities; and/or 4) Consume any liquids.

I have read the Information above and understand my responsibility to immediate report any information that indicates an offender is being, or has been, the victim of sexual violence, staff sexual misconduct, or sexual harassment.

Volunteer/Contractor Name (Printed)	Date Signed	
	Volunteer	
Signature of Volunteer/Contractor	Current Assignment within Institution	
	Magain etc.	
Contact Telephone Number	Supervisor in Current Assignment	

## **VOLUNTEER ORIENTATION**

### Resource Listing

- A copy of the current, California Code of Regulations, Title 15, Division 3, can be referenced at: http://www.edcr.ca.gov/Regulations/Adult\_Operations/docs/Title15-2013.pdf
- A copy of the current, Department Operations Manual (DOM), can be referenced at:
   http://www.odcr.ca.gov/Regulations/Adult Operations/docs/DOM/DOM%202013/2013%20DOM.PDF
- A Summary of the California Public Records Act 2004, can be referenced at: http://www.cdcr.ca.gov/news/docs/CPRA2004.pdf