

Volunteer Applicant Name _____
Institution _____

INSTITUTION USE ONLY

☐ New Volunteer ☐ Renewal

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 (PL93-579), 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.

Name: _____ Date of Birth: _____
First MI Last (MM/DD/YYYY)

Address: _____
Number and Street Apt. # City State Zip

Email (optional): _____

SSN# (optional): _____ - _____ State Drivers License or Identification # (required): _____ Exp. Date: _____

Passport#: _____ (If applicable) Exp. Date: _____

Phone # (required): () _____ - _____ Cell #: () _____ - _____ Fax # (optional): () _____ - _____

Gender: ☐ Male ☐ Female Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Occupation: _____

Special Skills/Certificates: _____

Name and address of company/church/organization you will represent as a volunteer (if applicable): _____

1. Have you submitted Live Scan fingerprints to CDCR in the past? ☐ Yes ☐ No If yes, provide date and location/institution.

2. Do you provide volunteer service at any other CDCR institution? ☐ Yes ☐ No If yes, list institution and types of service.

3. Do you visit and/or correspond with any inmates at any other CDCR institution? ☐ Yes ☐ No If yes, explain fully and provide inmate name(s), CDCR number(s) and institution(s) (attach additional sheets if needed).

4. Are you related to any inmate(s) at any CDCR institution? ☐ Yes ☐ No If yes, explain fully and provide inmate(s) name(s), CDCR number(s) and institution(s) (attach additional sheets if needed).

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5. Have you ever been arrested and/or convicted of any offense? ☐ Yes ☐ No If yes, list all detentions, arrests, and/or convictions. Attach additional sheet(s), if necessary. *if offense already on file state "on file"*

Offense	Approx. Date	Disposition (Dismissed, Probation, Jail, Prison, etc.)	County	State	Country

6. Are you currently on parole or probation? ☐ Yes ☐ No If yes, list name, telephone number and county of parole agent/probation officer. _____
7. Are you discharged from prison or parole? ☐ Yes ☐ No If yes, list date of discharge, name of institution, and attach letter addressed to the Warden outlining circumstances. _____

(If information is not disclosed or inaccurate information is provided, your application may not be approved)

I certify that:

- > No salaries, wages, or unemployment benefits are to be paid for volunteer services.
- > There is no Worker's Compensation provided.
- > Use of State supplies may be permitted when directed to do so.
- > I must attend any required training as directed.
- > I have read and understand the CDCR Primary Laws, Rules, and Regulations Regarding Conduct and Association with State Prison Inmates (CDCR Form 181).
- > I authorize CDCR to obtain information from law enforcement sources regarding my criminal history.
- > I understand that I must notify the Community Resources Manager immediately in the event there is any change to any of the information I have provided.

The information you provide is entered and stored in a secure electronic database for a minimum of three years. By signing this application, you acknowledge and agree to this process.

Applicant's Signature

Date

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.

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SECTION II: To be Completed by CDCR Staff

Purpose of Entry (Circle specific program):

Activity Group Religious

Name of Program: _____

Location of Volunteer Service (List institution and location, example: chapel, Facility A, classroom #, etc.): _____

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

TB Test Required: ☐ Yes ☐ No (Annual TB Testing is required for all volunteers with more than 6 months of volunteer service)

Print Name/Classification _____

Signature _____

Date _____

COMMUNITY RESOURCES MANAGER

☐ Reviewed and submitted for background clearance

Signature _____

Date _____

CUSTODY STAFF

NLETS Cleared ☐ Yes ☐ No

NLETS Cleared Date: _____

☐ Needs further review

Signature _____

Date _____

WARDEN/WARDEN'S DESIGNEE

☐ APPROVED ☐ DISAPPROVED

Signature _____

Date _____

FOR USE BY CRM ONLY

GATE CLEARANCE ONLY ☐

Background clearance (NLETS) date: _____

Live Scan Date/Location: _____

(required after six months of volunteer service)

Verification of TB Test provided:

☐ Yes ☐ No ☐ N/A (if less than 6 months):

Date: _____

Copy of Volunteer Emergency Notification (CDC-894) sent to:

Control ☐ Yes ☐ No

Watch Office ☐ Yes ☐ No

FOR USE BY PERSONNEL ONLY

VOLUNTEER IDENTIFICATION CARD (ID CARD) ☐

Title: **VOLUNTEER** (For all volunteer ID Cards)

Live Scan: _____

(Date/Location required after six months of volunteer service)

Verification of TB Test provided:

☐ Yes ☐ No ☐ N/A (if less than 6 months):

Date: _____

Date ID Card Issued: _____

ID Card Expiration Date: _____

Thumb Print Date: _____

ID Picture Date: _____

Copy of Volunteer Emergency Notification (CDC-894) sent to:

Control ☐ Yes ☐ No

Watch Office ☐ Yes ☐ No

Comments: _____

**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.

1. 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
2. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, non-employees and employees shall be made aware of this.
SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304
3. All persons entering onto institution/facility 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.
4. 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/or their designees.
SOURCE: PC Sections 2086, 5054 and 5058; CCR, Title 15, Sections 3283 and 3289
5. 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
6. 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, 4573.6, 4574, 4576 and 5030.1; CCR, Title 15, Sections, 3172.1, 3189 and 3292
7. It is illegal to give or take letters from prison inmates 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
9. 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)
10. 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 3281.5

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.

VOLUNTEER/MEDIA/CONTRACTOR/GUEST NAME AND TITLE (Print)	SIGNATURE	DATE SIGNED
		Attachment C

DISTRIBUTION: Original - Warden, Parole Administrator and/or designee

STATE OF CALIFORNIA
EMERGENCY NOTIFICATION INFORMATION
CDC #94 (9/92)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIST: _____
ORIG: 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.

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER (PROVISION IS VOLUNTARY REQUESTED FOR ID PURPOSES ONLY)	
HOME ADDRESS: (STREET NUMBER AND NAME, CITY AND ZIP CODE)		HOME TELEPHONE NUMBER	
EMPLOYED (FACILITY AND UNIT)		WORK PHONE NUMBER	
PLEASE INDICATE PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME		RELATIONSHIP	
ADDRESS	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	
NAME		RELATIONSHIP	
ADDRESS	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	
MEDICAL INFORMATION			
PERSONAL PHYSICIAN'S NAME		TELEPHONE NUMBER	
MEDICAL PLAN NAME AND CARD NUMBER (IF APPLICABLE)		MEDICAL FACILITY'S EMERGENCY PHONE NUMBER	
SPECIAL MEDICAL CONDITIONS (ALLERGIES, ETC)			
SPECIAL INSTRUCTIONS (IF APPLICABLE)			
EMPLOYEE'S SIGNATURE		DATE	

*This approval must be renewed annually.
Supervisor: Retain Original Copy*

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 belts and the vehicle shall always be:

1. 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.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. 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.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid

EMPLOYER'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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HEALTH QUESTIONNAIRE

(With Physician's Report)

STD. 610 (REV. 12/2002) (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 (Optional - See Privacy
Statement below)

THIS AREA TO BE COMPLETED BY HIRING AGENCY - COMPLETED QUESTIONNAIRE WILL BE RETURNED TO HIRING AGENCY

APPLICANT NAME (Last)		(First)	(Middle)	HIRING AGENCY NAME	
APPLICANT ADDRESS (Number and Street)		(City)	(State)	(ZIP Code)	AGENCY ADDRESS
CLASS TITLE AND POSITION NUMBER OF VACANCY				HIRING MANAGER'S NAME AND TELEPHONE NUMBER	
APPOINTMENT TYPE			DESIRED APPOINTMENT DATE		CERTIFICATION NUMBER
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TAU <input type="checkbox"/> LIMITED TERM (If reinstatement, enter dates of previous State employment.)			CURRENT OCCUPATION		
<input type="checkbox"/> REINSTATEMENT					

THIS AREA TO BE COMPLETED BY THE APPLICANT

DO NOT LEAVE YOUR PRESENT EMPLOYMENT TO ACCEPT A POSITION IN STATE SERVICE UNTIL YOU HAVE BEEN SPECIFICALLY NOTIFIED TO REPORT FOR WORK. MEDICAL CLEARANCE IS REQUIRED PRIOR TO EMPLOYMENT IN STATE SERVICE.

Your answers to the following questions will be evaluated in conjunction with the essential functions of the desired position. In addition, a physical examination may be required. "YES" answers to questions 1 - 43 below must be explained in the space provided on the back of this form.

BIRTH DATE	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	HEIGHT	WEIGHT	
For questions 1-31, have you ever had or do you have the following:					
ITEM	YES	NO	ITEM	YES	NO
1. Lung or respiratory trouble, including bronchitis, tuberculosis, or asthma			27. Gall bladder trouble		
2. Residuals of poliomyelitis			28. Kidney or bladder trouble		
3. Hepatitis, jaundice, or other liver ailments			29. Shortness of breath		
4. Cancer, malignant tumor, or cysts			30. Any speech impairment		
5. Diabetes or sugar in urine			31. History of addiction to drugs or alcohol		
6. Pernicious anemia, leukemia, or other blood disorder or ailment			32. Do you wear or have you ever worn glasses?		
7. Mental illness			33. Do you or have you ever worn contact lenses?		
8. Any disorder of the nervous system			34. Have you had any eye injury, surgery, or disease?		
9. Seizure disorder or loss of consciousness			35. Are you blind in one eye?		
10. Severe headaches or migraines			36. Are you blind in both eyes?		
11. Heart trouble-including circulatory disease			37. Do you wear a hearing aid or have you had at any time a problem with your hearing?		
12. Rheumatic fever			38. Do you have any existing temporary medical condition such as broken bones, recovery from surgery, pregnancy, etc.? If yes, list condition and anticipated date of recovery on Page 2.		
13. Any defect of bones or joints, including amputations, dislocations, or broken bones			39. Are you at present under a doctor's care for any condition? Give reason and doctor's full name and address.		
14. Rheumatism, arthritis, or bursitis			40. Are you taking any medication now or in the last 12 months? If yes, what?		
15. Back pain or back injury			41. Have you ever been hospitalized? If yes, list reason and date of hospitalization.		
16. Head injury			42. a. Have you had an illness or injury which caused you to lose time from work?		
17. Any problems with hips, knees, ankles, or feet			b. Does this illness or injury continue to limit your ability to perform certain types of work?		
18. Any problems with hands, elbows, or shoulders			43. Have you ever had any other illness, injury or physical condition not named above (exclude minor problems such as colds, flu, etc.)?		
19. Fainting spells or dizziness					
20. Skin rash from work					
21. Allergies					
22. Sensitivity to dust or smoke					
23. High or low blood pressure					
24. Varicose veins					
25. Stomach or duodenal ulcer or other bowel problem					
26. Rupture or hernia					

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.

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 has been executed by the appointing power. The appointing power maintains a file of such authorizations.

PART 1—OATH 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, then complete Part 3.)

I, _____, 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 BE COMPLETED BY LEGALLY EMPLOYED NONCITIZENS ONLY

I am a lawful permanent resident alien of the United States. ☐ YES ☐ NO

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 may be charged for administering) TO BE COMPLETED BY UNITED STATES CITIZENS AND LEGALLY EMPLOYED NONCITIZENS

EMPLOYEE'S SIGNATURE

STATE DEPARTMENT OR AGENCY

DIVISION/UNIT

Taken and subscribed before me this

_____ day of _____

AUTHORIZED OFFICIAL'S SIGNATURE

AUTHORIZED OFFICIAL'S TITLE

(SEAL)

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.

CERTIFIED TO BE INFECTION FREE

PATIENT FULL NAME AS IT APPEARS ON STATE PAYCHECK (TYPE OR PRINT CLEARLY)	LAST 6 DIGITS OF SSN (FOR IDENTIFICATION PURPOSES ONLY)
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I, _____, a physician and
PRINT OR TYPE PHYSICIAN NAME AND TITLE

surgeon licensed by the Medical Board or Osteopathic Medical Board of California, or my licensed designee, have
 *evaluated the patient, identified above, and **CERTIFY** he/she is free of tuberculosis in an infectious or contagious stage.

(* IF EVALUATION INCLUDES A TB SKIN TEST [REQUIRED IF NO WRITTEN MM DOCUMENTATION OF A PRIOR POSITIVE],
 THE MANTOUX INTRADERMAL METHOD WITH A STANDARD DOSE OF PURIFIED PROTEIN DERIVATIVE MUST BE USED.)

EVALUATOR OR PHYSICIAN SIGNATURE (AS APPROPRIATE)	DATE	TELEPHONE NUMBER
EVALUATOR NAME AND TITLE IF DIFFERENT FROM ABOVE (OPTIONAL)		
ADDRESS		

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 immediately 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

Signature of Volunteer/Contractor

Volunteer

Current Assignment within Institution

Contact Telephone Number

Chaplain etc.

Supervisor in Current Assignment

VOLUNTEER ORIENTATION

Resource Listing

1. A copy of the current, California Code of Regulations, Title 15, Division 3, can be referenced at:

http://www.cdcr.ca.gov/Regulations/Adult_Operations/docs/Title15-2013.pdf

2. A copy of the current, Department Operations Manual (DOM), can be referenced at:

http://www.cdcr.ca.gov/Regulations/Adult_Operations/docs/DOM/DOM%202013/2013%20DOM.PDF

3. A Summary of the California Public Records Act 2004, can be referenced at:

<http://www.cdcr.ca.gov/news/docs/CPRA2004.pdf>