Volunteer/Student Intern Application

Please mail completed Applications to:
# Volunteer/Student Intern Application

☐ Volunteer  ☐ Student Intern

Last Name: ___________________________  First: ________________________  Middle: ________________________

Gender: ☐ Male  ☐ Female  Height: __________  Eye Color: __________

Weight: __________  Hair Color: __________

Education (Please check the highest completed):
☐ Elementary  ☐ Middle School  ☐ Highschool
☐ Associates  ☐ Bachelors  ☐ Masters  ☐ Doctorate

<table>
<thead>
<tr>
<th>Address: ___________________________________________</th>
<th>Home Phone: (_____) _______ - ______________</th>
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<tbody>
<tr>
<td>____________________________________________________</td>
<td>Msg Phone: (_____) _______ - ______________</td>
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<tr>
<td>____________________________________________________</td>
<td>Cell Phone: (_____) _______ - ______________</td>
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<table>
<thead>
<tr>
<th>City: ______________________ State: _____ Zip: ________</th>
<th>Driver’s License #: __________________ State:</th>
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<tbody>
<tr>
<td>Email: _____________________________________________</td>
<td>Date of Birth: _____<em><strong>/<em><strong><strong><strong>/</strong></strong></strong></em></strong></em></td>
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</tbody>
</table>

## Emergency Notification

In case of emergency, please notify the following people in the order listed:

<table>
<thead>
<tr>
<th>Name: _____________________________________________</th>
<th>Daytime Phone: (_____) _______ - ______________</th>
</tr>
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<tbody>
<tr>
<td>Address: ___________________________________________</td>
<td>Evening Phone: (_____) _______ - ______________</td>
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<tr>
<td>____________________________________________________</td>
<td>Cell Phone: (_____) _______ - ______________</td>
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<table>
<thead>
<tr>
<th>City: ______________________ State: _____ Zip: ________</th>
<th>Relationship: ______________________________</th>
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<table>
<thead>
<tr>
<th>Name: _____________________________________________</th>
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</tr>
<tr>
<td>____________________________________________________</td>
<td>Cell Phone: (_____) _______ - ______________</td>
</tr>
</tbody>
</table>

| City: ______________________ State: _____ Zip: ________ | Relationship: ______________________________ |

## Emergency Information

Physician: ___________________________________________  Phone: (_____) _______ - ______________

Medical Conditions/Allergies: ___________________________
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: (_______) _______ - ______________

City: ______________________ State: _____ Zip: ________    Cell Phone:  (_______) _______ - ______________

Name: _____________________________________________    Daytime Phone:(_______) _______ - ______________

Address: _____________________________________________    Evening Phone: (_______) _______ - ______________

City: ______________________ State: _____ Zip: ________    Cell Phone:  (_______) _______ - ______________

Where were you born? ________________________________    How Long in Oregon? _____ years _____ months

Please list other states you have lived in: _________________________________________________________________

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

Have you ever been convicted of a crime (please exclude juvenile adjudications)? □ Yes □ No    If yes, please list them:

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

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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

Inmate’s Name: _________________________________    SID: _________________    Relationship: _________________

Inmate’s Name: _________________________________    SID: _________________    Relationship: _________________

Inmate’s Name: _________________________________    SID: _________________    Relationship: _________________

Other Names or Birth Dates You Have Used: _______________________________________________________________
I understand that the Oregon Department of Corrections 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 as a volunteer, student intern, or from doing a practicum. I understand that accepting duties inside a department facility exposes me to potential hazards and risks that accompany exposure to adult felons and I will not hold the department liable. I will abide by all Oregon Department of Corrections Rules, Policies, and procedural statements; and I will treat all information gained through my volunteer/student intern activities as confidential. I further understand there will be no remuneration or compensation for the services I perform. I have read and signed DOC Policy 20.1.2, Code of Ethics and read DOC Policy 20.1.3, 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:  No  Inmate Name and SID: __________________________________________________________

LEDS Clear: Yes  SID: __________________ FBI: __________________ Approved: No

Certified LEDS Operator: ________________________________ Signature:
Volunteer/Student Intern Name: ____________________________________________________

PLEASE READ CAREFULLY

As an authorized state volunteer or student 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 student intern activities, I will notify my Department of Corrections supervisor and apply for injury coverage benefits.

_____________________________________________  ________/ ________/ ________
Volunteer/Student Intern Signature       Date
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 others, 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 owners 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
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.
DEPARTMENT OF CORRECTIONS

CODE OF ETHICS

As an employee, volunteer or contract service provider 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.

Signature _________________________________ Date______________

Print Name ________________________________
I. PURPOSE

To establish a code of conduct for all DOC employees.

II. DEFINITIONS

A. Employees: executive service, management service, classified, and unrepresented employees of the department, temporary employees, volunteers and contract service providers.

B. Inmate/Offender: any person under the supervision of a federal, state, city or local correctional agency who is in custody or on parole, post-prison supervision or probation status.

C. Contraband: any article or thing which an inmate is prohibited by statute, rule or order from obtaining, possessing, or which the inmate is not specifically authorized to obtain or possess or which the inmate alters without authorization.

III. POLICY

Every employee of the Department of Corrections shall constantly strive to attain the highest standards of conduct and professional public service. This requires that employees be faithful to the principles of providing professional services, adhering to the code of ethics and meeting the vision, values, rules, policies and procedures of the department. Employee’s conduct must be above reproach and must not impugn the credibility and honesty of the department, its employees, or the corrections profession. Contract service providers and volunteers working in department facilities are expected to conduct themselves according to these same standards.

Effective Date: 07/15/98
B. It is essential to the orderly operation of the department that employees conduct themselves professionally, in accordance with the following standards:

1. Violation of Directives. Employees shall not knowingly commit or omit acts which constitute a violation of any of the policies, rules, procedures, regulations, directives, or orders of the department.

2. Violation of Law. Employees shall obey all laws of the United States, state, and local jurisdiction in which the employee is present. Should an employee be charged with, arrested for, or convicted of any felony, class A misdemeanor, or traffic violation resulting in a suspended license, that employee must immediately inform his/her supervisor in writing.

3. Reporting for Duty. Employees shall report for duty at the time and place required by assignment or orders and shall be capable of performing all of the essential duties required of their position.

4. Attentiveness to Duty. Employees shall not engage in any activities or personal business that would cause them to neglect their duty. Employees shall remain awake, fully alert, and attentive.

5. Truthfulness. Employees shall be truthful in rendering any report, in giving testimony, or in giving any official statement about any action taken that relates to the employee’s employment or position. Every employee is obligated and shall promptly report to the proper line authority any illegal acts, acts that would pose an immediate threat to the safety, security and welfare of staff and inmates, violations of post orders, rules, regulations, policies and procedures. An employee who has knowledge of such conduct by other employees is encouraged to inform those employees committing the act that unless they turn the information in themselves, the employee will have to do it for them. Employees who possess factual knowledge of behavior that should be communicated to the proper authority and choose not to report it may be subject to disciplinary action.
C. Relationships with Inmates/Offenders.

1. All employees shall confine their relationships with inmates/offenders, or their families and friends, to those activities which are within the scope of the employee’s duties. Requests for exceptions must be submitted in writing to, and approved by the functional unit manager. Upon receipt of authorization, the employee shall provide a copy to the supervising authority.

2. Employees shall submit written notification to their supervisor as soon as they know a relative, or close personal acquaintance is an offender/inmate within the State of Oregon.

3. Employees shall not become emotionally, romantically, or sexually involved with inmates/offenders, or allow an inmate/offender to engage in any behavior of a sexual nature with another inmate/offender.

4. An employee shall not use brutality, physical violence, profane, obscene, or otherwise abusing language or intimidation toward inmates, and only use the force necessary as defined in “Use of Force” Rule #13.

D. Relationships with Colleagues/Courtesy Toward Others

1. Employees shall, in the performance of their duties, be respectful, courteous, and considerate toward all members of the department and the general public. Employees shall not use terminology that disrespects the dignity or violates the human rights of others. Employees shall not use physical force, threats or intimidation toward fellow employees, family members of employees, or visitors while at a department work site.

2. Employees shall conduct themselves in accordance with DOC Policy 20.6.1, Promotion and Maintenance of a Respectful Workplace.

E. Introduction of Contraband. The introduction of contraband by an employee into or upon any department worksite, without the functional unit manager's knowledge and consent is prohibited. Contraband is defined by Rule 105, Tab 22.
F. Dissemination of Information.

1. The Department of Corrections shall ensure that public records shall be available to all persons consistent with all department procedures and laws governing the disclosure of such records.

2. Employees shall not remove information from files or make copies of records or documents, except in accordance with established procedures or upon proper authorization.

3. Each employee shall maintain the integrity of information received in the course of employment with the department, and not seek information beyond that needed to perform their duties; or reveal such information to anyone not having proper authorization.

G. Discrimination/Harassment. All employees shall maintain a work environment that is free from discrimination and/or harassment (see DOC Policy 20.6.1).

H. Drug and Alcohol Free Workplace. The Department of Corrections will maintain a drug/alcohol-free workplace through zero tolerance (see DOC Policies 20.6.2, 20.5.18 and applicable collective bargaining agreements).

I. Smoke-Free Workplace. Employees shall not use tobacco products within Department facilities designated as smoke-free and/or where such use has been prohibited (see DOC Policy 20.6.3).

J. Misuse of Official Department Position.

1. Employees shall not use their official department position, identification card or badges for:

   a. Personal or financial gain, or partisan political purpose.

   b. Obtaining privileges not otherwise available to them except in the performance of duty.

   c. Avoiding consequences of illegal acts.

2. Employees shall not lend to another person their uniforms, identification cards, or badges, or permit identification cards or badges to be photographed or reproduced.
K. Gifts, Gratuities, Bribes or Rewards. Employees shall not solicit or accept from any person, business, or organization any gift including but not limited to money, tangible or intangible personal property, food, beverage, loan, promise, service, or entertainment for the benefit of the employee or the department, if it may be reasonably inferred that the person, business, or organization:

1. Seeks to influence action of an official nature or seeks to affect the performance or nonperformance of an official duty, or

2. Has an interest which may be substantially affected, directly or indirectly, by the performance or non-performance of an official duty.

L. Conflicts of Interest

1. Employees will not use their official position or office to solicit or receive for themselves or for any member of their household, or for any business with which they or a member of their household is associated, the following:

   a. Employment by a contractor currently engaged in a contract with the Department of Corrections.

   b. Gifts from anyone known to have a legislative or administrative interest in the department, its institutions, schools, programs, and services. Legislative or administrative interest is defined as an economic interest, distinct from that of the general public, in one or more bills, resolutions, regulations, proposals, or other matters subject to the formal vote or official action of a department employee.

   c. Financial gain, honoraria, or reimbursement of expenses, other than official salary, except:

      (1) when the employee is engaged under a professional services contract that conforms with other department policies and applicable laws, rules, and regulations, or

      (2) when offering services as a speaker or as another participant while representing the State of Oregon in an official capacity, in which instance the employee shall only accept reimbursement of reasonable expenses as specified in the Department of Administrative Services travel policy and applicable collective bargaining agreements.
2. Department employees will not be employed by a contractor engaged in a contract providing services to the department.

3. Employees working for a current or former department contractor shall declare this relationship in writing and forward it to the functional unit manager.

4. All department employees shall declare in writing potential conflicts of interest to their supervisor, as soon as the employee knows a potential conflict exists. A conflict of interest may be any transaction where a person acting in the capacity of a department employee takes any action or makes any recommendation, the effect of which would be to the person’s benefit or detriment. The appropriate supervisor shall submit this declaration to the functional unit manager.

5. The functional unit manager shall determine if a conflict of interest exists. The functional unit manager may direct the employee to refrain from engaging in the conduct causing the potential conflict of interest while the matter is under review.

6. If the functional unit manager determines that a conflict of interest exists, he/she shall direct the employee to cease the activity causing the conflict. The functional unit manager may direct an immediate cessation of the activity or designate a reasonable period of time for the employee to dispose of the matter.

7. The functional unit manager shall forward declarations of potential conflicts of interest by employees to the employee’s personnel file.

M. Political Activities

1. Employees shall not be involved in promoting or opposing any initiative, referendum or recall petition, ballot measure or candidate while on duty. While on duty, employees shall not prepare any materials used in either support or opposition, distribute advocacy materials or correspondence for political committees, prepare candidate filing forms, voter’s pamphlet filings or related correspondence.
2. When acting in an official capacity, employees shall not solicit funds or otherwise act to influence, interfere with, or affect the results of any initiative, referendum or recall petition, ballot measure or candidate’s campaign or election.

N. Unauthorized Use, or Taking of Property. Employees shall not use, remove, or borrow property from the department for other than official business, unless authorized by the director or designee.

O. Gambling. Employees shall not engage in any form of gambling on duty.

P. Secondary Employment

1. Employees shall not accept secondary employment outside their employment with the Department if such employment creates a conflict of interest or interferes with the ability of the employee to effectively perform the duties of their position.

2. Any request to work for another state agency must be submitted to the functional unit’s human resources consultant. The human resources consultant is responsible for coordinating with the potential second state agency employer to comply with state policy 20.005.20, and DOC Policy 20.2.4, Fair Labor Standards Act, and avoid any potential overtime liability.

IV. IMPLEMENTATION

This policy will be adopted immediately without further modification.