



OFFICE OF SHERIFF – COUNTY OF ONTARIO

ONTARIO COUNTY CORRECTIONAL FACILITY

VOLUNTEER & PROFESSIONAL SERVICES APPLICATION

INSTRUCTION SHEET

Thank you for your interest in being a volunteer or providing professional services with the Ontario County Sheriff's Office. You play a vital role in the programming activities in the jail which otherwise would not be available.

Due to the nature of our business, the safety and security of you, the inmates and the community is our number one priority. To this end, there is an application and orientation process that will prepare you to be successful and safe. This packet will contain the following documents, which will require your attention:

- 1) *Instructions for Obtaining Fingerprints at an L1 Enrollment Services Live Scan Location.*
- 2) *Volunteer/Professional Services Application.*
- 3) *Release of Liability.*
- 4) *Rules and Regulations Governing Persons Working with Inmates.*
- 5) *Programs Pre-Orientation for Volunteers.*

The application process will consist of:

- STEP 1:** Meeting with our Chaplain or Programs Lieutenant to discuss your program, a schedule and specific tasks. The Chaplain or Programs Lieutenant will determine if you meet our program mission and goals. If you are not sure what you want to do, the Programs Officer can discuss options with you and arrange a meeting with the Chaplain or Program Lieutenant in an area that interests you.
- STEP 2:** Completing the attached application, Release of Liability, and Rules and Regulations Governing Persons Working with Inmates. Please answer all questions truthfully. If any question cannot be clearly answered, please elaborate in the additional space. Attach copies of the following documents: Driver's license, course credentials and/or certificates.
- STEP 3:** The Program Officer along with the Chaplain or Programs Lieutenant will review your application. A criminal history check will be conducted and references will be contacted. The reference check will seek if you have the experience and are competent in the area where you will be working. The Programs Lieutenant will ask for a written response from you for any areas that need further clarification.
- STEP 4:** Once the review is completed, you will be contacted to arrange a date and time for you to attend an orientation of the jail rules and procedures.
- STEP 5:** Access is granted after completion of the orientation.

If you have any questions or need clarification, please contact:

Lt. Aaron Morrell
Aaron.Morrell@co.ontario.ny.us
P: 585-396-2994



OFFICE OF SHERIFF – COUNTY OF ONTARIO

ONTARIO COUNTY CORRECTIONAL FACILITY

VOLUNTEER & PROFESSIONAL SERVICES APPLICATION

Instructions for Fingerprinting at an L-1 Enrollment Services Live Scan Location

Bring this completed form with you in addition to your appointment confirmation. Once completed, fingerprints will be electronically submitted to the New York State Division of Criminal Justice Services and the Federal Bureau of Investigation

1. You will need the following number in order to be fingerprinted: **OCSO ORI Number NY0340000**.
2. Please indicate the position you are applying for: VOLUNTEER CLERGY
3. You must make an appointment with a New York State vendor. Proceed to the IdentToGo website at www.L1enrollment.com. Appointment scheduling via the website is available 24 hours a day, everyday. Appointment scheduling can be completed via the call center by calling 877-472-6915, Monday through Saturday 9am to 9pm. For expediency and efficiency, the Sheriff's Office recommends online scheduling.
4. If scheduling through the website, print out the confirmation page and bring it with you to your appointment.
5. Volunteer and Clergy applicants are responsible for paying a \$10.75 (L1) fee.
6. You will need to bring two (2) forms of identification to the fingerprinting location. At least one must be a photo identification. Acceptable forms of identification are: Driver's license, US passport, Social Security card, etc. If you are unable to make payment online, you will need to bring your payment to your appointment.
7. After you have been fingerprinted, you will be give two receipts. One copy must be returned to the Ontario County Sheriff's Office. You may retain the other copy for your records.



OFFICE OF SHERIFF – COUNTY OF ONTARIO

ONTARIO COUNTY CORRECTIONAL FACILITY

VOLUNTEER & PROFESSIONAL SERVICES APPLICATION

PERSONAL INFORMATION

| | | | | | |
|--|------------|--|--------|-------------------|-----------|
| Legal Last Name | | Legal First Name | | Legal Middle Name | |
| Please list any other names (such as aliases, maiden names and nick names) | | | | | |
| Street Address | | | City | | State |
| | | | | | Zip Code |
| How long have you lived at this address? | | How many, of the last ten years have you lived in Ontario County, or an adjacent county? | | | |
| Daytime Phone Number | | Evening Phone Number | | E-mail Address | |
| Date of Birth | | Driver's License Number | | State DL Issued | |
| Gender | Hair Color | Eye Color | Height | Weight | Ethnicity |

WORK EXPERIENCE and EDUCATION

| | |
|---|---|
| Current Work Status: <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Other | Tell us about your work: <hr/> Tell us about your hobbies, leisure activities and interests: |
|---|---|

| | | | |
|---|---|-----------------------|--------------------------------------|
| Check your highest level of education: <input type="checkbox"/> High School Graduate / GED <input type="checkbox"/> Trade School <input type="checkbox"/> Some College / Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters / PhD. | Name and location of highest institution attended: | Years attended | Diploma / GED / Area of Study |
|---|---|-----------------------|--------------------------------------|

Summarize your last 5 years of employment, education, retirement and/or volunteer experience starting with this year

| Position / Duties | From – To | Employer / Organization / School |
|-------------------|-----------|----------------------------------|
| | | |
| | | |
| | | |
| | | |

| Tell us about your interest in working in the Jail | | | | Are you coming to us as an individual through a group such as a church, agency or organization? | | | |
|---|----------|----------------------|---------------|--|--------|---|----------|
| | | | | <input type="checkbox"/> Individual | | <input type="checkbox"/> Group (complete lines below) | |
| | | | | Group Name: | | | |
| | | | | Contact Person (Pastor, Coordinator, Advisor, Supervisor) | | | |
| | | | | Contact Phone Number: | | | |
| WHEN ARE YOU AVAILABLE? | | | | WHAT TIME COMMITMENT CAN YOU MAKE? | | | |
| | MORNING | AFTERNOON | EVENING | AT LEAST: | | EVERY: | |
| Sunday | | | | <input type="checkbox"/> 1 Hour | | <input type="checkbox"/> Day | |
| Monday | | | | <input type="checkbox"/> 2 Hours | | <input type="checkbox"/> Week | |
| Tuesday | | | | <input type="checkbox"/> 3 Hours | | <input type="checkbox"/> Month | |
| Wednesday | | | | <input type="checkbox"/> 4 Hours | | <input type="checkbox"/> _____ | |
| Thursday | | | | <input type="checkbox"/> _____ | | | |
| Friday | | | | Please list any restrictions you may have: | | | |
| Saturday | | | | | | | |
| REFERENCES – List three people who are not relatives who know about your abilities and knowledge. | | | | | | | |
| Name: | | | Name: | | | Name: | |
| Relationship: | | | Relationship: | | | Relationship: | |
| City: | | State: | City: | | State: | City: | |
| Tel: | Alt Tel: | | Tel: | Alt Tel: | | Tel: | Alt Tel: |
| EMERGENCY CONTACT | | | | AFFIRMATION | | | |
| Name: | | | | <p>I certify that I have made no willful misrepresentation in this application, nor have I withheld information in my statements and answers to questions. I am aware that this information will be investigated, and I understand that any misrepresentation, falsification or omission of information may be just cause for the application to be rejected.</p> <p>_____</p> <p>Signature of Applicant</p> <p>_____</p> <p>Date</p> | | | |
| Relationship: | | | | | | | |
| City: | | State: | | | | | |
| Telephone: | | Alternate Telephone: | | | | | |
| In the event of a medical emergency, are there any allergies/special requests that you have? If so, please let us know: | | | | | | | |
| SEND YOUR COMPLETED APPLICATION TO: | | | | | | | |
| <p>LT. Aaron Morrell Ontario County Correctional Facility 3045 County Complex Drive, Canandaigua, NY 14424 P: 585-396-2994 F: 585-396-4605</p> | | | | | | | |



OFFICE OF SHERIFF – COUNTY OF ONTARIO
ONTARIO COUNTY CORRECTIONAL FACILITY
 VOLUNTEER & PROFESSIONAL SERVICES APPLICATION

RELEASE OF LIABILITY

The undersigned voluntarily signs this Release (hereinafter this "Release") this ____ day of _____, 20 ____.
WHEREAS, the Ontario County, New York Sheriff (hereinafter the "Sheriff" operates the Ontario County Jail (hereinafter the "Facility"); and

WHEREAS, in connection with the operation of the Facility, the Sheriff has established certain programs in which community volunteers teach and interact with inmates and former inmates in certain areas, all of which are generally aimed at helping inmates and former inmates gain the skills to better interact with family and others and/or to become self-sufficient and law-abiding citizens, some of which may continue after the inmate's release from the facility hereinafter individually a "Program"); and

WHEREAS, signing this Release is a requirement to participate as a volunteer in a Program, and I sign this Release so the Sheriff will permit me to participate as a volunteer.

NOW THEREFORE, I hereby agree as follows:

1. I understand that there is a possibility of injury to my person or property while in the Facility. I also understand that there is the potential danger of being taken hostage by inmates of a maximum security facility and that the policy of the Facility is not to recognize the hostages as a basis for bargaining with any inmate.
2. I have been informed about the nature of the Program in which I wish to volunteer and, after gaining knowledge of the Program, I still wish to be a volunteer.
3. In consideration of being permitted to participate as a volunteer in the Program Unit, I release and discharge the Sheriff, Ontario County, New York, their successors, agents, elected and appointed officials, deputies, and support employees (collectively hereinafter the "Released Parties") from any and all injuries, damages, costs and liability of any kind arising from or related to my participation in the volunteer program, whether or not caused or contributed by the actual or alleged negligence of any of the Released parties, including any and all members of an inmate with whom I work in connection with the Program. This covenant shall bind my estate, my dependents, my heirs, and my personal representatives.
4. In signing this Release, I rely wholly upon my own judgment and knowledge of the nature of my decision to participate in the volunteer Program. I have not been influenced to any extent whatsoever in signing this Release by any representative or statements made by any of the Released Parties.
5. I promise to maintain the dignity of the inmates with whom I associate, including respect for their privacy, property, family and friends. I agree to abide by the rules that the Sheriff or other representatives of the Facility may establish from time to time. I understand that the Sheriff, in the Sheriff's sole discretion, may discontinue the Program in which I am volunteering at any time, and also further recognize that the Sheriff in the Sheriff's sole discretion may revoke my status as a volunteer at any time without just cause.
6. I have viewed the PREA (Prison Rape Elimination Act) Video and am familiar with the detection, prevention and reporting of sexual assault or sexual misconduct that may be reported to or observed by me.
7. I have been provided with a copy of the Provider Handbook and have read its entirety.

I CERTIFY that I have read the foregoing Release of Liability, understand its terms, agree to all of them, and that I sign it voluntarily.

Notary Acknowledgement

Dated: _____
 PRINT Name: _____
 Signature: _____
 Dated: _____
 WITNESS (Print): _____
 Signature: _____



OFFICE OF SHERIFF – COUNTY OF ONTARIO

ONTARIO COUNTY CORRECTIONAL FACILITY

VOLUNTEER & PROFESSIONAL SERVICES APPLICATION

RULES AND REGULATIONS GOVERNING PERSONS WORKING WITH INMATES

- 1) All programs and personnel, whether they are full time, part time, or volunteer, will be approved and coordinated through the Corrections Lieutenant of Programs. The following information will be required; Program description, set of goals, lists of supplies regularly brought into the facility, and the types of persons your program would serve. Any changes you wish to make to your program must be approved through this office beforehand.
- 2) All personnel working with inmates must familiarize themselves with the procedures, rules and regulations of this facility. This document is provided for that purpose. If, at any time you have questions or concerns, they should be addressed to the Corrections Lieutenant of Programs, Corrections Sergeant, or designated Educational/Program Officer.
- 3) Any person working with inmates must sign in and out through the jail reception/lobby area each time they report for a program.
- 4) It is important that you arrive and leave at the time you are scheduled. If you are unable to keep your appointment, please inform the Correctional facility immediately, by calling 585-396-4532.
- 5) Any confidential information regarding inmates must be obtained through the Corrections Lieutenant of Programs. This information will not be removed from the premises, nor discussed outside the facility. All correspondence regarding inmates, with agencies [Probation, Lawyers, and Mental Health] will be cleared through this office. There will be NO arrangements, press releases, interviews, speaking engagements, or other publicity concerning inmates or jail matters without prior approval.
- 6) You will not be allowed to bring any unnecessary items [purse, coat]. There are lockers located in the lobby in which you are to place those items until you are ready to leave. All items brought into this facility by you are subject to search. It is your responsibility to be sure you leave with the items you came in with.
- 7) Programs will take place in secure, authorized areas ONLY. Inmates are not to be left alone, or allowed to leave the person[s] he/she is working with. YOU are to be in charge of your program. Officers will check in to ensure your safety, and to see that there is no trouble. Any incident or problem is to be reported immediately. Any inmate not actively participating will be removed from the program.
- 8) Personnel will not exchange gifts, gratuities, or personal information [addresses, phone numbers] with inmates. NO contacts will be made, or messages delivered for inmates without prior approval. Promises and favors are STRICTLY prohibited.

- 9) Jail personnel cannot be responsible for lost, stolen, or ruined items. We suggest the use of the non-returnable books. The inmate will be solely responsible to lending agencies for items on loan. Inmates are not to remove items from the program room, unless both you and the officer have granted permission.
- 10) If you intend to leave items with the inmates, you must have prior approval, and the items must be receipted [through reception]. Items should be distributed one per interested inmate ONLY. Do not leave a supply of extra material, as they will be destroyed.
- 11) Inmates are not to pass items to other inmates while in your program, nor should they expect you to do so. For the safety and security of all, it is necessary to limit the flow of items within our facility. Inmates should not have any personal items outside of their housing area.
- 12) Inmates involved in programs are responsible for leaving the room in as clean a state as when they entered. Food and drinks are also prohibited during programs. This facility does not allow "coffee breaks" to inmates involved in programs. Such a practice could be construed as bribery.
- 13) Program personnel will not have access to the housing areas, without written permission from a Supervisor.
- 14) Taking pictures within the jail is prohibited, unless special permission is granted by the Chief Correction Officer.

NEW YORK STATE PENAL LAW
Article 205.25 (Promoting prison contraband in the 2nd degree)

A person is guilty of promoting prison contraband in the 2nd degree when:

1. **He/she knowingly and unlawfully introduces any contraband into a detention facility ; or**
2. **Being a person confined in a detention facility, he/s he knowingly and unlawfully makes, obtains, or possesses any contraband.**
3. **Promoting prison contraband is a class "A" misdemeanor, which is punishable by a sentence of Imprisonment affixed by the court system up to, but not to exceed one year.**

Contraband includes, but is not limited to:

1. Cigarettes
2. Tobacco
3. Rolling papers
4. Drugs
5. Candy
6. Alcohol

Our aim is to assist you in making your program the best it can be. Our duty is to the safety, security, and good order of the facility. Please help us to help you. Remember that any violation or problem with you or your program can result in immediate termination. In some cases, criminal charges could be brought against you as well. Please, if you ever have any questions or concerns, feel free to contact the Corrections Lieutenant of Programs, Shift Sergeant, or a designated Educational/Program Officer.



OFFICE OF SHERIFF – COUNTY OF ONTARIO

ONTARIO COUNTY CORRECTIONAL FACILITY

VOLUNTEER & PROFESSIONAL SERVICES APPLICATION

PROGRAMS PRE-ORIENTATION FOR VOLUNTEERS

Security MUST be the main concern of ALL persons who provide services to the incarcerated. While you are already well versed and even expert in your program specialty, it is NECESSARY that YOU now become well acquainted with various security considerations.

Listed below are some main security concerns in a correctional facility. Each one is explained briefly. This information is meant to supplement orientation provided to YOU by staff, and NOT be a substitute for it.

CONFIDENTIAL INFORMATION

NEVER give your personal information to inmates. They only need to know that you are here to present to them. They do not need to know where you live, your home telephone number or address, people in your household including family members, your income, marital status, or any other personal information. If you are asked for such information, politely inform that inmate that you do not discuss your personal business. Then, if the inmate persists, inform a Security Staff member immediately.

NOTHING IN – NOTHING OUT

This is an easy way to remember that you may not bring anything in for an inmate, or take anything out of the facility for an inmate, unless you have received prior written approval from the Chief Correction Officer. For example: chewing gum, retractable pens, mechanical pencils, paper, food, staples, paper clips, folders, rubber bands, tape, etc.

While you may consider these to be harmless items, many everyday items are considered to be contraband inside a correctional facility. Many of these can be manufactured into dangerous weapons (see below).



If an inmate asks you to bring in any money, weapons, drugs, alcohol, tobacco products, or incendiary devices...SAY NO, and immediately notify an Officer.

You may be asked to bring in, or take out verbal or written messages, make telephone calls, or contact various persons. This is also prohibited, unless prior written approval is obtained.

While it may be necessary for you to use certain items in your program that are considered contraband, they will have already been cleared for your use. Refer to section below titled, "Tools."

TOOLS

Any items that are needed to conduct your program are considered tools.

All tools **MUST** be safeguarded and accounted for at the beginning and at the end of each program session. The most common means of such accounting are recording items on the tool inventory control logs in the main lobby.

Prior to entering the facility, the Lobby Officer will look through your tools and supplies with you to ensure that only appropriate materials enter the facility.

It is necessary that you ensure the inmates use all of the tools properly, and if they refuse to, Security Staff must be notified.

If you discover any tools missing, either during the program or during your inventory, notify Security Staff immediately.

If you have any questions regarding tool inventory, or would like to bring additional tools later in your program sessions, please discuss the issue with the Shift Supervisor or Lieutenant of Programs.

RELIABILITY

Since you have volunteered, it is important that you follow through and present your program as scheduled. This is necessary to ensure consistency, as well as to provide a good example for inmates to follow.

If you are unable to present your program when scheduled, please call the facility at 585-396-4532, or 585-396-4848.

EXPECTATIONS

The inmates are expected to follow the rules and regulations of the facility while attending your program. One of your major responsibilities will be to conduct orderly sessions. Inmates who cause disruptions or refuse to follow your instructions will be removed as soon as you notify Security Staff.

INTERCOMS

Intercom buttons are located in each program room. You can summon officer assistance by pressing the button, which will alert the jail's Central Control that you need assistance. More instruction will be provided during your formal orientation.

COMMUNICATION

Always keep in mind that this is a correctional facility. Safety and security is the primary concern. Whenever in doubt – ASK.

Now that some basic concerns have been addressed, we want to remind you that your efforts are appreciated. We have learned that the real benefit to the inmates is as much the caring example you provide as sharing your time and knowledge. Programs provide the inmate population with enhanced skills while your commitment provides them with an example to follow. To some, you may be all that they have, and your program may be the only one they look forward to that makes his/her time in jail less stressful.

**CHAPLAIN/COORDINATOR REVIEW
TO BE COMPLETED BY OCSO STAFF**

| | |
|---|-------------------------------------|
| What area will the applicant be working in? | What is the anticipated start date? |
|---|-------------------------------------|

List the primary duties of the applicant:

| |
|--|
| |
| |
| |
| |

What days and times will the applicant be here?

| |
|--|
| |
|--|

| What type of contact will the applicant need? | What areas of the facility will the applicant be cleared for or allowed access to? |
|---|--|
| <input type="checkbox"/> 1:1 Inmate Contact <input type="checkbox"/> Group Inmate Contact <input type="checkbox"/> Inmate Contact supervised by OCSO Security Staff <input type="checkbox"/> Visitation Area <input type="checkbox"/> No Inmate Contact | <input type="checkbox"/> Programs <input type="checkbox"/> Housing Units <input type="checkbox"/> Interview Room <input type="checkbox"/> Intake <input type="checkbox"/> Other: _____ <input type="checkbox"/> Administration <input type="checkbox"/> Medical Division <input type="checkbox"/> Mental Health <input type="checkbox"/> Attorney/Client |

| | |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Did the applicant report to you any conviction for aggravated or sexual offense? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Did the applicant report to you an arrest within the last 24 months? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Did the applicant report to you any incarceration within the last 24 months? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Did the applicant report to you that he/she is currently on probation, parole, deferred adjudication, bond or any other type of community supervision? |

Please list any medical or special needs that require attention and/or accommodation:

| |
|--|
| |
| |
| |

OTHER NOTES: Include any other information that would be helpful in reviewing this application/applicant:

| |
|--|
| |
| |
| |

| DETERMINATION BY CORRECTIONS LIEUTENANT | |
|--|---|
| <input type="checkbox"/> REFERENCE CHECKS COMPLETED <input type="checkbox"/> WARRANT CHECKS COMPLETED <input type="checkbox"/> NCIC CHECK COMPLETED <input type="checkbox"/> CONSULT WITH PROGRAM OFFICER COMPLETED | <input type="checkbox"/> APPLICATION APPROVED <input type="checkbox"/> APPLICATION DENIED Denial Reason: _____ Lieutenant Signature: _____ Date: _____ |