

SOUTH DAKOTA DEPARTMENT OF CORRECTIONS

Revised: January 2023



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 which includes sexual harassment, sexual misconduct, and sexual assault of an offender. The DOC will cooperate in the investigation, discipline, and prosecution of anyone involved in a sexual abuse or sexual harassment of an offender in a DOC facility or under DOC 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 (CAC):

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 offenders at the facility. This person is responsible for volunteer recruitment, maintaining volunteer records, compliance with required volunteer forms, and coordinating training for volunteers.

Major Activities/Events:

Typically, not included in the regular activities offered at the facility. Major Activities/Events require a Project Application and are subject to approval by designated staff. Offender access may be impacted by classification, housing, scheduling, status, disciplinary sanctions, available space, custody level and risk. Outside guests and visitors may participate if approved by the facility prior to the event being held.

Project Application:

A document used by offenders or volunteers to request permission from the Warden or designee to offer a major activity/event or to organize a project involving offenders and DOC resources (staffing, space, available supplies). The application may be obtained through the CAC. Must be completed and submitted to the CAC 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 offenders and staff. Offender access may be limited. Offenders are supervised by DOC staff with volunteers providing oversight of the activity as needed. Outside guests may be permitted to attend and assist with the activity with approval by the CAC.

Sexual Abuse - Staff/Volunteer/Contractor on Offender:

Engaging or attempting to engage in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.

Sexual Harassment - Staff/Volunteer/Contractor on Offender:

(1) Unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature; or (2) Verbal comments or gestures of a sexual nature, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language, or gestures.

Volunteer:

A person from the community who freely chooses to provide direct and/or indirect programming or activities to offenders at a correctional facility. Volunteers are not compelled to provide services and are not compensated for the services provided. May be an individual, organization, or members of an organization. Training and expectations will be consistent for all volunteers regardless of the frequency or amount of offender contact. Volunteers are required to review and be familiar with the *South Dakota Department of Corrections Volunteer Handbook*. Volunteers must submit required documents and forms and successfully complete all required training as follows:

Escorted access:

- Initial 8-Hour volunteer training curriculum
- an annual 4-hour refresher course thereafter

Unescorted access:

- the requirements listed above, plus
- an additional 2-Day Situational Awareness (SD DOC self-defense) training with an annual 4-hour refresher thereafter.

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 offenders.
2. The working relationship between offender groups and DOC staff is important to the safe and efficient operation of the facility. The CAC is the liaison between DOC staff, volunteers, and offenders. 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 *Background Check Authorization* (see attachment 1). This form is valid for one (1) year from the date of completion and must be submitted at least ten (10) working days prior to initial entry to the facility. DOC will complete background checks annually as part of refresher training. 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 beginning their volunteer service at the facility (See Attachment 2).
3. Each volunteer is required to sign a *DOC Volunteer Consent to Search* authorization form (See Attachment 3), *Volunteer PREA Acknowledgement of Understanding* form (See Attachment 4) and a *DOC Volunteer Acknowledgement* form (See Attachment 5) prior to having any contact with offenders.
4. Volunteers must adhere to the following requirements when accessing the facility:
 - a. Present a valid state issued ID card to the Control Room staff prior to admittance to the facility.

- b. The Control Room Officer will confirm the volunteer's identity through their valid Driver's License or another accepted photo ID and match with the name on the approved Volunteer Access List. All volunteers must be issued a facility pass identification card prior to coming inside the facility. Volunteers will not be granted entrance without the approved, color-coded pass issued to them while their state issued ID is retained in the control unit. Upon completion of volunteer activities, the state issued ID will be returned when the color-coded facility pass is returned.
- c. For security purposes, all volunteers are required to wear a "body alarm" inside all DOC facilities. These are typically issued by the control room officer prior to entry into the secure perimeter and must be returned to the control room upon departure.
- d. Volunteers will be required to pass through a metal detector prior to entering all DOC facilities. Having clothing with excessive metal parts, jewelry, etc., may delay entry. You will be required to remove outer clothing (jackets and coats, gloves, hats) and may be required to remove belts, heavy metal jewelry or shoes in order to clear the metal detectors. 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 at any time while on DOC grounds. Failure to consent to search shall be grounds for removal. Certain security requirements may apply at the facility where you volunteer, such as requiring all property brought into the facility to be in an approved clear plastic bag to make identification of the enclosed items easier. No personal cell phones, computers or tablets are allowed inside DOC facilities.
- e. Only volunteers over the age of eighteen (18) are allowed to enter a DOC facility.
- f. Volunteers cannot be relatives, friends, or business associates of an offender at the facility where they are volunteering. Volunteers also may not be on an offender's approved visit or telephone lists.
- g. Former offenders, (not currently on DOC supervision) may be permitted to volunteer or participate in activities with prior approval from the Warden.
- h. DOC staff are not permitted to volunteer at a DOC facility.
- i. No volunteer is allowed inside a facility while under the influence of illicit drugs or alcohol. Possession or introduction of such items with the intent to distribute these to an offender in a DOC facility will result in notification of local law enforcement.
- j. Volunteers may not escort other visitors or individuals who have not completed required DOC training into the facility.

C. Sexual Abuse / Sexual Harassment of an Offender:

- 1. Sexual contact or any type of romantic relationship between a volunteer and an offender is expressly forbidden and illegal.
- 2. You cannot enter in to any consensual sexual or romantic relationship with an offender. In all such relationships, the volunteer is considered the abuser. Offenders cannot provide consent.
- 3. Sexual abuse, which includes sexual misconduct, sexual assault and sexual harassment, or discrimination of any offender by a volunteer is expressly forbidden. All allegations of sexual abuse, to include sexual harassment, sexual discrimination, or sexual assault 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 offender 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.

D. Inappropriate Relationships and Prohibited Physical Contact:

- 1. Physical contact with an offender is limited to a simple handshake.
- 2. Being alone with an offender shall be avoided.

3. Volunteers may not become emotionally, romantically, financially, or sexually involved with any offender or a member of an offender's immediate family. Volunteers are expected to maintain appropriate and professional boundaries with offenders and their family.
4. Any volunteer who believes they are or may be the object of an offender's attempt to form a relationship beyond a professional level, must report the information to the CAC or supervisor immediately.
5. Volunteers must demonstrate professionalism and integrity. Volunteers must conduct themselves and perform their duties and tasks in such a way as to set a positive example for the offenders they supervise. Respect offenders and they will respect you.

E. Confidentiality:

1. Volunteers are expected to respect the integrity and confidentiality of all privileged information, including personal identifying information (PII).
2. Volunteers will always review, and control information provided to offenders. No items may be given to offenders without receiving prior approval from the CAC. This includes all reading material. Volunteers shall not divulge or otherwise release information considered sensitive or confidential to unauthorized persons. If in doubt, consult with the CAC or supervisor. Information shared with volunteers by staff may not be intended for offenders.
3. Do not use full names when discussing offenders 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 discussions with offenders about staff members, other offenders 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 offenders, you are required to discuss this in advance with the Warden. Special rules apply to interviewing staff or offenders. The DOC is sensitive to the rights of victims and the necessity of managing information released about the department, staff, and offenders. Volunteers are not permitted to take pictures of offenders or staff.

Volunteers are not permitted to discuss any volunteer activity or offender names with any media outlets.

6. Audio or visual recording equipment (including all cell phones) is not permitted in the facility. You have an affirmative duty to immediately report any information relayed to you by an offender that may cause a threat to the safety or security of the facility, staff, or offenders.
7. Endangering the well-being of staff, offenders, or the public through willful, reckless, or negligent misconduct, including willful, reckless violation of laws, rules, or policies, is violation of the DOC 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 must accommodate many activities and programs offered to offenders. Security staff has the authority to cancel, terminate or interrupt any activity or program based on the need to preserve safety, security, and the safe 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 when the activity is scheduled to start. If you must cancel an activity or are running late, contact the control room as soon as possible.
2. Remember, it takes time to get checked into the facility and to prepare for an activity. Please be patient.
3. If an activity starts late, it will still conclude at the regularly scheduled end time. Facility operations run on a schedule. If you start late, the event still ends at the time scheduled to prevent disruption of facility operations.

C. Dress Code:

1. Volunteers entering a facility shall maintain an appearance which limits distractions, such as provocative or inappropriate dress. Dress that presents a risk to safety and/or security is also prohibited.
2. Volunteers interacting with offenders or engaged in activities within a DOC facility must be cognizant of the potential dangers inherent in working in a correctional facility. This includes dressing accordingly 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, leggings, or leotards.
 - g. No clothes with any holes.
 - h. No clothing that resembles offender clothing. This includes the colors of red or orange.
 - i. No excessive jewelry.
 - j. No open-toed shoes.
4. Language, logos, symbols, pictures, designs or embroidery on clothing or clothing accessories must 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 and will not be allowed to enter the facility.
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. 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 disruptions. Prisons are unique environments which require rules and requirements to maintain safety and security.

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. Valid Driver's License. You must turn in your Driver's License to the Control Room to be issued your religious volunteer badge. The badge must be turned back into the Control Room prior to you leaving the facility at which time your driver's license will be returned. Only those volunteers who are on the approved volunteer list will be allowed inside the facility.

E. Contraband:

1. This is defined as any item an offender 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 offender or at an offender's request. Always check with the CAC before bringing in any items which are intended for distribution to offenders, it does not matter how small or seemingly insignificant.
3. The following items are not allowed in DOC facilities:
 - a) Cell phones or pagers; Smart watches are not allowed
 - b) Knives, guns, belt tools (Leatherman™ or similar multi-purpose tool)
 - c) Tobacco
 - d) Candy
 - e) Literature not approved
 - f) Purses
 - g) Radios
 - h) Food

- i) Lighters
 - j) Cameras or other recording devices
 - k) Money (in excess of \$20)
 - l) Hats
 - m) Medications
4. SDCL § 24-2-22. Possession of unauthorized articles with intent to deliver to a prisoner is a felony. Any employee or other person who delivers, procures to be delivered, or possesses with the intention to deliver to any offender in a state penitentiary, or deposits or conceals in or around any facility or place used to house offenders, or in any mode of transport entering upon the grounds of any facility or place and its ancillary facilities used to house offenders, any article which is unlawful for an offender to possess pursuant to state law or the rules of the Department of Corrections with the intent that any offender obtain or receive such article, is guilty of a **Class 6 felony**.

F. Supervision and Response to an Emergency:

1. While inside a DOC facility, you will be under the supervision of staff. This may include staff supervision through physical presence or camera monitoring. Staff may remain present or conduct regular checks while conducting rounds. If you have questions or concerns, or require assistance while inside the facility, feel free to approach any staff who are in the area supervising or conducting rounds.
2. Volunteers should have no expectation of privacy while inside the secure perimeter of a DOC facility. Some facilities require office doors to remain open when meeting with offenders or windows in the office to permit visual monitoring of offenders and volunteers.
3. If an emergency occurs within the facility, staff will provide clear instructions and direction for volunteers. 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. Dos and Don'ts:

1. Do refer offenders to staff if they require assistance or share concerns with you which you believe staff should be made aware of.
2. Do listen respectfully to what the offender is willing to share, their comments and opinions.
3. Do remind offenders who become distracted of the purpose of the activity and their responsibilities as an activity participant.
4. Do ask staff to remove disruptive offenders who are interfering with the activity, not following instructions, or not attending the activity for the intended and identified purpose.
5. Do maintain professional boundaries with offenders. 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 to interact with offenders.
6. Do remain accountable for your actions and behaviors while in the facility and interacting with staff and offenders.
7. Do be aware of your surroundings and keep yourself safe.

III. VOLUNTEER GUIDELINES

A. Interacting with Offenders:

1. The DOC appreciates your time and dedication to the volunteer program. The following is a list of positive characteristics and practices to follow while conducting all volunteer activities:
 - a. Be friendly with offenders but avoid familiarity.
 - b. Practice keeping a professional distance from offenders and their personal issues and agendas and maintain appropriate boundaries.
 - c. Be consistent- establish what is appropriate, what is not appropriate, what will not be tolerated and enforce these expectations equally and fairly.

- d. Do not be surprised when you are asked by an offender to do something that clearly violates rules or contradicts what you have learned in volunteer training. Offenders test volunteers to identify those who are willing to do things they shouldn't. Offenders will exploit those volunteers who allow themselves to be manipulated into doing things they shouldn't.
- e. Be firm but fair and recognize individual differences.
- f. Understand your access to certain offenders may be limited or otherwise not permitted. This may be based on the offender's status, custody level, medical issues, or other issues. Examples are disciplinary, mental health precautions, infirmary, capital punishment, restrictive housing, etc. Access to these restricted areas must be first scheduled with the facility so that an escort can be pre-scheduled.
- g. The CAC will assign a designated area for you to provide services and interact with offenders. Volunteers may not access **any other area** of the facility unless approval is given by the Warden and there is an escort assigned to the volunteer.
- h. Volunteers may be allowed in housing units or cells of offenders to provide religious rites and sacraments as long as they are escorted and have prior approval from the Warden or designee.

B. Maintain Your Boundaries:

1. Never accept calls or messages from offenders from within a DOC facility. This is a violation of professional boundaries. Communication with offenders should remain limited to activities and times you volunteer at the facility. This includes interacting directly or indirectly with an offender or offender families through social media. If you are contacted by an offender or their representative outside of your role as a volunteer, you must notify the CAC or DOC staff immediately.
2. If you become aware of others violating facility rules, you are required to report this to the CAC or staff member immediately. Safety and security are everyone's responsibility.
3. 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 and result in a loss of volunteer status and/or termination of the activity or even criminal charges.

IV. REQUIRED VOLUNTEER DOCUMENTATION

A. Prior to having contact with offenders, all volunteers of the South Dakota Department of Corrections (DOC) are required to complete and have on file the following:

1. Background Check Authorization form
2. Volunteer Work Agreement form
3. Consent to Search form
4. Acknowledgment of Understanding PREA Volunteer Training
5. DOC Volunteer Acknowledgement form

B. All volunteers must consent to a Criminal History Background check a minimum of once every five (5) years to comply with the PREA Screening of Staff and Volunteers requirement.

1. A volunteer will not be admitted to the facility if their criminal record reveals a history of any sexual misconduct.
2. Volunteers are required to notify the CAC within one (1) 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. Knowingly submitting false information will result in termination from the Volunteer Program.

C. Return Addresses:

Please return the above completed documents to the CAC of your respective facility.

All required documents must be completed and turned into the CAC **at least Ten (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 paperwork 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
Revised: January 2023

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|--------------------------------------|------|
| | |
| Amber Pirraglia, Director of Prisons | Date |

Attachments:

1. Background Check Authorization
2. Volunteer Work Agreement
3. Consent to Search Authorization and Registration
4. Acknowledgment of Understanding PREA Volunteer Training
5. DOC Volunteer Acknowledgment Form

Background Check Authorization

CHECK ONE: M-2 W-2 Volunteer Special Event Visitor Clergy Vendor/Contractor Tour Other

| | | | |
|-------------------------|---------------------------|--------------------------------|------------------------|
| Last Name | First Name | MI | Social Security Number |
| Maiden /Alias Names: | | | |
| Street Address/P.O. Box | City | State | Zip Code |
| Home Telephone Number | Work Telephone Number | Cell Phone Number (optional) | |
| Date of Birth | Driver's License Number # | State Issuing Driver's License | |

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.

The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers and dates of birth.

| | | | |
|------------------------|------|-----------------|------|
| Signature of Applicant | Date | Staff Signature | Date |
| Printed Name | | Printed Name | |

FOR OFFICE USE ONLY: Background Check Complete: Yes No (Attach Printouts)

| | | | |
|----------------------------------|------------------------------|-------------------------------------|------|
| Special Security/Major Signature | Date | Associate Warden/Designee Signature | Date |
| Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

VOLUNTEER WORK AGREEMENT

I, _____ understand that my services are voluntary,

that I will not be compensated and that volunteer workers are provided workers' compensation coverage pursuant to SDCL § 62-1-5.1. 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

Consent to Search Authorization and Registration

A. Under the provisions of South Dakota law, the following items are declared contraband inside a correctional institution. Guests will not introduce or attempt to introduce these items into this facility or at any location where an offender is likely to be located while such offender is in the custody and under the jurisdiction of a political subdivision of the State of South Dakota or the Department of Corrections, but not on parole.

1. Any dangerous instrument: A firearm, explosive device, or substance (including ammunition), knife or sharpened instrument, poison, acid, bludgeon, or projective device, or any other device, instrument, material, or substance which is readily capable of causing or inducing fear of death or bodily injury, the use of which is not specifically authorized.
2. Alcoholic beverages.
3. Controlled substances.
4. Marijuana and/or marijuana products.
5. Any key pattern, key replica, or lock pick.
6. Any tool or instrument that could be used to cut fence or wire, dig, pry, or file.
7. Any un-canceled postage stamp or implement of the United States postal service.
8. Any counterfeit or forged identification card.
9. Any combustible material.
10. Any drug, other than a controlled substance, in quantities other than those authorized by a physician.
11. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
12. Any drug paraphernalia: all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the laws of this state.
13. Any material which is "obscene."
14. Any chain, rope, or ladder.
15. Any cigarettes or tobacco products, tobacco substitutes, vaping products or e-cigarettes or vaping liquid.
16. Any portable electronic communication device including but not limited to cell phones, public, private, or family style radios, pagers, personal digital assistants, any other device capable of transmitting or intercepting cellular or radio signals, and portable computers; except those devices authorized by the Secretary of the DOC.
17. Any article or thing that poses or may pose a threat to the security of the DOC facility as determined by the Warden of the facility. This will include but not be limited to: matches, cigarette lighters, any substances used for brewing or making intoxicating beverages, any counterfeit or forged medium of exchange, or paraphernalia used to produce this medium, any written message, item or object that is to be sent or brought to another offender, batteries, cameras, film, flashbulbs, flashlights, pets, plant life, or any article or substance that is not specifically allowed by facility procedures.

B. Penalties:

1. Anyone violating section A is subject to an investigation and may be barred from the facility and subject to criminal prosecution.

C. Declaration of Consent:

1. Any person entering a DOC facility without a permanent DOC ID badge will have a background check completed, prior to entry into a facility or onto DOC owned property. When possible, a completed policy form Consent to Search Authorization and Registration, must be received ten (10) days in advance of the anticipated date of access.
2. As a condition of entering the property of South Dakota Department of Corrections, I hereby consent to search of my person and/or any of my personal property, or of the person of any minor children accompanying me or of any vehicle that I may bring on the grounds of this facility. I acknowledge that I have the opportunity to leave the facility immediately if I choose

- not to give this consent to search.
3. I hereby declare that I have read and understand and will abide by the provisions above. I understand that violation of any of the above provisions, or the entering of any false information on this form may result in my being banned from or denied access to any of the South Dakota Department of Corrections facilities.

Section I: Guest Data

| | |
|-------|---|
| Date: | Purpose of Visit/DOC Person of Contact: |
|-------|---|

Section II: Guest Vehicle Data

| License# | State | Make of Car | Model | Year | Color | <i>If you were a passenger, you must identify the car in which you arrived.</i> |
|----------|-------|-------------|-------|------|-------|---|
| | | | | | | |

Section III: Guest Data

| | | | | | | |
|------------------------------------|--------|-------|----------|------------------------------|--------|------|
| Name (Printed) | | | | | | |
| Last: | First: | MI: | DOB: | Sex: | | |
| Address: | | City: | | St: | Zip: | |
| Driver's License#: | | | State: | Height | Weight | Eyes |
| Social Security Number: (Optional) | | | | | | |
| Company Name If Applicable | | | Address: | | | |
| City: | ST: | Zip: | Phone: | Facility/Office/Destination: | | |

The information I have provided is correct and I have read and understand the Declaration of Consent and Waiver.

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

**ACKNOWLEDGEMENT OF UNDERSTANDING
PREA - VOLUNTEER TRAINING**

I hereby certify that I have attended the South Dakota Department of Corrections / In-service Training / Basic Training on the Prison Rape Elimination Act (PREA) and the accompanying Standards.

The Training included:

- (1) Zero-tolerance policy for sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (2) How to fulfill staff responsibilities under agency sexual abuse, prevention, detection, reporting, and response policies and procedures;
- (3) Offenders' right to be free from sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (4) The right of offenders and employees to be free from retaliation for reporting sexual abuse which includes sexual harassment, sexual misconduct, and sexual assault.
- (5) The dynamics of sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (6) The common reactions of sexual abuse which includes and sexual harassment, sexual misconduct, and sexual assault.
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with offenders.
- (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders;
 - a. How to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Date(s) training received: _____

I acknowledge that I have received the training listed above. Furthermore, I have had an opportunity to ask any questions pertaining to the training and I understand the training provided.

Volunteer Name (printed) _____

DOC VOLUNTEER ACKNOWLEDGEMENT FORM

By signature below, I acknowledge that I have attended the required training and have received and reviewed 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 as a volunteer and are consistent with preserving the safety and security of the facility. I understand it is my responsibility to abide by all DOC policies and procedures, in accordance with the training.

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 Activities Coordinator.

I acknowledge I have received and understood the information on the DOC's Zero Tolerance towards all forms of offender sexual abuse.

Printed Name: _____

Signature: _____

Date: _____

*(completed form shall be filed with the volunteer's training file).