

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.

Incarcerated/Civilly Committed Individual 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: _____ Time: _____

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) **Date**

Approval: Yes No

Special Instructions or Contingencies: _____

Director, Program Services and Reentry **Date**

Approval: 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 (i.e.: 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 incarcerated or civilly committed individuals 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 incarcerated or civilly committed individual confined in any institution of MA Department of Corrections?

Yes No

If yes, please explain/identify the incarcerated or civilly committed individual(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 incarcerated or civilly committed individual.

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

PLACE ON LETTERHEAD

**PERSONAL DATA RELEASE FORM
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION**

Last Name: _____ First Name: _____ (MI): _____

Previous Name or Alias: _____

(Maiden Name, If Married): _____

Residential Address: _____
Street City/Town Zip

Have you ever resided in another state? Yes No

If yes, which state? _____

License Number: _____/_____/_____ Date of Birth: _____/_____/_____

Place of Birth: _____ Sex: _____ Race: _____

Mother's Maiden Name: _____

Father's Name: _____

I, _____, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Massachusetts Department of Correction.

I further understand that the Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal record check with the local police department, the State Police, the FBI in Washington and the Massachusetts Board of Probation, a neighborhood check as well as interview with my character references. The Department of Correction will conduct these checks as the Department deems necessary including prior to obtaining permanent volunteer status every six (6) months.

Signature

Date

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

Institutional Volunteer Services Coordinator

Date

Approve

Deny

Superintendent's Signature

Date

**Massachusetts Department of Correction
Barred Volunteer Notification Form**

Institution:
Name of Volunteer:
Address:
Social Security Number, Social Security Account Number or Driver's License Number (which is an "S" number):
Date of Birth:
Volunteer Program:
Date Barred:
Date of Reinstatement (if applicable):
Reason:

***If an incarcerated individual/ex-offender is the principal cause for the Bar, their name should show at the bottom of the form as well.**

Please fax or forward copy of forms to:

Program Services Division
50 Maple Street, Suite 2
Milford, MA 01757
Fax (508) 422-3379