

SOUTH DAKOTA DEPARTMENT OF CORRECTIONS

Revised: June 2019



VOLUNTEER HANDBOOK

MISSION STATEMENT

The mission of the Department of Corrections is to protect the citizens of South Dakota by providing safe and secure facilities for juvenile and adult offenders committed to our custody by the courts, to provide effective community supervision to offenders upon their release and to utilize evidence-based practices to maximize opportunities for rehabilitation.

ZERO TOLERANCE

The South Dakota Department of Corrections (DOC) has a zero-tolerance policy relating to sexual abuse/harassment of an inmate. The DOC will cooperate in the investigation, discipline, and prosecution of anyone involved in a sexual abuse or sexual harassment of an inmate in a DOC facility or placement.

VISION

A national leader in corrections that enhances public safety by employing evidence based practices to maximize the rehabilitation of offenders.

VALUES

- We value our staff as our greatest asset.
- We value a safe environment for staff and offenders.
- We value community support and collaboration.
- We value public trust in the operation of our department.
- We value the use of evidence-based practices to maximize offender rehabilitation.
- We value diversity and the respect for all individuals.
- We value professionalism, teamwork and the highest standard of ethics.
- We value investment in our staff through training in sound correctional practice and through the provision of opportunities for development and career advancement.

DEFINITIONS

Cultural Activities Coordinator:

The designated DOC staff member from each facility who serves as the volunteer services program coordinator for cultural, religious and leisure activities and programs offered to inmates at the facility. This person is responsible for volunteer recruitment, maintaining volunteer records, compliance with required forms, and coordinating training for volunteers.

Level Two Volunteer:

Required to review and be familiar with the *South Dakota Department of Corrections Volunteer Handbook*. Must submit required documents and forms. Typically enter a

DOC facility more than once a year, but less than monthly. Issued an orange ID card.

Level One Volunteer:

Required to review and be familiar with the *South Dakota Department of Corrections Volunteer Handbook*. Must submit required documents and forms and complete required training, which shall consist of a minimum of thirty-two (32) hours of core curriculum during pre-service training and a minimum of four (4) hours of mandatory topics during annual in-service training. Issued a pink ID card.

Major Activities/Events:

Typically, not included in the regular activities offered at the facility. Require a Project Application and subject to approval by designated staff. Inmate access may be impacted by classification, housing, scheduling, status, disciplinary sanctions, available space, custody level and risk. Outside guests and visitors may participate.

Project Application:

A document used by inmates or volunteers to request permission from the Warden or designee to offer a major activity/event or to organize a project involving inmates and DOC resources (staffing, space, available supplies). The application may be obtained through the CAC or designated staff. Must be completed and submitted to the CAC or designated staff a minimum of 30 (thirty) days prior to the proposed day.

Regular Activities:

Scheduled and offered on a regular, reoccurring basis. Activities may be posted on a schedule made available to inmates and staff. Inmate access may be limited. Inmates are supervised by staff and/or level one volunteers. Outside guests and level two volunteers may be permitted to attend and assist with the activity.

Sexual Abuse-Staff on Inmate:

Sexual abuse of an inmate by a staff member, contractor, or volunteer includes any type of sexual contact, with or without consent of the inmate, including intentional contact, either directly or through the clothing, that is unrelated to official duties, or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.

Also includes any attempt, threat, voyeurism, or request by a staff member, contractor, or volunteer to engage in such activities.

Sexual Harassment-Staff on Inmate:

Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, contractor, or volunteer, including demeaning references to gender, sex, or sexually suggestive or derogatory comments about a person's body or clothing, or obscene language or gestures.

Volunteer:

Person from the community who freely chooses to do or provide direct and/or indirect programming or activities to inmates at a facility. Volunteers are not compelled to provide services and are not compensated directly for the services provided. May be an individual, organization, or members of an organization. The South Dakota Department of Corrections recognizes two distinct groups of volunteers, Level One Volunteers and Level Two Volunteers.

I. DOC FACILITY PROCEDURES**A. Cultural Activities Coordinator (CAC):**

1. The Cultural Activities Coordinator (CAC) serves as the volunteer services program coordinator. Duties include initiating, supervising and monitoring the volunteer service program and managing regular activities and events offered to inmates.
2. The working relationship between inmate groups and DOC staff is important to the disciplined and efficient operation of the facility. The CAC is the liaison between DOC staff, volunteers and inmates. The CAC relays important information to and from staff and volunteers. Effective communication is vital to sustaining the mission of the DOC and operation of a successful volunteer services program.
3. The CAC is the initial point of contact for volunteers. If you have questions, concerns or need assistance, please contact the CAC.

B. Entering the Facility and Security Clearance Checks:

1. Each volunteer will complete a DOC Release and Waiver of Liability (See attachment 1) and a Background Check Authorization (see attachment 2). These forms valid for a maximum of 5 years from the date of completion and must be submitted at least 10 working days prior to initial entry to the facility. Volunteers will be notified when your renewal date is approaching. The DOC typically completes volunteer background checks in years ending in zero (0) and five (5). Example: 2000, 2005, 2010, 2015. Each facility is responsible for completing background checks on volunteers assigned to that facility.
2. Each volunteer is required to sign a Volunteer Work Agreement prior to initially beginning their volunteer service at the facility (See Attachment 3).
3. Each volunteer is required to sign a DOC Volunteer Guidelines Acknowledgement form prior to initially having contact with inmates (See Attachment 4).

4. Volunteers must follow the following requirements when accessing the facility:
 - a. Present a DOC ID to the Control Room staff (Pink tag for Level One Volunteers or Orange tag for Level Two Volunteers) prior to admittance to the facility.
 - b. The Control Room Officer will confirm the volunteer's identity through their DOC ID, or other accepted photo ID. Those who have not been issued a DOC ID will be issued a VISITOR ID while inside the secure perimeter. IDs must be worn in such a manner that staff can readily identify you as volunteer.
 - c. For security measures, all volunteers are required to wear a "body alarm" once inside a DOC facility. These are typically issued by the control room officer prior to entry and must be returned to the control room upon departure. Volunteers may be required to carry a DOC radio and pepper spray.
 - d. Volunteers may be required to pass through a metal detector prior to entering the secure perimeter. Having clothing with excessive metal parts, jewelry, etc., may delay entry. Please become familiar with common property items not permitted within the facility. Your person, and any property which you intend to introduce into a facility is subject to search. Certain security requirements may apply at the facility where you volunteer, such as requiring all property brought into the facility be in an approved clear plastic bag to make identification of the enclosed items easier.
 - e. Level Two Volunteers must be escorted by a staff member (anyone with a blue ID), or an approved Level One Volunteer (anyone with a pink ID) while within a DOC facility.
 - f. Only volunteers over the age of 18 are allowed to enter a DOC facility.
 - g. Volunteers cannot be relatives, friends or business associates of an inmate at the facility where they are volunteering. May not be on an inmate's approved visit or telephone lists.
 - h. Former inmates, (not currently on DOC supervision) may be permitted to volunteer or participate in activities with prior approval from the Warden.
 - i. DOC staff members are not permitted to volunteer at a DOC facility.

- j. No volunteer is allowed inside a facility while under the influence of drugs or alcohol. Possession or introduction of such items with the intent to distribute these to an inmate in a DOC facility is a serious crime.

C. Sexual Abuse / Sexual Harassment of an Inmate:

1. Sexual contact or any type of romantic relationship between a volunteer and an inmate is expressly forbidden.
2. Your position as a volunteer gives you authority over inmates. As such, you cannot enter into consensual sexual or romantic relationship with an inmate. In all such relationships, the volunteer is considered the abuser. Inmates cannot provide consent.
3. Sexual abuse, sexual harassment or discrimination of any inmate by a volunteer is expressly forbidden. All allegations by an inmate of sexual abuse, sexual harassment or discrimination will be investigated.
4. Volunteers are required to immediately report any knowledge, suspicion, or information they may have of any incident of sexual abuse, sexual harassment or discrimination of an inmate to their supervisor.
5. In addition, the DOC maintains a workplace free of harassing, discriminatory or offensive behavior based on race, color, religion, national origin, sex, age, genetic information, disability or any other legally protected status or characteristic. Volunteers must be familiar with the DOC Anti-Harassment/Discrimination policy.

D. Inappropriate Relationships and Prohibited Physical Contact:

1. Physical contact with inmates is limited to a simple handshake.
2. Being alone with an inmate of the opposite sex should always be avoided. Cross-gender supervision of inmates carries certain responsibilities and requirements as part of DOC's commitment to following Federal PREA standards.
3. Volunteers may not become emotionally, romantically, financially, or sexually involved with any inmate or a member of an inmate's immediate family. Volunteers are expected to maintain appropriate, professional boundaries with inmates and their family.
4. Any volunteer who believes they are or may be the object of an inmate's attempt to form a relationship beyond a professional level, must hold the inmate accountable and must report the information to the CAC or supervisor.

5. Volunteers must demonstrate professionalism and integrity. Volunteers shall conduct themselves and perform their duties and tasks in such a way as to set a positive example for the inmates they supervise. Respect inmates and they will respect you.
6. Volunteers will not be called upon to use force upon any inmate, including physical force or touching of an inmate. Volunteers have the right and duty to defend themselves from immediate harm or injury and to render aid to staff or other volunteers who may be subject to immediate harm or injury through the actions of an inmate. If an incident occurs which requires force, always call for help from staff. Staff are trained to immediately respond. Always be aware of your surroundings. Often, confrontations with inmates can be avoided.

E. Code of Ethics:

1. Volunteers are responsible for abiding by the standards of conduct that apply to all DOC staff (See DOC policy 1.1.C.1 Staff Code of Ethics). You are responsible for familiarizing yourself with the standards of behavior and conduct outlined within DOC policy and for following the rules and directives of the facility which apply to staff working within the facility. If you have questions, please see your CAC.

F. Confidentiality:

1. Volunteers are expected to respect the integrity and confidentiality of all privileged information, including personal identification information (PII).
2. Volunteers should always review, and control information provided to inmates. Volunteers shall not divulge or otherwise release information considered sensitive or confidential information to unauthorized persons. If in doubt, consult with the CAC or supervisor. Information shared with volunteers by staff may not be intended for inmates.
3. Do not use full names when discussing inmates outside the facility. Disclosure of personally identifying information to unauthorized persons, in an unauthorized manner, or for unauthorized purposes is prohibited.
4. Do not engage in discussion with inmates about staff members, other inmates or share details about your personal life.
5. If you intend to publish information pertaining to your volunteer position, including information about the facility, staff or inmates, you will need to discuss this in advance with the Warden or designee. Special rules apply to interviewing staff or inmates. The DOC is sensitive to the rights of victims and the necessity of managing information released.

6. Prior approval from the Warden or designee is required before any information may be released to the media.
7. Audio or visual recording equipment is typically not permitted in the facility. Producing or releasing unauthorized photos or recordings of the facility, staff, confidential information/documents or inmates is prohibited.
8. You have an affirmative duty to immediately report any information relayed to you by an inmate that may cause a threat to the safety or security of the facility, staff or inmates. Withholding or failing to disclose such information is a violation of the code of ethics.
9. Endangering the well-being of staff, inmates or the public through willful, reckless or negligent misconduct, including willful, reckless violation of laws, rules or policies, is violation of the code of ethics.

II. ACTIVITY PROCEDURES

A. Know Your Schedule:

1. A schedule of the activities at the facility is posted weekly. Please ensure your activity starts and finishes on time. Facilities function on a structured schedule to ensure sufficient staffing, supervision, time and space and accommodate the many activities and programs offered to inmates. There is only so much time allotted each day for activities and programs, given the constraints on security, space and inmate movement (time outside of cells/rooms). Security staff has the authority to cancel, terminate or interrupt any activity or program based on the need to preserve safety, security and the disciplined operation of the facility.
2. If your group must make changes to its schedule, these must be communicated in advance to the CAC. The CAC will accommodate such changes when possible.

B. Be on Time:

1. Be at the facility a minimum of 15 minutes prior to the time the activity is scheduled to start. If you must cancel an activity or are running late because of an emergency, contact the control room as soon as possible to let them know.
2. Remember, it takes time to get checked into the facility and to prepare for an activity. If you do not have a Pink Volunteer ID, you must be escorted from the control room to your destination. Be patient. Staff escort is dependent on staff availability and is required to help keep you safe while inside the perimeter.

3. If an activity starts late, it will generally conclude at the regularly scheduled end time. Permitting an activity to run past the end time can disrupt other activities and functions that must occur within the facility, i.e. chow, count, med pass, recreation, church, classes, programming, individual inmate appointments, etc. If the delay is caused by the DOC, extra time may be permitted, if possible. That is decided by the Officer in Charge.
4. If you are attending an activity as a group, please make sure all group members are aware of the rules at the facility, the requirements for entry into the facility and are ready and present at the same time. Late arrivals may be turned away.

C. Dress Code:

1. Volunteers entering a facility shall maintain an appearance which limits distractions, such as outrageous, provocative or inappropriate dress. Dress that presents a risk to safety and/or security is also prohibited. DOC policy 1.1.C.5 Staff Dress and Grooming Standards applies to volunteer dress while inside the perimeter. Consult with your CAC in advance if you have questions.
2. Persons volunteering in a correctional environment and interacting with inmates will be cognizant of the potential dangers inherent in working in a correctional facility and dress accordingly to ensure self-safety while in the facility.
3. Volunteers shall abide by the established dress code at the facility.
 - a. Dress conservatively.
 - b. No shorts, dresses hemmed above the knees or with thigh high slits.
 - c. No low-cut blouses.
 - d. No see-through garments of any type.
 - e. No tank tops with straps thinner than 3 inches, halter tops or tube tops.
 - f. No spandex or leotards.
 - g. No clothes full of holes.
 - h. No clothing that looks like inmate clothing.
 - i. No excessive or expensive jewelry.
4. Language, logos, symbols, pictures, designs or embroidery on clothing or clothing accessories will be appropriate for a correctional facility. Clothing or clothing accessories that advertise alcohol, tobacco products, illegal substances, gangs, derogatory religious themes, racial references, profanity, gambling or sexual implications is NOT appropriate.
5. Tattoos advocating or depicting any form of negative religious, racial, ethnic or gender bias, illicit drugs, drug paraphernalia, drug use, or perceived as

being affiliated with any security threat group, street gang or containing nudity or vulgar wording, must be concealed/covered while in the facility.

6. Control room staff will determine if there is an issue with your dress that violates policy or directives. If you disagree with the decision, you may request to speak with the Officer in Charge or contact the CAC. Be respectful of staff decisions. The requirements are in place to ensure your safety and to limit distractions, inappropriate comments and actions by inmates. Prisons are unique environments which require a number of rules and requirements to maintain safety, security and disciplined order.

D. What to Bring:

1. Bring only materials that have been approved in advance by the CAC and are for the intended purposes of the activity.
2. Always bring a picture ID. Typically this is a state issued ID, driver license or DOC issued ID.

E. Contraband:

1. Defined as any item an inmate is not authorized to have. Approved items may be contraband if altered, possessed in a higher quantity than authorized, used in ways for which it is not intended, or obtained through an unapproved source.
2. Never bring any item into a facility for an individual inmate or at an inmate's request. Always check with the CAC before bringing in any items which are intended for distribution to inmates, not matter how small or seemingly insignificant.
3. The following items are not allowed in DOC facilities:
 - a. Cell phones or pagers
 - b. Knives, guns, belt tools (Leatherman or similar)
 - c. Tobacco
 - d. Gum/candy
 - e. Literature not approved
 - f. Purses/wallets
 - g. Radios
 - h. Food
 - i. Pens
 - j. Lighters
 - k. Cameras or other recording devices
 - l. Money

- m. Hats
 - n. Coats
 - o. Medications
3. SDCL § 24-2-22. Possession of unauthorized articles with intent to deliver to prisoner as a felony. Any employee or other person who delivers, procures to be delivered, or possesses with the intention to deliver, to any inmate in a state penitentiary, or deposits or conceals in or around any facility or place used to house inmates, or in any mode of transport entering upon the grounds of any facility or place and its ancillary facilities used to house inmates, any article which is unlawful for an inmate to possess pursuant to state law or the rules of the Department of Corrections with the intent that any inmate obtain or receive such article, is guilty of a Class 6 felony

F. Supervision and Response to an Emergency:

1. While inside of a DOC facility, you will be under the direct or indirect supervision of staff. This may include staff supervising the activity through physical presence or camera monitoring. Staff may remain in the area or check on the activity at regular intervals while conducting rounds. If you have questions, concerns or require assistance during the activity, please contact staff. Volunteers should have no expectation of privacy while inside the secure perimeter of a DOC facility.
2. If an emergency occurs within the facility, staff will provide you with clear instructions and direction. It is your duty and responsibility to comply to the best of your ability with these directions. Respond quickly and calmly. Following these instructions will help keep you safe until the situation is resolved.

G. Do's and Don'ts:

1. Do not become an advocate for inmates.
2. Do refer inmates to staff if they require assistance or share concerns with you which you believe staff should be made aware of.
3. Do listen respectfully to what the inmate is willing to share, their comments and opinions.
4. Do remind inmates who become distracted of the purpose of the activity and their responsibilities as an activity participant.
5. Do ask staff to remove disruptive inmates who are interfering with the activity, not following instructions or not attending the activity for the intended and identified purpose.

6. Do maintain professional boundaries with inmates. Do not become their friend. Remind yourself of the service you agreed to provide when you became a volunteer. That is your purpose and the basis for your being permitted to access the facility and interact with inmates.
7. Do remain accountable for your actions and behaviors while in the facility and interacting with staff and inmates.
8. Do be aware of your surroundings and keep yourself safe.

III. VOLUNTEER GUIDELINES

A. Interacting with Inmates:

1. Working with inmates is not an easy task. The DOC appreciates your time and dedication to the volunteer program. Following a few simple rules will help you earn the respect of staff and help facilitate positive interactions with those inside the facility. The following is a list of positive characteristics and practices to follow:
 - a. Keep current and knowledgeable about your duties, responsibilities procedures, rules, and expectations.
 - b. Be friendly with inmates but avoid familiarity.
 - c. Practice keeping a professional distance from inmates personal issues and agendas and maintain appropriate boundaries.
 - d. Be consistent- establish what is appropriate, what is not appropriate, what will not be tolerated and enforce these expectations equally and fairly.
 - e. Do not be surprised when you are asked by an inmate to do something that clearly violates rules or contradicts what you learned in volunteer training. Inmates constantly test volunteers to identify those who are willing to do things they shouldn't. Inmates will exploit those who allow themselves to be manipulated into doing things they shouldn't.
 - f. Be firm but fair and recognize individual differences.
 - g. Understand your access to certain inmates may be limited or otherwise not permitted. This may be based on the inmate's status, custody level, medical issues or other issues. Examples are disciplinary, mental health watch, infirmary, capital punishment, restricted housing, etc.

B. Maintain Your Boundaries:

1. As a volunteer, you have the responsibility to be honest and objective, and disapproving when warranted, as well as praising, supporting and encouraging.

2. Inmates will not be open with you until they respect you.
3. Some inmates will attempt to use manipulation to get what they want. This may be in the form of a request for you to influence other staff, bring items into the facility, take something out of the facility, pass messages to others, or contact others on the inside or outside which the inmate does not have access to or is prohibited from contacting. Never be shy about saying “NO” to such requests and if in doubt, always consult with the CAC or staff.
4. Always keep in mind that even though the request may seem insignificant, the outcomes could generate safety or security concerns for you, staff or inmates.
5. Always ask for guidance and approval from the appropriate staff prior to making commitments to an inmate.
6. Never accept calls or messages from inmates from within a DOC facility or those released to parole. This is a violation of professional boundaries. Communication with inmates should remain limited to activities and times you volunteer at the facility. This includes interacting directly or indirectly with an inmate or parolee through social media. If you are contacted by an inmate or parolee outside of your role as a volunteer, you must notify the CAC or DOC staff immediately.
7. If you become aware of others violating facility rules, DOC policies or the code of ethics, you are required to report this to the CAC or staff member immediately. Safety and security is everyone’s responsibility.
8. Remember, volunteers who do not follow the rules, policies or activity guidelines, discredit the activity and their position as a volunteer. Such violations may place the person or others in danger, loss of volunteer status and/or termination of the activity.

C. Respect for Inmates:

1. Respect is key toward developing a positive and rewarding professional relationship with inmates.
2. You must respect the inmate’s individuality and basic rights as a human being. You are not there to “fix” them. They must do this for themselves, with support and help from others.
3. There is no room for narrow prejudices or feelings of superiority as a volunteer.
4. Respond to the inmate’s needs and interests appropriately, within the guidelines established by the DOC.

5. Your service as a volunteer is to provide encouragement to those in prison who appreciate the positive influence of those who represent success. You are successful because you function each day outside of a prison setting. You are a positive role model for inmates because you are not an inmate. Maintain that distinction.

D. Con Games:

1. Inmates will try to learn personal things about you for their own personal gain and manipulation.
2. Con games start out very subtle and innocent. Inmates may lie, cheat, steal and play “head games” with volunteers to meet their need for privacy, activity, emotional feedback, relationships or simple comforts denied to them by their placement in prison.
3. Do not allow inmates to convince you they are just like “regular people”. Remember, they are inmates and they are in prison for a reason. Some inmates have lived their life manipulating others to do things for them. This can continue in prison. Some manipulation schemes are short term, some are long term. Often those manipulated are groomed, starting with small things and building, such as small lies about something or straying from basic rules.
4. Manipulation defined, has three components:
 - a. To control or play upon
 - b. By artful or unfair means
 - c. Especially to one’s own advantage
5. The results of manipulation are to get something that is wanted, needed or achieved. Always ask yourself, what do inmates want to control? What do they really want? Are they telling the truth?
6. Do not share your personal address, telephone, social media accounts, financial information, etc. with inmates.
7. Do not rely on messages to be relayed to/from staff by an inmate. If a staff member has a message to relay to you, the staff will coordinate this through their own communication process or through the CAC. Always question any message relayed to you be an inmate.

IV. REQUIRED VOLUNTEER DOCUMENTATION

- A. Prior to having contact with inmates, all volunteers of the South Dakota Department of Corrections (DOC) are required to complete and have on file the following:
1. Release and Waiver of Liability form
 2. Background Check Authorization form
 3. Volunteer Work Agreement form
 4. PREA Acknowledgment of Understanding
 5. DOC Volunteer Acknowledgement form
- B. Level 1 and 2 volunteers must consent to a Criminal History Background check a minimum of once every 5 years to comply with the PREA Screening of Staff and Volunteers requirement, which applies to all volunteers working with a DOC facility housing inmates.
1. A volunteer will not be admitted to the facility if their criminal record reveals a history of sexual misconduct.
 2. Volunteers are required to notify the CAC within one business day if they become involved in any sexual misconduct investigation in a facility or community setting, are indicted, charged or convicted of any sexual misconduct offense, or disciplined for any sexual misconduct in an employment setting.
 3. Material omissions regarding such of the provision of materially false information shall be grounds for termination as a volunteer and access to the facility.

C. Return Addresses:

Please return the above completed documents to the CAC.

All required documents must be completed and turned into the CAC **at least 10 working days prior to your initial visit** to the facility. You will be notified by the CAC when your annual renewal is and the deadline to turn in the required items.

The following are the mailing addresses of the adult DOC institutions:

South Dakota State Penitentiary

Attn.
P.O. Box 5911
Sioux, Falls, SD 57117-5911

South Dakota Women's Prison

Attn:
3200 East Highway 34
Pierre, SD 57501

Mike Durfee State Prison

Attn:
1412 Wood Street
Springfield, SD 57062

Note: If the paper work has been submitted to one facility and you are visiting another facility, please advise the Cultural Activities Coordinator prior to your visit. The paperwork is valid in all DOC facilities.

Thank You
For Your Participation

REVISION INDEX

Revised: July 11, 2008
Revised: August 10, 2009
Revised: August 20, 2010
Revised: October 2018
Revised: June 2019

<i>Mike Leidholt (original signature on file)</i>	<i>07/02/2019</i>
Mike Leidholt, Secretary of Corrections	Date

Attachment 1: DOC Access Approval Form

The DOC Access Approval form is located in the Office Templates shared folder.

<p style="font-size: small; margin: 0;">South Dakota Department of Corrections Policy: _____ Relationship w/News Media.../Facility Access & ID Requirements / Community Service Program Attachment: DOC Access Approval Please refer to DOC policy 1.1.A.4 / 1.1.D.3 / 1.5.A.6</p> <h3 style="text-align: center; margin: 10px 0;">Background Check Authorization</h3> <p>CHECK ONE: <input type="checkbox"/> M-2 <input type="checkbox"/> W-2 <input type="checkbox"/> Volunteer <input type="checkbox"/> Special Event Visitor <input type="checkbox"/> Clergy <input type="checkbox"/> Vendor/Contractor <input type="checkbox"/> Tour <input type="checkbox"/> Other</p> <p>_____ Last Name First Name MI Social Security Number</p> <p>_____ Maiden / Alias Names:</p> <p>_____ Street Address/P.O. Box City State Zip Code</p> <p>_____ Home Telephone Number Work Telephone Number Cell Phone Number (optional)</p> <p>_____ Date of Birth Driver's License Number # State Issuing Driver's License</p> <p style="font-size: x-small; margin-top: 5px;">I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives to obtain and review my criminal background. I certify that the information given by me is true, complete and correct, to the best of my knowledge and belief and made in good faith.</p> <p style="font-size: x-small; margin-top: 5px;">The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect the my personal information, including, but not limited to, addresses, social security numbers and dates of birth.</p> <p>_____ Signature of Applicant Date Staff Signature Date</p> <p>Printed Name Printed Name</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>FOR OFFICE USE ONLY: Background Check Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Printouts)</p> <p>Special Security Matter Signature Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Deputy Warden/Deputy Signature Date</p> </div> <p style="font-size: x-small; margin-top: 10px;">Revised: 03/13/2017 Page 1 of 2</p>	<p style="font-size: small; margin: 0;">South Dakota Department of Corrections Policy: _____ Relationship w/News Media.../Facility Access & ID Requirements / Community Service Program Attachment: DOC Release and Waiver of Liability Please refer to DOC policy 1.1.A.4 / 1.1.D.3 / 1.5.A.6</p> <h3 style="text-align: center; margin: 10px 0;">DOC RELEASE AND WAIVER OF LIABILITY</h3> <p>By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks associated with being on DOC property, or participating in DOC activities within the following facilities:</p> <p style="text-align: center; margin: 5px 0;">South Dakota State Penitentiary, Jameson Prison Annex, Mike Durfee State Prison, Yankton Community Corrections Unit, Rapid City Community Corrections Unit, South Dakota Women's Prison or Pierre Community Corrections Unit</p> <p>I understand that risks associated with such entry and/or participation in DOC activities include, but are not limited to, bodily injury, property loss or damage and death.</p> <p>By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:</p> <ol style="list-style-type: none"> 1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from such entry and/or participation in DOC activities; 2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, demands, expenses, judgments, fees and costs of whatever kind or character arising from, by reason of, or in connection with my entry to a DOC facility or participation in DOC activities. <p>I have carefully read this RELEASE AND INDEMNITY AGREEMENT, or had it read to me in a language I fully understand, and I understand all of the terms. I understand I have given up substantial rights by signing this agreement and that it is the intention of the parties that the State and its officers, agents and employees shall not be liable or in any way responsible for injury, damage, liability, loss or expense resulting to me due to accidents, mishaps, misconduct, negligence or injuries. My signature below has been made freely and voluntarily without any inducement, assurance or guarantee being made.</p> <p>Name: _____ Date of Birth: _____</p> <p>Signature: _____</p> <p>Address: _____</p> <p>Date: _____</p> <p style="font-size: x-small; margin-top: 10px;">Revised: 03/13/2017 Page 2 of 2</p>
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Attachment 2: BACKGROUND CHECK AUTHORIZATION

The **Background Check Authorization** form is located in the Office Templates shared folder.

South Dakota Department of Corrections (SDDOC) Personal Information for Security Check	
<p>As part of maintaining a safe and secure environment, the SDDOC may conduct security checks prior to and periodically throughout an individual's employment or affiliation with the SDDOC. A conviction does not automatically bar an individual from entering a facility or from employment. Each case will be considered individually. All information on this document is required. If you omit any information from this form, you may be disqualified from entrance to a facility or employment. PLEASE READ FULLY AND PRINT LEGIBLY IN INK.</p>	
<p>Please check the appropriate reason for requesting entrance into a facility:</p> <p><input type="checkbox"/> Employment _____ (list position, title and facility) <input type="checkbox"/> PREA</p> <p><input type="checkbox"/> Contractor <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Clergy <input type="checkbox"/> Other: _____ (Please specify)</p>	
PRINT NAME (Last, First, Middle Initial)	Date of Birth Month/Day/Year
Social Security Number	
Other Names Used (e.g. aliases, former names, etc.)	
Driver's License Number /State	State ID Number
Expiration Date	
If no driver's license, please enter your state ID.	
Place of Birth (City, State or Country)	Sex
	Race
	Height
	Weight
	Eyes
	Hair
List all previous states or countries of residence: _____	
Please provide your current address:	
Street Address	City State Zip
Please provide your current phone number(s) and e-mail address:	
Home: () _____	
Cell: () _____	
Other: () _____	
E-mail address: _____	
<p>1. Are you currently on or have you ever been on an inmate phone list? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name(s) and relationship(s): _____</p> <p>2. Are you currently on or have you ever been on an inmate visitor list? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name(s) and relationship(s): _____</p>	
Created 01/04/2015	
<p>3. Have you ever engaged in sexual abuse in prison, jail, lockup, community confinement facility (a locked facility, part or all of the day), juvenile facility, or other institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation: _____</p> <p>4. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation: _____</p> <p>5. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 1 or 2? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation: _____</p> <p>6. Have you ever had any substantiated allegations of sexual harassment made against you in a prison, jail, lockup, community confinement facility or other institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation: _____</p> <p>7. Have you ever had any substantiated allegations of sexual harassment made against you in the community? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation: _____</p> <p>8. Are you currently or have you ever been affiliated with a gang/security threat group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation: _____</p> <p>9. Are you or have you ever been the subject of a protection order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation: _____</p> <p>10. Have you ever been convicted of a crime involving the use or attempted use of force or a weapon against a current or former spouse, child, person for whom you were or are a guardian, person with whom you share a child, live-in girlfriend or boyfriend, or a person similarly situated to a spouse, child or person for whom you were or are the guardian? This includes disorderly conduct, stalking, harassment, or similar charge. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide an explanation: _____</p>	
<p>I hereby certify that all information I have entered on this form is accurate and complete. I understand and agree that the SDDOC may use information on this form to conduct security checks prior to and periodically throughout my employment or affiliation with the SDDOC. I understand that failure to disclose or fully disclose the requested information may be grounds for disqualification of my application or termination of my employment.</p>	
Signature	Date
Created 01/04/2015	

Attachment 3: Volunteer Work Agreement

The *Volunteer Work Agreement* form is located in the Office Templates shared folder.

South Dakota Department of Corrections Policy Distribution: Non-Public	Attachment: Volunteer Work Agreement Click here to open DOC policy 1.1.D.3 Facility ID Cards
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VOLUNTEER WORK AGREEMENT
Use ONLY for Pink and Orange ID Cards

I, _____ agree to perform the duties and responsibilities of the volunteer position mutually agreed to by myself and the South Dakota Department of _____

I understand that my services are voluntary, that I will not be compensated and that volunteer workers are provided worker's compensation coverage. I also understand that I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities.

This agreement may be cancelled at any time by notification to either party.

I have read the above agreement, understand it and agree to serve as a _____ volunteer at _____ from _____ / _____ / _____ through _____ / _____ / _____

_____	Volunteer	_____	Date
_____	Supervisor	_____	Date

Revised 6/2/2008 Page 1 of 1

Attachment 5: DOC Volunteer Acknowledgment Form

The form is located is located at: <M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\DOC Volunteer Acknowledgment Form.doc>

DOC VOLUNTEER ACKNOWLEDGEMENT FORM	
<input type="checkbox"/>	<p>By signature below, I acknowledge that I have attended the required training and have received a Volunteer Handbook. Through the discussion and presentation of the subjects during training, I understand how the issues, materials and subjects covered apply to me and the completion of my duties as a volunteer, in a safe manner, and consistent with preserving the security of the facility. I understand it is my responsibility to abide by all DOC policies and procedures, in accordance with the training.</p> <p>If I have questions about the training, materials presented or DOC policy and procedures, I understand it is my responsibility to seek clarification from the Cultural Coordinator.</p> <p>I acknowledge I have received and understood the information on the DOC's Zero Tolerance towards all forms of inmate sexual abuse or sexual harassment.</p> <p>Printed Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p style="text-align: right;"><input type="checkbox"/></p> <p>*(completed form shall be filed with the volunteer's training file).</p> <p>Revised 07/09/2019</p>