

DUNN COUNTY SHERIFF'S DEPARTMENT
Jail Division

Jail Programs Application

Policy Section: Volunteer Programs	Effective Date: 03/18/2002	Revision Date:		Page: 1-4	
		02-11-2009			
		02-11-2009			
Reference:	Number: 1708.01				
WI State Statute	None				
WI Administrative Code	None				
ACA Standard	None				
Related Policies	1708.00				
Sheriff Approval					

POLICY:

It shall be policy of the Dunn County Jail to use non-staff resources in the form of volunteers to provide important ancillary services in the facility for the benefit of staff and inmates.

GENERAL INFORMATION:

1. Provide the skills and commitment to assist the operation and implementation of programs that help inmates better themselves.
2. Provide educational classes, religious services, social services and library services to inmates in the facility.

PROCEDURES:

1. Coordination of Volunteer Program
 - a. The Program Director shall be the coordinator of the volunteer program in the Dunn County Jail. He/she will:
 1. Review and approve volunteer programs in the jail prior to implementation.
 2. Will ensure that volunteers are recruited from all economic, racial/ethnic and cultural segments of the community.
 3. Must review and approve all program materials before a volunteer may bring them into the Facility.
 4. The Program Director will maintain a personnel file of all individuals who have applied (approved/denied) to a program within the Facility.

2. Eligibility

- a. Volunteers should be of good moral character and mature enough to carry out the duties and responsibilities of a volunteer.
- b. Volunteers must be at least eighteen (18) years old.
- c. Volunteer applicants with pending criminal charges or a history of criminal convictions may be disqualified.
- d. If prior convictions resulted in confinement you must be out of custody for one year with no new charges.
- e. A volunteer MUST be out of Jail for two years if on probation MUST have approval from probation agent.
- f. AA volunteers - MUST be clean and sober for One (1) year - post incarceration.

3. Rejection / Termination

- A. A volunteer's application can be rejected for untruthfulness at any stage of the application process, because of pending criminal charges, or a history of criminal convictions.

B. The Program Director may terminate a volunteer at any time. Volunteers terminated from the program will be notified of the reasons.

Volunteers may be terminated from the program for any of the following reason:

- Breach of confidentiality
- Identifying ones self as a Dunn County Deputy or employee
- Unlawful conduct
- Violation of facility rules and regulations
- Physical or emotional illness
- Inability or unwillingness to cooperate with staff or other volunteers
- Inconsistent or unreliable attendance
- Entering the facility intoxicated
- Personal involvement with an inmate
- Improper conduct with an inmate or an inmate's family
- Any activity that threatens the safety, tranquility, or security of the Jail or the safety of the volunteer, inmates or staff.
- Others that may not be mentioned in this list.

5. Training

- a. Volunteers must complete a formal training and orientation program before working in the Jail.
 1. Volunteers will be instructed in the history and philosophy of the facility, evacuation, inmate rules and regulations, volunteer guidelines, proper conduct with inmates, security and safety procedures (including familiarization with the policy on hostage incidents) and facility tour.

**Addendum #1
VOLUNTEER APPLICATION**

Current Last Name / Any other name used	First Name	Middle Name
Date of Birth ____/____/____	Sex (Circle One) Male / Female	Drivers License # _____

Home Address	Home Phone () - Email:
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Name of Program: _____

Program Supervisor: _____ Telephone: _____

Why are you interested in the program? _____

For AA or NA volunteers ~Length of sobriety: _____

What are the best days and time for you to work in the program? _____

Please list any previous volunteer experience _____

Can you be contacted at work/school? _____ If so telephone number: _____

Hours you can be reached _____

I certify that the above information is current and correct to the best of my abilities. I further authorize to the Dunn County Sheriff's Department the release of personal information pertaining to the requirements of a background check.

Signature Date

Date Application Received

____/____/____

Read and Approved by:

Addendum #2 VOLUNTEER REFERENCE QUESTIONNAIRE

Name of Volunteer: Last, First, Middle			
Name of Reference: Last, First, Middle			
Address: City	State	Zip Code	Telephone Number () -

- I. Please mark the corresponding
 To your rating of the candidate
 Performance of that item
- 5 = outstanding
4 = very good
3 = average
2 = below average
1 = poor
NS= not sure

Is Honest	[1]	[2]	[3]	[4]	[5]	[NS]
Is Punctual	[1]	[2]	[3]	[4]	[5]	[NS]
Can Follow Direction	[1]	[2]	[3]	[4]	[5]	[NS]
Demonstrates Leadership	[1]	[2]	[3]	[4]	[5]	[NS]
Uses Common Sense	[1]	[2]	[3]	[4]	[5]	[NS]
Has a Positive Work Ethic	[1]	[2]	[3]	[4]	[5]	[NS]

II. Please answer the following:

1. How long have you known the candidate/In what capacity?
2. List five attributes this candidate possesses that would make him/her a good volunteer?
3. In your experience, describe how the candidate interacts with people?
4. Please add any comments you have on the candidate.

III. Please complete this survey, utilize additional paper if necessary, and return to the attention of:

Sherry Hanson
Program Director
DunnCounty Jail
615 Stokke Parkway
Menomonie WI 54751

	Date / /
Reference Signature	