STATE OF OREGON
DEPARTMENT OF CORRECTIONS
Volunteer Program
Statement of Professionalism and Ethics

Volunteer/Student Interns        DOC Policy: 90.2.6

I. PURPOSE

The purpose of this policy is to define and establish procedures for the volunteer/student intern program for volunteers and student interns working inside DOC facilities or assisting with transition from prison to the community.

III. POLICY AND PROCEDURES

It is the policy of the Department of Corrections to utilize volunteers and student interns with appropriate training, guidance, and supervision as a means to enhance programs and further the mission of the Department.

B. Application

...3. A volunteer shall sign Form CD 1590; Volunteer Program-Statement of Professionalism and Ethics, attesting to maintaining the highest ideals of professionalism and ethics. Volunteers are expected to be true to the mission and values of the Department of Corrections and protect the safety and welfare of the public.

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 __________________________________________