



11/08/2022

Dear Prospective Volunteer or Public Visitor,

I serve as the **Volunteer and Internship Coordinator** at SCI - Dallas. On behalf of our Superintendent, I thank you for your interest in offering your services to the Department. This facility welcomes and values community citizens to interact as positive role models with our inmates and to complement and expand the programs offered by our staff.

Due to the secure nature of correctional facility and the world-climate in which we live, all individuals wishing to serve in the Department must be thoroughly evaluated. Your patience will be appreciated as the Department conducts background checks on each **volunteer and public visitor**.

Before completing any paperwork, please acquaint yourself with the **Security Orientation for Non-Department Employees (also attached)**. This will help you understand the correctional context and discern if you are committed to serving within the limits of the correctional environment.

The Department classifies volunteers in two categories: Volunteers and Public Visitors.

Volunteers are persons who, with intermittent supervision from correctional personnel, facilitate classes, services, support groups, or offer other kinds of approved assistance to inmates. These persons typically visit correctional facilities and Community Corrections Centers on a weekly or monthly basis. Because volunteers are not always under the direct supervision of correctional personnel, Department requirements to serve as a volunteer are **more stringent and volunteers receive additional training**.

Public Visitors have limited access and are under constant and direct supervision of correctional personnel. These persons typically visit correctional facilities and Community Corrections Centers intermittently (e.g., for special events, as guest speakers or as entertainers).

If you are not certain whether you should consider yourself a **Volunteer or Public Visitor, I encourage you to contact me.**

Volunteers must complete/submit and return to my office the following (attached):

- 1. Centralized Clearance Information Request Form (Department policy 1.1.4, Attachment 4-A)**

2. **Volunteer and Intern Application (Attachment 3-C)**
3. **Emergency Notification and Security Consent Form (Attachment 3-D); and**
4. **Letter of Endorsement from the organization he/she will represent in the facility. This letter, on organizational letterhead, must list the individual(s) who the organization endorses to serve in the Department. If the volunteer is not affiliated with any particular organization or is affiliated with one that encourages anonymity (e.g., recovery communities), then a written reference letter is required. A Letter of Endorsement is required only at the time the volunteer makes initial application to the department or if the volunteer changes his/her organizational affiliation. If the volunteer will represent multiple organizations, a letter from each respective organization is required.**

Public Visitors must complete/submit and return to my office the following:

1. **Centralized Clearance Information Request Form (Policy 1.1.4, Attachment 4-A);**
2. **Emergency Notification and Security Consent Form (Attachment 3-D); and**
3. **Letter of Endorsement from the organization he/she will represent in the facility (see explanation regarding Letter of Endorsement above)**

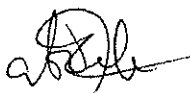
Volunteers who have been cleared to serve in this facility will be contacted by me to arrange for them to come to the facility for:

1. **A comprehensive security orientation;**
2. A Tuberculin Skin Test (if needed in accordance with Department policy **13.2.1, Section 8**);
3. The taking of a photo ID; and
4. Processing into the Department's biometric system.

I will inform Volunteers/Public Visitors when they have been cleared to offer their services.

Freely offering your time with the incarcerated can be very rewarding. I trust that you will find your experience with the Department to be a fulfilling and beneficial one.

Sincerely,



Rt Rev. Dr. Dan McKing,
Volunteer and Internship Coordinator
570.675.1101 ext. 243
dmcking@pa.gov

CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please type the following information. Enter N/A in any space that does not apply. All information will be maintained confidentially, but **must be provided** in order to complete a clearance check. Falsification or omission of pertinent information will be considered as justification for disapproval or possible criminal prosecution. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

SECTION "A" (CANDIDATE)

Have you ever worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No

Have you ever been adjudicated, convicted, or otherwise disciplined for committing an act of sexual abuse or sexual harassment in the workplace or community? Yes No

Type of Clearance: Initial Clearance Request Renewal Request

Category: Agency Temp Services Contract Service Provider Intern/Extern Organization

Reentry Services Vendor Volunteer Program

Official Visitor (please select one):

Government PA Prison Society

Public Visitor (please select one):

Ministry Criminal Justice Agency Entertainment, Sports, Activities, Guest Speaker

Other (please explain):

Purpose of Visit:				Primary Facility:			
Organization/Agency/Company/Program Name:				Abbreviation (if applicable):			
Subcontracted to:				Title or Position:			
Last Name:		First Name:		Middle Name:			
List all previous names:							
Date of Birth:				Social Security Number:			
Passport #:		Alien Registration #:		Visa #:			
Sex:	Race:	Height:	Weight:	Eye Color:	Hair Color:		
Current Address:			City:		State:	Zip Code:	
Prior Address:			City:		State:	Zip Code:	
Place of Birth:				Email Address:			
Home Phone:				Alternate Phone (cell):			
Current Driver's License Information:		State:	Operator: <input type="checkbox"/>	ID Only license: <input type="checkbox"/>	OLN Number:	Valid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Licenses (List all states & #'s that apply):		State:	Operator/Non-Operator #:				
Professional/Medical Licenses:			DEA Number:		NPI Number:		
Identify names, relationships, and locations of any relatives or close friends in any DOC facility:							

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department facility.

Signature:	Date:
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SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member:	Employee #:	Date of Request:
Describe Specific Event or Access:		Specific Period of Access Required:

EMERGENCY INFORMATION & SECURITY CONSENT FORM

This form must be signed and submitted annually by volunteers, public visitors and interns to the Volunteer and Internship Coordinator at each facility in which the individual serves. Completed forms may be duplicated for those who frequent multiple facilities.

1. <input type="checkbox"/> Volunteer <input type="checkbox"/> Public Visitor <input type="checkbox"/> Intern		2. Preferred Facility:				
3. Organization/School you represent:						
4. LAST Name		5. FIRST Name		6. MIDDLE Name		
7. Complete HOME ADDRESS						
8. Home TEL ()			9. Alternate TEL ()			
10. EMAIL Address				11. Date of Birth / /		
12. MOTOR VEHICLE(s) that you may drive on facility grounds	Year	Make	Model	Color	License #	
13. I have a medical condition which requires ready access to emergency medication.					Yes	No
14. I have a metal implant that may trigger the metal detector (circle).					Yes	No
15. EMERGENCY CONTACT	Name	Relationship	TEL	TEL (Alternate)		
			()	()		
16. List offenders and ex-offenders that you seek to assist with community reintegration needs below (Offenders are persons under the supervision of probation/parole; ex-offenders are persons previously released from criminal justice custody):						
NAME Of Offender/Ex-Offender		Last SCI	NAME Of Offender/Ex-Offender		Last SCI	
1)			3)			
2)			4)			

SECURITY CONSENT. I attest that I have been fully advised and clearly understand that:

1. The property which I will enter in the above capacity is under the supervision and control of the Pennsylvania Department of Corrections; and that many inmates who are confined in this facility are permitted to move freely, without restraints, in some areas in which I may be present and that I may not always be in the immediate presence of a correctional officer/staff member;
2. I assume all risks which may result from the normal operation of the facility;
3. No cameras, weapons, recording devices, alcohol, drugs, etc., are permitted on Department property and that my vehicle is subject to being searched;
4. I must lock my wallet/purse/handbag, home keys, attaché case, cell phone, etc. in my locked vehicle and completely close all vehicle windows;
5. I should only bring one vehicle key into the facility and I must register my vehicle type and license plate number in the lobby;
6. I must successfully pass through a metal detector and am subject to being pat searched and searched with an electronic drug ion scanner;
7. Advance written permission must be obtained to bring any item into a facility (e.g. books, medication, etc.);
8. Failure to bring a Department-issued ID Badge (Volunteers, Interns) or a Photo ID (Public Visitors) will result in my being denied access to the facility; I must wear a Department-issued ID Badge or a Visitor Badge visibly on my clothing at all times;
9. I am forbidden to enter any area of the facility other than the designated area for my area of service;
10. I must carefully monitor keys, musical and athletic equipment, etc., reporting lost items immediately;
11. I must wear conservative, non-revealing clothing;
12. I may not discriminate with regard to age, race, color, ancestry, creed, sex, sexual orientation or identity, marital status, national origin, non-job related handicap, or religious or political beliefs;

13. At no time may I give any item to an inmate, no matter how small or trivial it may seem to me;
14. I am forbidden to hug inmates or to strike or lay hands on an inmate unless it is in self-defense;
15. I am not permitted to visit, correspond or converse by phone with any inmate confined in a State Correctional Institution or the Boot Camp;
16. I am forbidden to contact an inmate's family or give an inmate my contact information;
17. I am required to report if an inmate attempts to make outside contact with me by any medium;
18. I may not serve as a foster parent to an inmate's child while the inmate parent is in custody;
19. I am not permitted to directly or indirectly solicit, accept, or agree to accept any gift of money or goods, loans or services for personal benefit from an inmate or a Department employee or contractor;
20. I am not permitted to accept or perform favors or accept or distribute any gifts, money, or loans to or from inmates or members of an inmate's family;
21. I am not permitted to trade, barter, or receive or deliver gifts, money, and favors from or to an inmate or an inmate's friends, relatives, or representative;
22. I must inform my immediate supervisor if an inmate is disrespectful toward me or the group I represent or if I encounter any problems during my visit to the facility;
23. I must immediately report any unusual situations or information that could threaten inmates, staff, visitors or volunteers, as well as facility property, or could compromise and safety and security of the facility;
24. I am always to be respectful of and courteous to correctional staff and immediately obey their directives.
25. If I am not sure if I am permitted to do something, I will ASK a staff member FIRST. I will not make assumptions regarding what I think should be allowed in a correctional environment;
26. I may assist offenders and ex-offenders with community reintegration needs, provided these individuals are NOT confined in a State Correctional Facility or the Boot Camp, and I:
 - i. Disclose on the Volunteer and Intern Application and on the Emergency Information and Security Consent Form the name(s) of the offender(s) and ex-offender(s) that I seek to assist with community reintegration needs before I begin to relate to this individual(s);
 - ii. Assume all risks involved relating to individuals with a criminal history, with an awareness that many offenders have been convicted of violent crimes and that while the Department attempts to impact and change criminal behavior and thought processes while inmates are confined in its facilities, that it cannot guarantee that offenders or ex-offenders will not manipulate, abuse, or victimize those who, with good intentions, seek to assist them in their reintegration process;
 - iii. Maintain professional boundaries in relating to an offender or an ex-offender;
 - iv. Am aware that if an offender or ex-offender is recommitted to a State Correctional Institution or the Boot Camp, I must report this to my Volunteer and Internship Coordinator and the privilege of communicating with this individual outside approved programing opportunities available in the institution will cease;
27. I am not permitted to divulge confidential information about an inmate outside the facility without authorized release;
28. I am subject to the laws of the Commonwealth of Pennsylvania and understand that crimes committed on facility grounds will be prosecuted, and that the failure to adhere to Department rules may result in my permanently being barred from entering a Department facility;
29. If I engage in, or knowingly condone sexual harassment or sexual contact with inmates, I shall be subject to disciplinary action;
30. I am required to inform the Department immediately if an immediate family member, significant other or close friend, who, since I last completed a Centralized Clearance Information Request Form, has since been incarcerated in the Department;
31. I am required to inform the Department of any changes to the information disclosed above and on file with the Department, and I agree to abide by the rules and regulations of the Department as further explained in the Security Orientation for Non-Department Employees (1.1.6. Attachment 3-E).

SIGNATURE _____ DATE ____ / ____ / ____

**1.1.6, Volunteers and Interns in the Department of Corrections Procedures Manual
Section 3 – Volunteer and Public Visitor Information**

Attachment 3-D

Issued:
Effective: