

**RAPPAHANNOCK REGIONAL JAIL
P.O. Box 3300
Stafford, Virginia 22555**

(540) 288-5264
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(540) 288-5269
vcarter@rrj.state.va.us

Volunteer / Internship Application

Date of Application: _____

Volunteers

Name of Program or Activity you are applying for: (circle applicable programs)

Church Service Bible Study Gideons Islamic Study AA Group NA Group

Name of Church or Group Affiliation: _____

Interns

Name of Program or Activity you are applying for: (circle applicable programs)

PreTrial CBP Drug Court EIP Work Release

Demographic Information: (Please print information)

Last Name: _____

First Name: _____

Middle Name: _____

Social Security Number: _____

Current Street Address: _____

City/State/Zip Code: _____

How long at above address: _____ Email Address: _____

Home Phone: _____ Work Phone: _____

Current Employment

Profession: _____

Employer: _____

Address: _____

City/State/Zip Code: _____

Work Phone: _____

Title/Position: _____

Education

Highest Grade Completed: _____ Graduate: () Yes () No

Last School Attended: _____ Final Year: _____

Degree(s) Held: _____

Certificate(s) or License(s): _____

College Information and Job Experience (Interns Only)

Name of College / University: _____

Address: _____

City/State/Zip Code: _____

Degree Program: _____

Faculty Sponsor: _____ Phone Number: _____

Are you a current student? () Yes () No How many credit have you earned? _____

What is your GPA? _____

Job Title: _____

Employer: _____

Address: _____

City/State/Zip Code: _____

Work Phone: _____

Duties: _____

Job Title: _____

Employer: _____

Address: _____

City/State/Zip Code: _____

Work Phone: _____

Duties: _____

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills.

Criminal History

Have you ever been convicted of a crime or traffic offense? () Yes () No

If yes, please give details: _____

Did you plead guilty or were you convicted on any of the above charges? () Yes () No

Have your ever been incarcerated in this facility? () Yes () No

If yes, please give details: _____

Alcohol and/or Drug Use

Have you used any illegal or controlled substances in an illegal manner within the last five years? () Yes () No

If yes, please give details: (Substance, Approximate Dates) _____

Military

Have you ever been, or are you now, a member of the Armed Services? () Yes () No

Branch: _____ Discharge Date: _____

Type of Discharge: _____ Rank: _____

Job Assignment: _____

Miscellaneous

Do you have or have had any friends or family members currently or previously incarcerated in this facility? () Yes () No

If yes, please give details: (names, approximate dates) _____

Are any members of your immediate family (including in-laws) presently employed by this facility? () Yes () No

If yes, please give details: _____

Emergency Medical Information

Do you have any medical condition that we should know about in the event you may require emergency medical attention? () Yes () No

If you answered yes to the above question, please give full details below including the doctor's name, and any medications he/she prescribed (also, please state any medicine that you are allergic to):

In Case of an Emergency, notify:

Name: _____

Relationship: _____

Telephone Number: _____

References:

1. Name: _____

Address: _____

Phone: _____

Occupation: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Occupation: _____

Relationship: _____

3. Name: _____

Address: _____

Phone: _____

Occupation: _____

Relationship: _____

(All Bible Study and/or Church Service Volunteers must attach a copy of an Ordination Certificate or Letter of Recommendation from their minister to be considered)

I understand that any statement on this application, which has not been truthfully answered, is grounds for denial of my application, and may result in the removal from the Volunteer or Intern Program.

I voluntarily agree to give the Rappahannock Regional Jail Authorities permission to conduct a background check, including obtaining my criminal history. All information received from this background check will be used to determine my volunteer eligibility and will not be released for any reason without my prior approval.

I consent to references and former employers and educational institutions listed on this application being contacted regarding this application.

I understand that I will not be compensated in any way for my services. I knowingly agree to release Rappahannock Regional Jail and its staff from any personal liability resulting from my injury or death.

I agree to abide by all facility policies, particularly those relating to security and confidential information.

Volunteer/Intern Signature Date

Witness Signature Date

Notice:

All volunteers and interns will be given a volunteer handbook with which the volunteer should become familiar.

If you have any questions regarding this form, the handbook, or anything related to your assignment, please contact the Inmate Services Manager, the Inmate Services Coordinator, or the Director of Programs.

******* For Purposes of Conducting a Criminal Background Investigation *******

Race: _____ Sex: _____ Date of Birth: _____

Maiden Name: _____

Other Names Used: _____

******* DO NOT WRITE IN SPACE BELOW *******

NCIC: _____

Approved: _____ Rejected: _____

Orientation/ Training Completed: _____

Volunteer Handbook Issued: _____

Comments: _____

Sexual Misconduct / Prison Rape Elimination Act (PREA) Orientation Form

(To be disseminated to inmates, staff, contractors, vendors, visitors, volunteers, and any other government employee)

In accordance with the Prison Rape Elimination Act (PREA) and the policies and procedures of this facility, the Rappahannock Regional Jail has established a zero tolerance of staff on inmate, and inmate on inmate sexual assault, sexual abuse, and sexual harassment. Prohibits any acts of sexual misconduct, sexual violence and sexual abuse by inmates, staff, contractors, vendors, visitors, volunteers or any other government employee. Offenders alleging victimization of a sexual manner are provided the same level of law enforcement service, treatment and care as non-offenders.

- 1. Sexual Misconduct is any behavior or act of a sexual nature directed toward an inmate by inmates, staff, contractors, vendors, visitors, volunteers or any other government employee...
2. Sexual Contact includes but is not limited to: all forms of sexual contact. Intentional sexual touching or physical contact in a sexual manner...
3. Sexual Assault is any contact between the sex organ of one person and sex organ, mouth or anus of another person or object...
4. Unauthorized Relationship is a relationship with any inmate under the supervision of RRJ to include inmates, staff, contractors/vendors, visitors, volunteers...
5. Code of Virginia: (reference the codes)
a. 18.2-67.10 Sexual abuse is an act committed with the intent to sexually molest, arouse or gratify a person.
b. 18.2-64.2 Carnal knowledge: For the purposes of this section is an inmate, parolee, probationer or pretrial or post trial offender...
c. 18.2-67.4 Sexual battery: An accused is guilty of sexual battery if he sexually abuses, as defined in 18.2-67.10...
6. Exempted Processes
a. Jail activities or actions taken by RRJ, which are supported by RRJ's Policies and Procedures...
7. Prevention of Sexual Misconduct
a. Do not make sexual comments to other persons.
b. Do not engage in conversations of a sexual nature with other persons.
c. Do not expose your self to others in a sexual manner.
d. Do not participate in any acts of sexual misconduct with any person.
e. If someone makes sexual comments or exposes themselves to you, do report it immediately.
8. Reporting and Procedures for Dealing with Sexual Misconduct
a. Staff, contractors, vendors, visitors, volunteers, or any other government employee who becomes aware of or reasonably suspects that an inmate...
i. Non-staff shall report this information to a staff member immediately...
ii. Inmates do not have to name other inmates to receive assistance...
iii. Inmates are subject to being sanctioned for not reporting sexual misconduct...
c. Victims of sexual violence will be provided medical assessment...
d. Victims of sexual violence and perpetrators of sexual violence may be tested...
e. Individuals will be subject to disciplinary action...
f. All reports of sexual assault shall be forwarded directly to Command Staff immediately.

I have read or had read to me the information contained on this form which was explained to me by an RRJ staff member and I understand the information. I have received instructions for preventing and reporting sexual misconduct, sexual violence and sexual abuse.

Name (Print): _____ Signature: _____ Date: _____
Orientation conducted by Staff: (Print): _____ Signature: _____ Date: _____
Staff must witness if individual refuses to sign. (Print): _____ Signature: _____ Date: _____

**RAPPAHANNOCK REGIONAL JAIL
Volunteer Program**

Release of Liability

I, the undersigned, have been advised and understand the risk of bodily harm that is associated with working within a correctional environment. Therefore, I release the Rappahannock Regional Jail of any liability and agree to hold them harmless from any and all claims, demands, suites, actions, and proceedings of any kind or nature by or in favor of myself, my heirs or devisees, who may claim damages resulting from or in connection with loss of my life or bodily and personal injury arising, directly or indirectly, out of or from any occurrence in, upon or at the Rappahannock Regional Jail.

Further, I agree to abide by all facility policies, particularly those relating to security and confidential information.

Signature: _____ Date: _____

Witness: _____ Date: _____