

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family and Volunteer Services

APPLICATION FOR VOLUNTEER STATUS
PART V - Acknowledgement of Refresher Orientation

Volunteer's Name (please print): _____ Date: _____

On this date, I attended a refresher orientation and was provided with the following information relevant to continuing as a volunteer with the NYS Department of Corrections & Community Supervision:

1. Volunteer Standards of Conduct and all applicable policies have been discussed and acknowledged in writing.
2. I completed the Volunteer Quiz and was given an opportunity to discuss the answers.
3. We discussed contraband and the NYS Penal Law.
4. I understand that if I am injured while performing my approved duties, I must immediately report said injuries to facility personnel and complete an accident report.
5. I reviewed the DVD "Maintaining Professional Boundaries."
6. I understand that I shall report in writing any arrest for a violation which alleges domestic violence and/or possession of a controlled substance, any misdemeanor, or any felony to the facility Superintendent or designee (not to fall below the level of Watch Commander) as soon as possible, but in any event no later than the first working day following the arrest.
7. I fully understand that there is no expectation of privacy with regard to my duties within a correctional facility setting and that security monitoring, including electronic monitoring, may occur.
8. I understand the carrying or possession of electronic devices including, but not limited to, Fitbits, cellular phones, pagers, personal digital assistants, cameras, recording devices, two-way radios, laptop computers, or other similar electronic devices is strictly prohibited anywhere inside a correctional facility.
9. Information gained as a Department of Corrections and Community Supervision volunteer may be used for an interview or publication only with the prior written approval of the Director of Public Information. This includes publishing information on the internet (e.g., blogging, social media web sites). Any person working for any editorial or news department of any media or organization will not be allowed to serve as a volunteer without the specific approval of the Director of Public Information.
10. I received a copy of the memorandum from the Deputy Commissioner/Chief Medical Officer regarding suicide prevention in a correctional setting and reviewed the DVD "Warning Signs of Acute Suicide Risk: IS PATH WARM." I signed an acknowledgement of receipt and understand my responsibility to report any changes in behavior or specific suicide threats immediately to the nearest NYS DOCCS employee.
11. I am not aware of any close friends or family members who are incarcerated within the State correctional system at this time, and understand that I must notify the SCFVS if that changes.

APPLICANT SIGNATURE: _____ DATE: _____

STAFF SIGNATURE: _____ DATE: _____
(Person who provided the orientation)

TITLE: _____