



State of Oregon
Department of Corrections
Volunteer Program

Volunteer Application

Home for Good in Oregon (HGO)

A Partnership Between the Oregon Department of Corrections and
Faith and Community Organizations Helping Releasing Inmates
Successfully Reintegrate Into the Community

Please mail completed Applications to:

Home for Good in Oregon
Oregon Department of Corrections
2575 Center Street NE
Salem, OR 97301

Dennis.R.Holmes@doc.state.or.us
(503) 947-9956



State of Oregon
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INSTRUCTIONS FOR COMPLETING
THE HOME FOR GOOD IN OREGON
VOLUNTEER APPLICATION

Your willingness to volunteer with Home for Good in Oregon (HGO) is very much appreciated. In order to move the process of becoming a volunteer forward, please **print clearly in black ink** and provide **complete and accurate** information. Please fill out the entire Application.

If you have questions, please call the phone number or use the e-mail address listed on the previous page.

Thank you for taking the time from your busy life to help releasing inmates reintegrate in Oregon communities. Surely it will be a rewarding experience for both you and them.

Please note that this application is separate from the department's regular Volunteer/Intern Application. HGO volunteers who will need facility access will be required to fill out both applications and attend HGO and Oregon Department of Corrections training classes.



STATE OF OREGON
DEPARTMENT OF CORECTIONS
Volunteer Program
HOME FOR GOOD VOLUNTEER
APPLICATION

Last Name: _____ First: _____ Middle: _____

County where you will provide service as an HGO Volunteer: _____ Region # _____

Regional or Community Chaplain to whom you report: _____

Date you attended the all-day HGO training: ____/____/____

Address: _____ _____ _____	Home Phone: (____) _____ - _____ Msg. Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Driver's License #: _____ State: _____ Date of Birth: ____/____/____
City: _____ State: _____	
Zip Code: _____	
Email: _____	

Education (Please circle the highest completed):

Elementary Middle-School High-School Associates Bachelors Masters Doctorate

Ethnic Origin (Please circle):

Caucasian Hispanic African American Asian Native American Other _____

Gender: Male Female

Height: _____ Ft _____ In Weight: _____ Hair Color: _____ Eye Color: _____

COMMUNITY GROUP WITH WHICH YOUR ARE AFFILIATED (Other than HGO) Name: _____ Address: _____ _____ City: _____ State: _____ Zip Code: _____	Contact Person: _____ Phone #: (____) _____ - _____
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SECOND AFFILIATION (if you have one)	
Name: _____	Contact Person: _____ Phone #: (_____) _____ - _____
Address: _____ _____	
City: _____ State: _____	
Zip Code: _____	

Emergency Notification	
In case of emergency, please notify the following people in the order listed:	
Name: _____	Daytime Phone: (_____) _____ - _____
Address: _____	Evening Phone: (_____) _____ - _____
_____	Msg./Cell Phone: (_____) _____ - _____
City: _____	State: _____ Zip: _____ Relationship: _____
Name: _____	Daytime Phone: (_____) _____ - _____
Address: _____	Evening Phone: (_____) _____ - _____
_____	Msg./Cell Phone: (_____) _____ - _____
City: _____	State: _____ Zip: _____ Relationship: _____
Emergency Information (Optional)	
Physician: _____	Phone: (_____) _____ - _____
Medical Conditions: _____	
Allergies: _____	

If professional licensing is required (such as an RN or teaching certificate) for the volunteer work you will do, please provide the licensing information:

Type of License: _____ Licensing Authority: _____

Address: _____ License Number: _____

City: _____ State: _____ Zip: _____

Background Investigation Section

Please provide two references not related to you and not listed elsewhere in this application, whom you have known for more than one year, who can tell us about your qualifications and character. Listing names here constitutes permission to contact them and authorizes them to release information to us.

Name: _____ Daytime Phone: (_____) _____ - _____

Address: _____ Evening Phone: (_____) _____ - _____

_____ Msg./Cell Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Name: _____ Daytime Phone: (_____) _____ - _____

Address: _____ Evening Phone: (_____) _____ - _____

_____ Msg./Cell Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Where were you born? _____

USA Citizen: Yes No

If no, country of citizenship: _____ Are you in legal resident of the USA: Yes No

Please list States where you have lived and give the dates you lived there: _____

Identifying Marks (Tattoos, birthmarks, etc.): _____

Have you ever been convicted of a crime, felony or misdemeanor (please exclude juvenile adjudications)? Yes No

If yes, please list them:

Date of Offense	Offense (please be specific)	Disposition (please be specific)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Background Investigation Section Continued

Are you currently on parole or probation? Yes No If yes, please give details and your PO's contact information:

Are you currently on an Oregon Department of Corrections, Federal, or County inmate's visiting list or are you related to, or a close friend? Yes No If yes, please list the following:

Inmate's Name: _____ SID: _____ Relationship: _____ Location of Inmate _____

Inmate's Name: _____ SID: _____ Relationship: _____ Location of Inmate _____

Inmate's Name: _____ SID: _____ Relationship: _____ Location of Inmate _____

Have you been the victim of a crime? If so, please provide a brief description of the crime and the name(s) of the perpetrator(s):

Other Names, Social Security Numbers, or Birth Dates You Have Used: _____

I understand that the Oregon Department of Corrections (ODOC) will verify the information in my application and that my failure to provide true, accurate and complete information is grounds for my disqualification from participating in Home for Good in Oregon (HGO) and other ODOC volunteer programs. I understand that my volunteer activities may bring me into contact with potentially dangerous ex-adult-offenders and I will not hold the department liable for any personal, physical injury or property loss resulting from my volunteer involvement in the HGO program. I will abide by all Oregon Department of Corrections Rules, Policies, and procedural statements, state, county, and federal laws; and I will treat all information gained through my volunteer activities as confidential. I further understand there will be no remuneration or compensation for the services I perform. I have read the Code of Ethics and the Code of Conduct and I agree to abide by them. I also agree to be photographed and fingerprinted and to allow the Department to use my Social Security number in doing background checks.

Signed _____ Date: _____ / _____ / _____

FOR OFFICIAL USE ONLY

Date of LEDS: _____ / _____ / _____ Date of Reference Check: _____ / _____ / _____

VTS: Clear Yes No Inmate Name and SID: _____

LEDs Clear: Yes No SID: _____ FBI: _____ Approved: Yes No

Certified LEDS Operator: _____ Signature: _____



State of Oregon
Department of Corrections
Volunteer Program

**Authorized State Volunteer/Student Intern Partial
Waiver and Release of Rights Under the
Oregon Tort Claims Act ORS 30.260-300**

Volunteer/Student Intern Name: _____

PLEASE READ CAREFULLY

As an authorized state volunteer or intern performing activities on behalf of the State of Oregon Department of Corrections, I understand that the State of Oregon will provide limited medical and accidental death, dismemberment and disability coverage for me in the event I suffer injury due to an accident while performing volunteer or intern duties. In exchange for the coverage, I, for myself, my heirs, executors, administrators and assigns, release and forever discharge the State of Oregon from any and all demands or claims for damage or injury, from any cause or suit or action, known or unknown, that I may have against the State of Oregon and/or its officers, agents or employees, and from all liability under Oregon Tort Claims Act, ORS 30.260-300, for any and all harm or damage to my health in any manner resulting from, or arising out of my state volunteer or intern activities.

This release does not extend to, or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260-300, to defense and indemnification from any demand, claim suit or action brought against me or liability I may be subject to, or may arise out of my authorized state volunteer or intern activities.

In the event that I am injured while performing state volunteer or intern activities, I will notify my Department of Corrections supervisor and apply for injury coverage benefits.

Volunteer/Student Intern Signature

_____/_____/_____
Date



**STATE OF OREGON
DEPARTMENT OF CORRECTIONS
Volunteer Program**

CONDITIONS OF VOLUNTEER/STUDENT INTERN SERVICE

As a person working in a State of Oregon agency, you need to understand the extent to which you are covered by State of Oregon insurance for liability and personal injury/illness. Please read the following carefully and sign below.

TORT LIABILITY

You will be protected from civil liability for injuries or damage to the person or property of other, subject to the following general conditions:

1. You are working on a state agency task assigned by an authorized agency supervisor;
2. You limit your actions to the duties assigned; and
3. You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with intent to inflict harm to others.

The conditions and limits of this protection are as stated in the Oregon Tort Claims Act, ORS 30.260-300, and Oregon Department of General Services Risk Management Division Policy Manual, 125-7-201.

MOTOR VEHICLE LIABILITY

If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance to provide your primary coverage for any accidents involving that vehicle. State provided auto liability coverage will apply on a limited basis only after your primary coverage limits have been used.

VOLUNTEER INJURY COVERAGE

Workers= Compensation is not provided. However, the agency has an injury protection plan to cover injuries of authorized volunteers. It is limited to only injuries due to an accident while performing volunteer duties. The state will pay medical treatment bills, disability, death and dismemberment benefits to the limits and under the terms and conditions described in Oregon Department of Administrative Services Risk Management Division Policy Manual, 125-7-204. If you are injured in a private vehicle, the owner's insurance is responsible for your medical bills.

REPORTING RESPONSIBILITY

Anytime you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you must inform the agency supervisor as soon as possible.

ASSIGNED DUTIES

Assigned duties are those listed on the Position Description Form on the reverse side of this document.

I HAVE READ AND UNDERSTAND THE ABOVE DUTIES AND CONDITIONS OF VOLUNTEER SERVICE.

Volunteer/Student Intern Signature

_____/_____/_____
Date



Please read all of the following:

The Oregon Accountability Model: The Oregon Accountability Model encompasses the simultaneous, coordinated and efficient implementation of many Department of Corrections' initiatives and projects that provide a foundation for inmates to lead successful lives upon release.

The Oregon Accountability Model has six components. Each of these components stands on its own as a project or a part of the Corrections organization and culture. However, woven together these six separate components form a stronger fiber that strengthens the department's ability to hold inmates/offenders accountable and reduce the risk of future criminal behavior

Six Components of the Oregon Accountability Model:

- Criminal Risk Factor Assessment and Case Planning
- Staff-Inmate Interactions
- Work and Programs
- Children and Families
- Reentry
- Community Supervision and Programs

HGO Vision Statement: That men and women exiting prison can sustain expectations of welcome and support from state, faith and community partners as they transition back to their families and communities

HGO Mission Statement: Utilize strategic partnerships between state, faith and community based organization to build a seamless system of support, guidance, training and resources that promotes the successful restoration of ex-offenders to their families and communities.

Interaction of Volunteers with Inmates or Men and Women Exiting Prison:

- Role-model correct behavior.
- Redirect negative behavior.
- Reinforce positive behavior.

I will support the Oregon Accountability Model when volunteering with the Oregon Department of Corrections and Home for Good in Oregon. My interactions with inmates or men and women exiting prison will follow the above guidelines.

Signed: _____ Date: _____



STATE OF OREGON DEPARTMENT OF CORRECTIONS Volunteer Program

Code of Ethics DOC Policy: 201.1.2

I. PURPOSE

To provide employees, volunteers, and contract service providers with a clear understanding of the department's values and expectations for ethical conduct and professional and compassionate public service and to provide the opportunity for each employee, volunteer, and contract service provider to commit to such conduct and service.

II. POLICY

- A. All department appointing authorities shall ensure that each permanent and temporary employee and volunteer in their organization has an opportunity to read and sign the attached Code of Ethics, form CD 1382.
- B. All department permanent and temporary employees and volunteers shall read and be asked to sign the attached Code of Ethics, form CD 1382, and return it to their supervisor.
- C. Supervisors shall forward completed Code of Ethics forms from employees to the department's Personnel Records Unit for permanent retention in the employee's personnel file. Forms for volunteers and contract service providers shall be retained at the work site.
- D. Hiring supervisors shall ensure that the selected applicant for permanent or temporary employment sign the attached Code of Ethics, form CD 1382, as a condition of employment with the department. Volunteers shall sign the Code of Ethics as a condition of volunteering for the department.
- E. The department's Contracts Office shall include the attached Code of Ethics, form CD 1382, for contract service providers to sign as a condition of contracting with the department.
- F. Hiring supervisors shall ensure that the applicant selected for promotion within the department sign the attached Code of Ethics, form CD 1382, as a condition of promotion.

III. IMPLEMENTATION

This policy will be adopted immediately without further modification.

As a volunteer or student intern of the Oregon Department of Corrections, I will value and maintain the highest ideals of professional and compassionate public service by respecting the dignity, cultural diversity and human rights of all persons, and protecting the safety and welfare of the public.

I accept that my fundamental duty is to serve the public; to safeguard lives and property, to protect Department of Corrections incarcerated persons against deception, oppression or intimidation, violence or disorder.

I will be constantly mindful of the welfare of others. To the best of my ability, I will remain calm in the face of danger and maintain self-restraint in the face of scorn or ridicule.

I will be honest and truthful. I will be exemplary in obeying the law, following the regulations of the department, and reporting dishonest or unethical conduct.

I acknowledge that I have been selected for a position of public trust and I will constantly strive to be worthy of that trust and to be true to the mission and values of the Department of Corrections.

Volunteer/Student Intern Signature

_____/_____/_____
Date

Print Name _____



STATE OF OREGON
DEPARTMENT OF CORRECTIONS (ODOC)
Volunteer Program

HGO Volunteer Position Description

Volunteer's Name: _____

Duties of the Home for Good in Oregon(HGO) volunteer (Check any that might apply and provide details on the lines that follow the check boxes):

- Work with low risk ex-offenders.
- Work with medium risk ex-offenders.
- Work with high risk ex-offenders.
- Work with ex-offenders who are registered sex offenders.
- AA/NA Sponsor.
- Non-contact support.
- Mentor.
- Member of a Circle of Support and Accountability.
- Other:

Additional Duties and Responsibilities of Volunteer/Intern:

1. Set appropriate boundaries and stick too them.
2. Meet as needed with your HGO Supervisor but no less than twice a calendar year.
3. Attend training and classes as your HGO Supervisor or the Volunteer Program requests.
4. Remember you serve the community and not the released inmate.
5. Provide participation statistics as requested by your HGO Supervisor and report you hours monthly.
6. Inform HGO Supervisor, Parole Officer or a Security Officer of ANY unusual inmate activity. This includes requests for favors, no matter how insignificant they may appear, requests for contact with inmates' families, friends, etc., requests for money or property of any type.
7. If you will not be able to continue to work with a particular releasing inmate, inform your HGO Supervisor.
8. If you decide to no longer participate in HBO, notify your supervisor and return your ID Card.
9. Adhere to all ODOC, HGO and Community Corrections Rules/Policies/Procedures at all times.

I have read, understood and agreed to the duties and responsibilities:

_____/_____/_____
Volunteer/Student Intern Signature Date

This form must be filled out annually during the annual supervision meeting with the volunteer. A copy of the updated Position Description form must be sent to the HGO office in Salem.

HGO Supervisor's Signature: _____ Date: ____/____/____

HGO Supervisor's Phone Number: (____) _____ - _____ Approved: Yes No

Date of next supervision meeting with this volunteer: ____/____/____