

PROGRAM APPLICATION FORM

Date: _____

Institution: _____

Program Title: _____

Program Start Date: _____

Supervising Staff: Name & Title: _____

Staff Facilitator(s): Name & Title: _____

Volunteer Facilitator(s): Name: _____

Target Population: _____

of Participants: _____ Open or Closed Enrollment: _____

Length of Session: _____ # of Sessions per Week: _____ Total # of Sessions: _____

Materials/Supplies: _____

Funding Source: _____ Associated Costs: _____

Space Requirements: _____

Please attach applicable item:

Curriculum: Yes ☐ No ☐ Lesson Plan: Yes ☐ No ☐

*Approved programs should not deviate from the details within the approved program application. If program changes are proposed, a new program application should be submitted and until approved the program should operate based on the details within the approved program application.

Approval: Yes ☐ No ☐

 Superintendent (Print Name/Signature) Date

Approval: Yes ☐ No ☐ If EGT requested, amount recommended? _____

Special Instructions or Contingencies: _____

 Director, Program Services and Reentry Date

Approval: Yes ☐ No ☐

 Assistant Deputy Commissioner, Reentry Date

PROGRAM NARRATIVE

Program Description: (Outline of the curriculum, agenda and/or lesson plan to include a description of how the program supports the Department of Correction's mission, vision and core values. In addition, please attach a copy of the full curriculum, agenda and/or lesson plan).

Specify the treatment model (i.e.: group, one on one, discussion based etc.) utilized in the service delivery.

If applicable, specify the theory or research on which the treatment model is based, include information on program efficacy if available.

Specify the dynamic criminogenic risk factors/behaviors (i.e.: pro-criminal thinking, pro-criminal beliefs/attitudes, impulsivity, poor coping skills, relationships with criminal others, poor problem solving skills, egocentrism, low frustration tolerance) that are targeted by the program.

Describe what impact the program will have on:

- Institutional operations (ie: staffing, space requirements, associated costs)

- Victims of crime, the community, family members of offenders, staff (ie: possible objections to the program)

- Climate of the institution

- Volunteer availability

Is a deduction from sentence (earned good time credits) recommended for successful participation in this program? If so, justify why earned goodtime is appropriate and how much earned goodtime should be awarded per month?

Program Goals/Outcomes: (Identify the intended program goals/outcomes)

Rehabilitative Benefits/Spiritual Value: (Describe the immediate and future rehabilitative benefits and/or the spiritual value for the offender)

Immediate rehabilitative benefits:

Future rehabilitative benefits:

Spiritual value:

PROGRAM EVALUATION

Evaluation Process: Please have offenders complete the evaluation form on the next page to be utilized to measure offender performance.

Inmate Program Evaluation

Date: _____

Thank-you for taking time to complete this brief evaluation.

Please rate the presentation/training session:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The objectives of this program were clear to me.				
2. The classes covered all the learning objectives outlined.				
3. The new ideas presented will be helpful to me.				
4. The content was well organized.				
5. The information presented was current.				
6. The visuals and handouts were appropriate and helpful.				
7. The class provided me with new knowledge.				
8. The class provided me with new skills.				
9. Enough time was available to cover the subject matter.				

I would like future educational sessions from this presenter: Yes ☐ No ☐

I would like to see a follow-up from this session: Yes ☐ No ☐

Comments/Suggestions: _____

SPECIAL ACTIVITY APPLICATION FORM

Date: _____

Institution: _____

Special Activity Title: _____

Special Activity Start Date: _____

Supervising Staff: Name & Title: _____

Staff Facilitator(s): Name & Title: _____

Volunteer Facilitator(s): Name: _____

Target Population: _____

of Participants: _____ Length of Session: _____

Materials/Supplies: _____

Funding Source: _____ Associated Costs: _____

Space Requirements: _____

Number of Outside Guests Invited: _____ Screened for Relevance? Yes ☐ No ☐

Please attach applicable item:

Agenda: Yes ☐ No ☐

*Approved special activity applications should not deviate from the details within the approved special activity application. If special activity changes are proposed, a new special activity application should be submitted and until approved the activity should operate based on the details within the approved application or be re-scheduled.

Approval: Yes ☐ No ☐_____
Superintendent (Print Name/Signature)_____
DateApproval: Yes ☐ No ☐

Special Instructions or Contingencies: _____

Director, Program Services and Reentry_____
DateApproval: Yes ☐ No ☐_____
Assistant Deputy Commissioner, Reentry_____
Date

SPECIAL ACTIVITY NARRATIVE

Special Activity Description: (Outline of the agenda and/or lesson plan to include a description of how the special activity supports the Department of Correction's mission, vision and core values. In addition, please attach a copy of the full agenda)

Describe the structure of the special activity (i.e.: guest speaker, group discussion, community reparation activity, family re-unification activity).

If applicable specify the dynamic criminogenic risk factors/behaviors (i.e.: pro-criminal thinking, pro-criminal beliefs/attitudes, impulsivity, poor coping skills, relationships with criminal others, poor problem solving skills, egocentrism, low frustration tolerance) that are targeted by the special activity.

Describe what impact the special activity will have on:

- Institutional operations (ie: staffing, space requirements, associated costs)

- Victims of crime, the community, family members of offenders, staff (for example: possible objections to the special activity)

- Climate of the institution

-
-
-
- Volunteer availability
-
-
-

Special Activity Goals/Outcomes: (Identify the intended goals/outcomes)

Proposed Invited Guests and Relevance to the Goals/Objectives of Event:

1.

2.

3.

4.

5.

SPECIAL ACTIVITY EVALUATION

Please have offenders complete the evaluation form on the next page to be utilized to measure offender performance.

Special Activity Follow Up Evaluation

Date: _____

Name of Special Activity: _____

Please rate the presentation/training session:

The event was well organized? Yes ☐ No ☐

The activities were interactive and enjoyable? Yes ☐ No ☐

Staff were engaging and supportive? Yes ☐ No ☐

The environment was welcoming and comfortable? Yes ☐ No ☐

I would like to see a follow-up from this session. Yes ☐ No ☐

Comments/Suggestions: _____

**STANDARD VOLUNTEER APPLICATION
THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

Date: _____

Full Name: _____
Last First Middle Initial

SSN: ____/____/____ (Optional)

DOB: _____

Race: American Indian/Native Alaskan ☐ Asian ☐ Black ☐Native Hawaiian or Pacific Islander ☐ Hispanic ☐ White ☐Gender: Male ☐ Female ☐

Home Address:

Street Apt#

P. O. Box

City State Zip

Phone: Home/Cell : (____) _____ Work: (____) _____

Email: _____

Occupation: _____

Business Address 1: _____

Business Address City: _____

Business Address State: _____ Business Address ZIP: _____

Business Address Phone: _____

Name of Employer: _____

Length of Time w/Employer: _____

Foreign Languages: Speak ☐ Write ☐Have you ever been convicted of a felony? Yes ☐ No ☐

If Yes, what for? _____

Where? _____

Have you ever done volunteer work before? Yes ☐ No ☐

If Yes, where and how long? _____

Have you ever worked with inmates before? Yes ☐ No ☐

If Yes, where and how long? _____

When are you available to volunteer?

Availability	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

Do you have access to a car? Yes ☐ No ☐

If Owner of a car, Registration Number: _____

Driver License Number (SSN optional): _____

Does this volunteer job require any type of license or certification? Yes ☐ No ☐

How did you hear about this volunteer opportunity? _____

Briefly describe why you are interested in becoming a volunteer with the Department of Correction:

Are you visiting, have you visited, or are you corresponding with an inmate confined in any institution of MA Department of Corrections? Yes ☐ No ☐

If yes, please explain/identify the inmate(s): _____

Please list any known family, friends, or associates who are currently confined to any institution of the MA Department of Corrections: _____

Have you ever been employed by the MA Department of Correction? Yes ☐ No ☐

If yes, please explain: _____

Do you have any life-saving medications (nitro pills, inhalers etc) that you will need to keep on your person during your volunteer group? Yes ☐ No ☐

If yes, please provide a description of the Medication: _____

References:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

4. Name: _____ Phone: _____

Address: _____

I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on the application is subject to verification, and I consent to such verification as may be necessary in reference to my volunteer work.

Signed: _____ Date: _____

For office use only (do not write below this line):

Application Received: _____

Volunteer Coordinator: _____

Approved ☐ Denied ☐ Date: _____

Director of Treatment: _____

Approved ☐ Denied ☐ Date: _____ and/or

Deputy Superintendent: _____

Approved ☐ Denied ☐ Date: _____

APPEAL ONLY:

Superintendent: _____

Approved ☐ Denied ☐ Date: _____

Orientation Date: _____

Volunteer Assignment (Schedule): _____

AGREEMENT TO ABIDE BY RULES AND REGULATIONS

**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

I understand that as a permanent volunteer I agree to abide by The Rules and Regulations Governing all Employees of the Massachusetts Department of Correction, all applicable laws, policies and procedures governing persons within a state correctional institution.

I understand that if a friend, neighbor, relative, significant other or acquaintance becomes incarcerated in the MA Department of Correction I am obligated to report this information to the Superintendent or their designee. I understand that I must not associate with, accompany, correspond, or consort with any offender or ex-offender except for a chance meeting without specific approval of the Superintendent. I understand that I must not personally intercede for an offender regarding release or outside employment, nor endorse a petition for granting parole, pardon, commutation, or judicial matters, without the permission of the Commissioner or his designee. I understand that any other outside offender contact must be reported to the Superintendent as soon as possible. I understand that I must treat all offenders impartially and should not grant special privileges to any offender. I also understand that I must not utilize the internet and/or other social media networks to publicize or post my experience as a volunteer. I also understand that I must not post or comment on any materials written by or about an inmate.

I understand that a violation of The Rules and Regulations Governing all Employees of the Massachusetts Department of Correction, all applicable laws, policies and procedures may result in suspension and/or termination of my volunteer status.

Name: _____
Print Name

Date: _____

Signature

cc: Volunteer Services Coordinator

RELEASE OF LIABILITY

**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

I, _____ have been approved by the
(Print Name)
Superintendent of _____ to
(Correctional Institution)

work on a voluntary basis as a volunteer at the correctional institution. I release and forever discharge the Commonwealth of Massachusetts and all its officers, agents and employees acting or otherwise from any and all claims, demands, actions, or causes or action on account of my death or injury to my property or myself which may occur from any cause during the performance of the above-mentioned service.

Volunteer Signature Date

Witness Date

cc: Superintendent

**STANDARD VOLUNTEER CERTIFICATION
THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

This is to certify that _____ has
satisfactorily completed the orientation program for volunteers and volunteer programs of the
Department of Correction.

_____ shall be afforded all privileges accorded volunteers
at a state correctional institution.

Volunteer Coordinator/Director of Treatment

Institution: _____

Date: _____

Renewal Date: _____

cc: Superintendent

STANDARD VOLUNTEER RENEWAL FORM**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**Full Name: _____
Last First Middle InitialHome Address: _____
Street Apt# P. O. Box

City State Zip Code

Telephone Number: Home/Cell: _____ Work: _____

E-mail Address: _____

Volunteer Program: _____

Emergency Notification Information:

Name:	Name:
Address:	Address:
Phone # Day:	Phone # Day:
Evening:	Evening:

I, _____ agree to abide by all applicable laws, rules and regulations governing persons within the state correctional institution and the policies of the Department of Correction. I agree to notify the institution of any changes in name, address, emergency notification, arrests or convictions.

Volunteer's Signature _____ Date _____

Renewed: ☐ Yes ☐ No

Volunteers Services Coordinator _____ Date _____

Expiration Date: _____

cc: Superintendent

PLACE ON LETTERHEAD

**CONFLICT OF INTEREST LAW
ACKNOWLEDGMENT OF RECEIPT**

I have this day received in hand a copy of the Summary of the Conflict of Interest Law for Volunteers.

(Please print first and last name)

Institution

Signature of Volunteer

Date

Volunteer Orientation Receipt Form

I, (print name) _____, hereby acknowledge receipt of the following information regarding Department of Correction Volunteer rules, policies, and codes of ethics/conduct. I also acknowledge that I am obligated to familiarize myself with and fully abide by their contents:

- ☐ 103 CMR 153, CORI Regulations
 - ☐ 103 CMR 215, American Correctional Association Code of Ethics
 - ☐ 103 DOC 225, Professional Boundaries Policy
 - ☐ 103 DOC 237, Prevention and Elimination of Workplace Violence
 - ☐ 103 CMR 483, Visiting Procedures, including the visitor dress code
 - ☐ 103 DOC 519, Sexual Misconduct with Offenders
 - ☐ Department Hostage Statement
 - ☐ Suspension from Programs
 - ☐ Prison Rape Elimination Act - PREA
 - ☐ 103 CMR 485, *Volunteers and Volunteer Programs* Policy; Overall Massachusetts Regulation that defines Department Volunteer Policies and Procedures
 - ☐ 103 CMR 485, Attachment #3, Standard Volunteer Application
 - ☐ 103 CMR 485, Attachment #4, Agreement to Abide by Rules
 - ☐ 103 CMR 485, Attachment #5, Release of Liability
 - ☐ 103 CMR 485, Attachment #6, Volunteer Certification
 - ☐ 103 CMR 485, Attachment #7, Volunteer Personal Information Release
 - ☐ 103 CMR 485, Attachment #8, Volunteer Renewal Form
 - ☐ 103 CMR485, Attachment #9, Volunteer Conflict of Interest Law Acknowledgement of Receipt
- Appendix
- ☐ Rules and Regulations Governing All Employees of the Massachusetts Department of Correction: "The Blue Book" - Volunteers are held to the same standards as Department of Correction Employees.

 Volunteer Coordinator

 Date

 Volunteer Signature

 Date

**REENTRY VOLUNTEER APPLICATION
THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

Date: _____

Full Name: _____

Last
First
MI

SSN: _____/_____/_____(Optional) DOB: _____

Gender: ☐ Male ☐ FemaleHome Address: _____

Street
Apt #
P. O. Box

City
State
Zip

Phone: Home/Cell: _____ Work: _____

Email: _____

Organization Affiliated With: _____

Organization Address 1: _____

City
State
Zip

Organization Phone: _____

How long have you been a permanent volunteer for the MA DOC? _____

What program(s) did you facilitate and where did you volunteer? _____

Has your volunteer status ever been rescinded for any reason? ☐ Yes ☐ No

If yes, please explain: _____

Please describe in detail the services you will be providing post release: _____

*Application will not be considered without a letter of support from your organization.

Signature
Date

For office use only (do not write below this line):

Institutional Volunteer Services Coordinator

Date

☐ Approve

☐ Deny

Superintendent's Signature

Date