



# Arkansas Community Correction

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**ADMINISTRATIVE DIRECTIVE: 19-05 Volunteer Services**

**TO: Arkansas Community Correction Employees**

**FROM: Kevin Murphy, Director**

**SUPERSEDES: AD 17-30**

**APPROVED: Signature on File**

**EFFECTIVE: February 4, 2019**

- I. APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees. In a manner generally interpreted to be appropriate, this policy also applies to ACC agents. ACC agents include volunteers, interns, contractors and vendors. (4APPFS-3C-02).
- II. POLICY.** The ACC will administer a Volunteer Program that encourages, supports, and recognizes the value of community involvement; expands and enhances client services and opportunities; and benefits and supports the ACC mission. (2-CO-1G-04; 4-APPFS-1C-04)

### III. DEFINITIONS.

- A. Occasional Volunteer.** A volunteer who provides services to or on behalf of the ACC and is supervised and escorted at all times while in the office or facility.
- B. Regular Volunteer.** A volunteer, including interns and mentors, who provide services to or on behalf of the ACC on a recurring basis.
- C. Reentry Coach.** A volunteer, including eligible offenders, who provides assistance to residents/offenders who are transitioning to the community.

### IV. GUIDANCE.

- A. Recruiting Volunteers.** Volunteers should be recruited from all cultural and socioeconomic segments of the community without discrimination. Volunteers may serve as advisors, interpreters, and similar direct service roles. (2-CO-1G-01; 4-ACRS-7F-08; 4-APPFS-1C-05; 4-APPFS-1C-03)

## **B. Volunteer Requirements.**

1. Prospective volunteers must disclose any criminal history and be subjected to a criminal background check.
  - a. Volunteers may be approved while on active supervision after completing a minimum of 12 months of supervision with the recommendation of the appropriate Area Manager and the approval of the Assistant Director of Reentry.
  - b. Individuals not on supervision but with a criminal conviction within the last ten (10) years must be approved by the Chief Deputy Director or designee.
2. A volunteer must NOT work in a community correction center if he/she is related to a current resident at the facility in which he/she is requesting to volunteer.
3. If necessary, a volunteer must provide documentation of professional qualifications, such as professional licenses or certifications.
4. A volunteer must complete the appropriate Volunteer Application, sign the Waiver of Liability form, and complete volunteer training and orientation.

## **C. Volunteer Responsibilities.** Volunteers are responsible for the following:

1. Complying with the volunteer and other applicable guidelines for specific volunteer program.
2. Documenting volunteer hours on the Monthly Volunteer Time Sheet (AD 19-05 Form 4) and ensure the Volunteer Coordinator has the information on the last day of each month.
3. Submitting appropriate suggestions, comments, and ideas for program improvement to the Volunteer Coordinator. (2-CO-1G-09; 2-CO-1G-10)

## **D. Volunteer Training.** Regular volunteers and reentry coaches must complete a three-hour training that includes all topics outlined on the Regular Volunteer Training Checklists, including specific training for the program to which they are assigned. Occasional Volunteers must complete a one-hour orientation that includes all topics outlined on the Volunteer Orientation Checklist.

## **V. ROLES AND RESPONSIBILITIES.** (2-CO-1G-03; 4-ACRS-7D-04; 4-ACRS-7B-05)

- A. Assistant Director of Reentry.** The Assistant Director of Reentry provides oversight and direction for volunteer services consistent with ACC policy and procedures. He/she ensures the development and implementation of procedures for communicating with volunteers and for gaining volunteer input for program evaluation.

**B. Volunteer Program Manager.** The Volunteer Program Manager (VPM) reports to the Assistant Director of Reentry Services and is responsible for managing and coordinating the statewide volunteer program. The VPM organizes and fosters re-entry coalitions; solicits input for the volunteer program from employees, volunteers, clients, and the community; and monitors volunteer activities throughout the state. The VPM must develop and maintain generic volunteer job descriptions, report volunteer activities, and collect and process evaluations. The VPM must consult with designated chaplains and volunteer coordinators at least annually to review procedures guiding ministers, volunteer coordinators and volunteers; and review and evaluate the volunteer services program. (2-CO-1G-02; 2-CO-1G-10)

**C. Center Supervisors & Parole/Probation Managers.** Center Supervisors and Parole/Probation Area or Assistant Area Managers must designate an employee to serve as the Volunteer Coordinator for their area of responsibility. Center Supervisors and Parole/Probation Area Managers must notify the Volunteer Program Manager of any changes to the volunteer coordinator.

**D. Volunteer Coordinator.** The Volunteer Coordinator is responsible for the following for ALL volunteers:

1. Reporting volunteer hours as requested by the VPM.
2. Conducting criminal record checks on all volunteer applicants in accordance with state and federal laws. A criminal conviction does not automatically preclude a volunteer from participating in the volunteer program.
  - a. Forwarding any suspect information returned during criminal records checks on matters with a potential terrorism connection to the ACC Internal Affairs Administrator for remitting to the local Joint Terrorism Task Force or the Arkansas State Police.
  - b. If there is a substantive criminal history, providing the information with the application when reviewed by the Center Supervisor or Area Manager. (4-ACRS-7B-05, 4-APPFS-3A-02)
3. Ensuring training is accomplished pursuant to this policy.
4. Maintaining required certificates or licenses of volunteers in accordance with the Records Retention policy.
5. Ensuring each volunteer has an appropriate supervisor assigned to oversee routine volunteer activities.
6. Being involved in the community and in the recruitment of volunteers.

**E. Staff Training.** The Assistant Director of Reentry must ensure training on this policy is available to appropriate staff.

**F. Volunteer Exemptions.** Volunteers are exempt from all provisions of the law relative to employee compensation and benefits.

**G. Drug Testing.** Volunteers will be drug/alcohol tested upon reasonable suspicion and following approval of the appropriate Manager/ Supervisor, Assistant/Deputy Director or Chief Deputy Director. Testing methods and consequences of positive tests or refusal to test are addressed in the policy titled “Drug-Free Workplace.”

**VI. ATTACHMENTS.**

AD 19-05 Form 1 Volunteer Application

AD 19-05 Form 2 Volunteer Guidelines, Release & Waiver of Liability Agreement

AD 19-05 Form 3 Occasional Volunteer Orientation Checklist

AD 19-05 Form 4 Regular Volunteer Training Checklist

AD 19-05 Form 5 Volunteer Time Sheets

AD 19-05 Form 6 Volunteer Program Evaluation

**Arkansas Community Correction  
VOLUNTEER APPLICATION**

Instructions: Use this form to apply to volunteer at an Arkansas Community Correction (ACC) center or office. Background checks are required for all volunteers.

Name (as it appears on your driver license): \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Organization/Agency: \_\_\_\_\_

Gender:  Male  Female Race:  Caucasian  Black  Hispanic  Other: \_\_\_\_\_

**BACKGROUND CHECK INFORMATION:**

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

DOB (YYYY/MM/DD) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Must be at least 21 years old: \_\_\_\_\_

Have you ever been arrested?  Yes  No

**If you were ever convicted of a crime, please complete the following:**

<u>Year</u> <u>Convicted</u>	<u>Charges</u>	<u>Misdemeanor</u> <u>or Felony?</u>	<u>Date off</u> <u>Parole</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PROFESSIONAL OR PERSONAL REFERENCES:**

<u>Name/Job Title</u>	<u>Relationship:</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____

**EMPLOYMENT WITHIN THE LAST THREE YEARS**

<u>Employer Name and Address</u>	<u>Supervisor</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHOOL INFORMATION: (Student/Interns only)**

College: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Academic Advisor: \_\_\_\_\_ Advisor's Phone: \_\_\_\_\_

Advisor's Email: \_\_\_\_\_

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**Arkansas Community Correction (ACC)  
VOLUNTEER GUIDELINES, RELEASE & WAIVER OF LIABILITY AGREEMENT**

1. I will follow Volunteer Guidelines and ACC policy that would reasonably be considered applicable.
2. I will perform my volunteer services in compliance with the ACC Code of Ethics and Rules of Conduct.
3. I will not bring onto ACC property any of the following items: cell phones, explosive devices, firearms or other weapons, ammunition, alcoholic beverages, tobacco products, narcotics, or objects or materials of any kind that might be used to compromise the security and safety of the facility.
4. I will not participate in ACC activities or be on ACC property while under the influence of illegal drugs or alcoholic beverages. I understand that I am subject to drug and alcohol testing upon reasonable suspicion and approval of the Center Supervisor or Parole/Probation Manager.
5. I will leave my purse and unnecessary objects locked in the trunk of my vehicle when on ACC property. I understand that my person, personal items, and vehicle are subject to screening and/or search. I will provide a photo ID or ACC volunteer badge upon request by ACC personnel. I will wear an ACC volunteer badge at all times while on ACC property.
6. I will dress appropriately while on ACC property. I understand that miniskirts, short dresses, shorts, halter tops or halter dresses, see through clothing, tight clothing, or other provocative clothing will not be allowed. My clothing will not promote alcohol or drugs, illegal actions, racial comments, vulgarity, sexual implications, or profanity.
7. I will not exchange any material with a resident or offender such as notes, correspondence, money, food, or gifts I will not participate in a personal relationship with a resident or offender nor will I divulge personal information. I understand that this action could place me at risk.
8. I will keep all resident or offender information confidential. I will not commit ACC to any financial obligations. I will not speak on behalf of nor act as a representative of the ACC.
9. I will obey all safety and security instructions including all facility procedures. I will work within my job duties and my physical assignments. I will follow supervisory guidance.

For the good and valuable consideration of participating in the Arkansas Community Correction (ACC) Volunteer Program, I, for myself, my successors, heirs, assign, executors, administrators, spouse, and next of kin, do hereby understand and agree to the following:

1. My participation as a volunteer may involve risk of serious injury or harm.
2. I hereby assume any and all liability and risks of injury or harm, including permanent or partial disability, medical bills, death, damage to my property, or death caused by or arising from my participation in the volunteer program.

3. I will not, nor will any person or entity on my behalf, initiate, pursue nor participate in a lawsuit or claim, including any for personal injury, property damage, or wrongful death, against the State of Arkansas, ACC, its employees, officers, agents, volunteers, the Parole Board, or the Board of Corrections, for damages arising out of or attributable to my participation in the volunteer program.
4. I release and discharge the ACC, its employees, officers, agents, volunteers, the Parole Board, and the Board of Corrections from any liability, loss, damage, claim, demand, or any cause of action against them arising out of or attributable to my participation in the volunteer program, whether the same arises from negligence or otherwise.

I, \_\_\_\_\_, agree to serve in the Arkansas Community Correction Volunteer Program. I commit to performing my assigned volunteer duties to the best of my ability and to follow ACC guidelines, policies, and procedures. I have read this document and understand that I am waiving substantial rights. I voluntarily sign this document and by doing so, assume all risks attendant and pertaining to participating in the ACC volunteer program.

Volunteer Printed Name	Signature	Date

Coordinator Printed Name	Signature	Date



**Arkansas Community Correction  
OCCASIONAL VOLUNTEER ORIENTATION CHECKLIST**

Item	Who	When & Where	Source
<b><i>About the organization:</i></b>			
1. History			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2. Mission			
3. Programs and Services			
4. Benefits of Volunteering			
<b><i>The Facility:</i></b>			
1.Explanation of Local Office Divisions			
2.Emergency Plan			
3.Reporting & Investigating Incidents, Hazards and Maltreatment Policy			
4.Personal Safety			
5.Facility, Premises, or Site Rules			
6.Parking			
7.Supplies and Office Machines			
8.Access to Building or Office Areas			
9.Escort			
<b><i>Policy:</i></b>			
1.Code of Ethics and Rules of Conduct			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Drug-Free Workplace			
3.Offender Records (confidentiality)			
4.Sexual Harassment			
5.Dress Code and Appearance			
6.Tobacco (Smoke-Free Workplace)			
7.Prison Rape Elimination Act			
<p><b><i>Volunteer:</i></b> I confirm that I have completed all items in the volunteer orientation checklist and where indicated understand the policies and procedures.</p> <p>Print Name: _____ Signature: _____</p> <p>Date: _____</p> <p><b><i>Volunteer Supervisor:</i></b> I confirm that all items in the volunteer training checklist, including policies and procedures have been explained.</p> <p>Print Name: _____ Signature: _____</p> <p>Date: _____</p>			

**Arkansas Community Correction  
REGULAR VOLUNTEER TRAINING CHECKLIST**

Item	Who	When & Where	Source
<b><i>About the organization:</i></b>			
1. History			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2. Mission			
3. Programs and Services			
4. Benefits of Volunteering			
<b><i>The Facility:</i></b>			
1.Explanation of Local Office Divisions			
2.Emergency Plan			
3.Reporting & Investigating Incidents, Hazards and Maltreatment			
4.Personal Safety			
5.Facility, Premises, or Site Rules			
6.Parking			
7.Supplies and Office Machines			
8.Access to Building or Office Areas			
9.Escort			
<b><i>The Role:</i></b>			
1.Job Description, Duties, and Assignment			
2.Supervision of Activity, Clients, Residents			
3.Supervisor Chain-of-Authority			
4.Who and how to contact them			
5.Volunteer Input			
6.Evaluations and Suggestions			
7.Employment Opportunities			
8.Volunteer Guidelines, Release & Waiver of Liability Agreement Form			
<b><i>Policy:</i></b>			
1.Code of Ethics and Rules of Conduct			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Drug-Free Workplace			
3.Offender Records (confidentiality)			
4.Sexual Harassment			
5.Dress Code and Appearance			
6.Tobacco (Smoke-Free Workplace)			
7.Prison Rape Elimination Act			
<b><i>Client Dynamics:</i></b>			
1.Criminogenic Risk Factors			Lecture, Ppt, Group Exercises, Discussions, Handouts, Exam
2.Prison Culture and Sensitivity			

**Volunteer:** I confirm that I have completed all items in the volunteer training checklist and where indicated understand the policies and procedures.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Volunteer Supervisor:** I confirm that all items in the volunteer training checklist, including policies and procedures have been explained.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Arkansas Community Correction  
VOLUNTEER PROGRAM EVALUATION**

Arkansas Community Correction appreciates and values your volunteer service. Please tell us about your experience as a volunteer with ACC. Your responses to the evaluation are anonymous. You may provide your name and/or contact information if you wish. Please complete this evaluation and return to the volunteer coordinator in the office/center.

1. Were you given clear duties and responsibilities for the services you performed?

\_\_\_\_\_

2. Was there a clear line of authority?

\_\_\_\_\_

3. Were you encouraged to communicate with supervisors?

\_\_\_\_\_

4. Were you allowed to use your area of expertise?

\_\_\_\_\_

5. On a scale of 1 to 6, how rewarding did you find your experience with ACC?

\_\_\_\_\_

6. On a scale of 1 to 6, how beneficial do you think your services contributed to ACC or the residents/offenders?

\_\_\_\_\_

7. Would you volunteer with ACC again?

\_\_\_\_\_

8. Do you have any suggestions or improvements that you believe would make the volunteer program more effective?

\_\_\_\_\_

Optional:

Name: \_\_\_\_\_

Volunteer Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_