



<u>ADMINISTRATIVE REGULATION</u>		REGULATION NUMBER 900-01	PAGE NUMBER 1 OF 10
 COLORADO DEPARTMENT OF CORRECTIONS		CHAPTER: Offender Program Services	
		SUBJECT: Volunteer Programs	
RELATED STANDARDS: ACA Standards: 2-CO-1G-01 through 2-CO-1G-10, 2-CO-5E-01, 2-CO-5E-02, 4-APPFS-1C-03, 4-APPFS-1C-04, 4-APPFS-1C-05, 4-APPFS-1C-06, 4-APPFS-1C-07, 5-ACI-1A-14, 5-ACI-1G-01, 5-ACI-1G-02, 5-ACI-1G-03, 5-ACI-1G-04, 5-ACI-1G-05, 5-ACI-1G-06, 5-ACI-1G-07		EFFECTIVE DATE: July 15, 2024	
		SUPERSESSON: 10/01/22	
		 Moses (André) Stancil Executive Director	
OPR: DOP	REVIEW MONTH: AUGUST		

I. POLICY

It is the policy of the Colorado Department of Corrections (DOC) to ***secure citizen involvement in agency programs, including service as advisors, interpreters, and similar direct service roles [2-CO-1G-01][2-CO-5E-01]*** by utilizing volunteers who have appropriate training, maturity, life, and/or professional experiences to enhance facility programs and to fill offender and agency needs. ***[4-APPFS-1C-03]***

II. PURPOSE

It is the purpose of this administrative regulation (AR) to establish guidelines ***governing the recruitment, selection, orientation, training, and supervision of volunteers for volunteer programming within the DOC through Faith and Citizen Programs. [2-CO-1G-04] [4-APPFS-1C-04]***

III. DEFINITIONS

- A. Ex-Offender: Any individual who has been convicted of a felony and has been discharged from the jurisdiction of the DOC or any other correctional jurisdiction for a period of 3 or more years.
- B. Facility Access Check: A review of records collected and stored in the criminal record repository of the National Crime Information Center (NCIC), Colorado Crime Information System (CCIS), Colorado Department of Corrections offender visiting database, and, if necessary, the Colorado Integrated Criminal Justice Information Center (CICJIS).
- C. Facility Volunteer Coordinator: A full-time, qualified DOC employee designated by the administrative head, who is responsible for organizing, monitoring, and managing the facility's volunteer programs and faith issues.
- D. Faith and Citizen Programs Guest: An individual participating in an authorized Faith and Citizen Program for a limited period, not to exceed four times per year, DOC-wide, unless specifically approved by the Faith and Citizen Programs coordinator. Guests will be under constant supervision by DOC employees or approved

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volunteers, as determined by the administrative head/designee. Guests will be required to read and sign AR Form 900-01J, Guidelines for Guests. Guests will be subject to the same requirements as an approved volunteer.

- E. Faith and Citizen Programs Regional Coordinators: Full-time, qualified DOC employees who are responsible for overseeing citizen involvement and community resources program for the benefit of offenders, within the facilities assigned. These individuals coordinate and oversee all volunteer activities and offender faith-based issues, in collaboration with the Faith and Citizen Programs Administrator and the facility administrative head or designee.
- F. Former Offender: A person who has been found guilty of committing a felony, has been sentenced to any DOC, and less than three years have elapsed since their release from custody or any type of supervision.
- G. Volunteer: A person approved by Faith and Citizen Programs and the respective facility administrative head or designee to provide services without compensation for DOC correctional programs.

IV. PROCEDURES

A. Faith and Citizen Programs Recruitment and Selection

1. ***Efforts will be made to recruit volunteers from all cultural and socioeconomic segments of the community, [5-1F-4116] [4-APPFS-1C-05]*** including retirees and the physically challenged or disabled.
2. Volunteers must be at least 21 years of age. Exceptions may be made for programs that have no unsupervised offender contact.
3. ***Volunteers may perform professional services only when they are certified or licensed to do so. [5-1F-4118] [4-APPFS-1C-04]*** The DOC does not utilize volunteers in the delivery of health care services. Copies of certification or license will be required and maintained on file with Faith and Citizen Programs.
4. Ex-offenders and former offenders may be considered for volunteer work. The Faith and Citizens Programs Administrator will track all approved ex-offender and former offender volunteers. Former offenders can be approved on an individual basis.
5. Relatives of current DOC offenders may be accepted as volunteers if their facility access check is approved, but will not be allowed to volunteer in the facility where they have a relative without submitting a written request to the CDOC Faith and Citizen Programs Administrator. The request must include the name of the offender, the offender's assigned facility and the intent of the contact. The request will be reviewed by the CDOC Faith and Citizen Programs Administrator, who will seek approval from the appointing authority at the facility where the volunteer program is held. A copy of the request and decision will be kept in the volunteer file and shared with the facility.
6. DOC employees may not volunteer in any program designed for DOC presentation without approval from the appointing authority.
7. All volunteers and volunteer programs are subject to the approval of the facility administrative head or designee through AR Form 900-01F, Program Description and be subject to the same policies and procedures as DOC employees (reference AR 1450-01, *Code of Conduct*).
8. In Case of Injury: Volunteers are not covered by Workers' Compensation insurance; however, if injured, a person who witnessed the incident must fill out AR 200-04B, Report of Accident, Incident, or Condition

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(non-automobile). This form is available through the facility staff resource coordinator. The witness will submit the form to the Employee Benefits Unit. Risk Management will determine if there is DOC liability.

9. Legal Defense and Indemnification: If a volunteer was:

- a. Acting at DOC's request;
- b. Acting under DOC's control; and
- c. The service was to benefit DOC,

The volunteer would have the same liability protection, through the Office of the Attorney General, as a DOC employee.

B. Volunteer Approval Process: *There is an official registration and identification system for volunteers. [2-CO-1G-06] [5-1F-4117]*

1. Submission of Application:

- a. Potential volunteers will complete AR Form 900-01A, Volunteer Application and submit it to the Faith and Citizen Programs. Potential volunteers will be affiliated with an authorized program.
- b. ***The DOC requires a facility access check on all volunteers who have direct unsupervised contact with offenders. [2-CO-1G-05]*** Faith and Citizen Programs will conduct a facility access check on each volunteer application.
- c. All volunteer applications from ex-offenders and former offenders will be reviewed for approval by the affected administrative head.
 - 1) Former offenders that are under any type of supervision are required to submit a letter of recommendation from their parole officer, probation officer, etc.
 - 2) Former sex offenders, as identified in PREA standards 115.17(a)/217(a)/317(a), may be approved for red badge volunteer service when that former offender is utilized in programs to aid in rehabilitative programming for inmates, detainees, or residents. The administrative head may approve an individual who would otherwise be prevented from volunteering without violating the standards only if the administrative head or designee:
 - a) Determines that the individual does not pose a safety threat, based on considerations such as the length of time that has passed since the activity described in standard 115.17(a)(1)-(3), the evidence of rehabilitation on the part of the individual, or other relevant factors, and documents all relevant factors and rationale leading to the safety threat determination.
 - b) Considers the individual to be important to the success of a specialized inmate rehabilitative program.
 - c) Does not permit the individual to have contact with inmates without staff supervision (e.g., circumstances where an individual would have the opportunity to potentially sexually abuse an inmate, due to the ability to privately interact with, or to supervise, inmates).

For example, a presentation by an ex-offender, to a group of inmates, under constant in-person staff supervision, would be acceptable under this section, so long as the above requirements have been met.

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- d. Written notice of approval or denial will be sent by Faith and Citizen Programs to all volunteers submitting an original application. Copies of decisions will be forwarded to the parole or probation officer of former offender applicants.
- e. An annual update application must be submitted within 12 months of the last approved application. Failure to do so will result in inactivation of volunteer status 14 months after the last application was received. **[4-APPFS-1C-04]**

2. Training and Orientation:

- a. ***Each worker is to complete appropriate, documented training and orientation programs prior to assignment. [2-CO-1G-07] [5-1F-4119] [4-APPFS-1C-04] [4-APPFS-1C-06]***
- b. Chaplains working over 21 hours per week, and who have direct offender contact, will complete the Corrections Training Academy. All chaplains will wear DOC identification.
- c. Faith and Citizen Programs will schedule and coordinate the eight-hour Basic Volunteer Training and the four-hour Update Volunteer Training. **[4-APPFS-1C-04]**
- d. All volunteers and contractors who have contact with offenders will receive basic volunteer training as well as a facility specific orientation regarding their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors will be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Facility specific orientation will be required prior to providing any services at the facility and should be completed within 90 days of the successful completion of Basic Volunteer Training. Any deviations from this process will be approved by the administrative head. Volunteers and contractors must complete a facility specific orientation at each facility where they provide services.
- e. Volunteers will be required to sign AR Form 900-01B, Volunteer Agreement at each training. ***All volunteers must agree, in writing, to abide by all DOC ARs and facility procedures, particularly those relating to the security and confidentiality of information. [2-CO-1G-08] [2-CO-5E-01] [4-APPFS-1C-04] [4-APPFS-1C-07] New or revised policies and procedures will be disseminated to designated DOC employees and volunteers prior to implementation. [5-1A-4014]***
- f. It is the responsibility of the volunteer to keep track of their training date anniversary. Failure to attend update training within 12 months of the volunteer's training anniversary date will result in the volunteer becoming inactivated 14 months after the last training completion.
- g. Current information will be provided to the volunteers through the volunteer newsletter, the DOC Web site, and Update Volunteer Training. **[5-1A-4014]**
- h. All volunteer information will be entered and maintained in the Volunteer Tracking System. Facility DOC employees will ensure that no offender has access to the Volunteer Tracking System.

C. Volunteer and Guest Access to Facilities

- 1. Upon arrival at a facility, volunteers and guests will sign in with a main entry officer who will verify volunteer and guest status based upon the Approved Volunteer & Education Contractor List found in

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Google Drive, the current DCIS volunteer roster, or facility memo. For security purposes all volunteers must sign in. Volunteers will only appear on a facility's volunteer roster if their application is current, their training is current and the administrative head or designee has approved their facility specific orientation.

2. Volunteer ID Cards will be made by individual facilities in collaboration with the Backgrounds Investigation Unit for approved volunteers to access the facility for volunteer services. The ID will be labeled "Volunteer" and include a photo, name, and date issued on the front of the card. The back includes date of birth, height, weight, color of hair and eyes, and sex. Approved volunteers that do not have a Volunteer ID Card will be issued a green badge in accordance with AR 300-27, *Access and Control*.
3. Guests will be permitted at the discretion of the administrative head or designee and will be issued a red badge, in accordance with AR 300-27, *Access and Control*.
4. Ex-offenders and former offenders may request to attend a volunteer program as a guest.
 - a. Former sex offenders, as identified in PREA standards 115.17(a)/217(a)/317(a), may be approved for red badge volunteer service when that former offender is utilized in programs to aid in rehabilitative programming for inmates, detainees, or residents. The administrative head may approve an individual who would otherwise be prevented from volunteering without violating the standards only if the administrative head or designee:
 - 1) Determines that the individual does not pose a safety threat, based on considerations such as the length of time that has passed since the activity described in standard 115.17(a)(1)-(3), the evidence of rehabilitation on the part of the individual, or other relevant factors, and documents all relevant factors and rationale leading to the safety threat determination.
 - 2) Considers the individual to be important to the success of a specialized inmate rehabilitative program.
 - 3) Does not permit the individual to have contact with inmates without staff supervision (e.g., circumstances where an individual would have the opportunity to potentially sexually abuse an inmate, due to the ability to privately interact with, or to supervise, inmates).

For example, a presentation by an ex-offender, to a group of inmates, under constant in-person staff supervision, would be acceptable under this section, so long as the above requirements have been met.
5. A facility access check will be completed at the facility level for all guests. AR Form 900-01J, Guidelines for Guests will be completed by the potential guest and submitted with the information necessary to complete the facility access check. The facility administrative head will make the final determination of approval or denial for guest access. Guest access will be authorized by a memo signed by the administrative head or designee, which specifies the date and time of access. Clearance should be completed at least two weeks prior to a program. Access to a DOC facility will be in accordance with AR 300-27, *Access and Control*.
6. All non-English speaking volunteers are required to be accompanied, at all times, by an approved volunteer, capable of translating for that volunteer, or by a translator device.
7. Volunteers that are approved to attend multiple programs and/or visits in a single day will process into the facility and then exit the facility for each program and/or visit separately, at the discretion of the appointing authority in accordance with AR 300-27, *Access and Control*.

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D. Correspondence and Visiting

1. Volunteers may not give an offender any of their personal information without approval from the CDOC Faith and Citizen Program Administrator.
2. A volunteer may not be on any offender visiting list, unless it is an immediate family member (as described in AR 300-01, *Offender Visiting Program*) without submitting a written request to the CDOC Faith and Citizen Programs Administrator. The request must include the name of the offender, the offender's assigned facility and the intent of the contact. The request will be reviewed by the CDOC Faith and Citizen Programs Administrator, who will seek approval from the appointing authority or designee at the facility where the volunteer program is held. A copy of the request and decision will be kept in the volunteer file and shared with the facility.
3. Volunteers who resign from or are terminated by Faith and Citizen Programs may not be placed on an offender's visiting list for a period of three years and are subject to the requirements and exclusions referenced in AR 300-01, *Offender Visiting Program* and AR 850-12, *Telephone Regulations for Offenders* (phone list restriction).
4. A volunteer requesting to maintain a pro social relationship with an offender that attends their volunteer program, is within 6 months of being released, or has been released but it has been less than 3 years since their sentence was discharged must submit a written request to the CDOC Faith and Citizen Programs Administrator. The request must include the name of the offender, the offender's assigned facility, the means of contact (phone, written, visitation, etc) and the intent of the contact. The request will be reviewed by the CDOC Faith and Citizen Programs Administrator, who will seek approval from the appointing authority at the facility where the volunteer program is held. A copy of the request and decision will be kept in the volunteer file and shared with the facility.

E. Volunteer Program and Material Approval Process

1. All perspective volunteer program providers must complete and submit AR Form 900-01F, Program Description and submit it to Faith and Citizen Programs. All new programs that utilize volunteers must be approved by Faith and Citizen Programs, in consultation with executive administration.
2. New volunteer programs will be reviewed for implementation biannually in February and August. Program approval will be through the HQ Prison Programs Unit and Faith and Citizen Programs.
3. Final approval and implementation of all new programs will be at the discretion of the facility administration.
4. Any changes to existing programs must be reviewed and approved by the Faith and Citizen Programs Administrator prior to implementation. Program evaluations will be conducted after the initial session of the program and annually, thereafter (See AR Forms G and H).
5. All program material or items not listed in the original program description must be pre-approved in written memo form by the facility administrative head or designee at least two weeks in advance of implementation.
6. Volunteers may only work with those programs for which they have received approval through Faith and Citizen Programs. Volunteers will only be approved to participate in a maximum of two programs. Exceptions must be approved in writing by the Faith and Citizen Programs Administrator and the administrative head

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F. Special Events

1. Special events are intended for organizations and groups to present an offender function on a limited basis at one or multiple facilities. Special event providers will make a request for their presentation by completing AR Form 900-01I, Special Event Proposal. Any request for modification of special events will be reviewed and approved by the Faith and Citizen Programs Administrator and administrative head. Requests must be received by the facility or Faith and Citizen Programs for processing at least six calendar weeks prior to the presentation. No changes to the program will be allowed within three weeks of the event. **No changes to the volunteer or guest roster will be allowed within two weeks of the event.**
2. Special event proposals which are requesting to be held at only one facility must be submitted to that facility for approval. Events proposed at multiple facilities will be submitted to the Faith and Citizen Programs office for processing and then forwarded to facility volunteer coordinators. All facility access clearance information should be submitted with the proposal. Incorrect information will be grounds for denial of an individual.
3. Facilities engaging in the special event may display postings to announce the event to offenders.

G. Volunteer Program Supervision

1. Level V facilities which houses multi-custody offenders (Sterling Correctional Facility, Denver Women's Correctional Facility, Denver Reception and Diagnostic Center, Colorado State Penitentiary/Centennial Correctional Facility) will specify gathering limits in facility policy as designated by the administrative head. Facilities can further restrict gatherings size based on room capacities, number of volunteers present, supervision available, time and space, and compelling government interest.
 - a. When a volunteer is present, any offender, regardless of their faith group affiliation, can attend any group gathering, except American Indian pipe ceremony. Volunteers that provide faith group gatherings will provide worship and study services appropriate to the individual volunteer's faith expertise. Offenders are not required to attend volunteer-led faith group programs, but attendees will adhere to dress code and behavior standards that are appropriate and respectful to the faith group that the volunteer represents when they choose to attend a volunteer led program.
 - b. Volunteer(s) are providing supervision, limitations will be as follows:

Group Gathering	MCC	MCU/HR, MCU, CCTU	Close	Medium	Minimum Restricted	Minimum
With Volunteer	None	At the discretion of the appointing authority	12:1	20:1	30:1	35:1

H. Suspension and/or Termination

1. Individuals or programs covered by this AR may be suspended and/or terminated, with or without cause, by the facility administrative head or designee, or the Faith and Citizen Programs Administrator or designee. Prior to any suspension or termination, a report from the facility explaining the reason for the action will be sent to Faith and Citizen Programs for placement in the individual's or program's file. **[4-APPFS-1C-04]**

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2. Upon suspension or termination of volunteer service, all DOC-owned equipment or material must be returned to the facility program manager or designee.
3. Volunteers who are suspended and/or terminated will receive a letter regarding the action from Faith and Citizen Programs.
4. Suspended individuals may apply for reconsideration of their volunteer status upon completion of their suspension. Those who are allowed to return to active volunteer status will be required to successfully complete Basic Volunteer Training and may be required to take additional training specified by the Faith and Citizen Program Administrator.
5. A volunteer suspended at one facility for inappropriate actions will be prohibited from accessing other or all DOC facilities.
6. Volunteers who have been terminated may not reapply for volunteer status.
7. Volunteers observed proselytizing will be suspended or terminated. Incidents of proselytizing will be documented on an incident report form and copied to Faith and Citizen Programs.

I. Chain of Command: The lines of authority, responsibility, and accountability for citizen involvement and Faith and Citizen Programs, to include all religious programs, [2-CO-1G-03] [2-CO-5E-02] [5-1F-4115] [4-APPFS-1C-04] are as follows:

1. The Faith and Citizen Program Administrator is responsible for the supervision of Faith and Citizen Programs.
2. Within each facility the administrative head or designee is responsible for the supervision of volunteers and programs.
 - a. *A current schedule of volunteer services will be posted in conspicuous and accessible areas of the facility [2-CO-5E-01] [5-1F-4121]* so all offenders are aware of the programs available.
 - b. The facility administrative head or designee will include accurate volunteer program statistics on AR Form 900-01D, Volunteer Statistics and enter volunteer hours in DCIS on a monthly basis.
 - c. AR Form 900-01D, Volunteer Statistics the volunteer program schedule of services, and AR Form 800-01B, Facility Monthly Chaplain's Report will be forwarded to the appropriate regional volunteer coordinator on a monthly basis.
3. The Faith and Citizen Programs coordinator and regional coordinators will serve as liaisons with the facility's administrative heads or designees, chaplains, and program agencies.

J. Volunteer Suggestion Process

1. *Volunteers are encouraged to contribute suggestions regarding the update and review process of ARs and/or procedures for Faith and Citizen Programs. [2-CO-1G-09] [5-1F-4122]*
2. Written suggestions may be sent to Faith and Citizen Programs. Additional written suggestions may be made through the training class evaluation and the DOC Website.

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V. RESPONSIBILITY

- A. It will be the responsibility of the Faith and Citizen Programs Administrator or designee *to review and evaluate volunteer or mentoring programs, at a minimum of once annually. [2-CO-1G-10]*
- B. It will be the responsibility of the Assistant Director of Training and the Faith and Citizen Program Administrator or designee to develop, review, update, and implement the basic volunteer training and update volunteer training. In addition, the Assistant Director of Training will identify and credential the instructors for this training.
- C. It will be the responsibility of each facility administrative head or designee to provide some form of volunteer appreciation event annually.
- D. It will be the responsibility of the director of Prisons to review this AR annually and update as necessary.

VI. AUTHORITY

- A. C.R.S. 13-21-115.5. Volunteer service act - immunity - exception for operation of motor vehicles.
- B. C.R.S. 13-21-116. Actions not constituting an assumption of duty - board member immunity - immunity for volunteers assisting organizations for young persons.
- C. C.R.S. 17-19-101. Visitors at correctional facilities.
- D. C.R.S. 17-31-101. Legislative declaration.
- E. C.R.S. 17-31-102. Definitions.
- F. C.R.S. 17-31-103. Volunteers - rehabilitation and transition - programs.
- G. C.R.S. 17-31-104. Right to visit offenders.
- H. C.R.S. 24-10-103(4)(a). Definitions.
- I. C.R.S. 24-10-106(1)(a). Immunity and partial waiver.
- J. C.R.S. 24-10-110. Defense of public employees - payment of judgments or settlements against public employees.

VII. HISTORY

October 1, 2022
October 1, 2021
September 1, 2019
April 1, 2019
April 1, 2018
April 15, 2017
November 1, 2016
August 1, 2016
November 15, 2015
November 1, 2014
April 1, 2013
May 15, 2012
January 15, 2011
January 15, 2010
December 15, 2008
January 15, 2008
December 15, 2007
December 15, 2006
March 15, 2006

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ATTACHMENTS:

- A. AR Form 900-01A, Volunteer Application
- B. AR Form 900-01B, Volunteer Agreement
- C. AR Form 900-01C, Variance for Volunteers Under Twenty-One
- D. AR Form 900-01D, Volunteer Statistics
- E. AR Form 900-01E, Facility Specific Orientation
- F. AR Form 900-01F, Program Description
- G. AR Form 900-01G, Program Review: Facility Volunteer Coordinator /Designee Assessment
- H. AR Form 900-01H, Program Review: Participant Assessment
- I. AR Form 900-01I, Special Event Proposal
- J. AR Form 900-01J, Guidelines for Guests
- K. AR Form 100-01A, Administrative Regulation Implementation/Adjustments



Faith and Citizen Programs Volunteer Application

Check One: *New Volunteer* *Annual Update*
 Mail completed form to: **Colorado Department of Corrections** Phone: (719) 226-4291
 c/o Faith and Citizen Programs Administrator
 1250 Academy Park Loop
 Colorado Springs, CO, 80910

Or email completed form to: doc_volunteering@state.co.us

Please print or type your LEGAL name as it appears on your driver's license.

Last Name First Name MI Gender M F

Other Names Used (Maiden, Alias, Etc.) Birth Date (MM-DD-YYYY) - -

E-Mail Address

Address (please notify FCP of any change of address)

City/Town State Zip Code

(Notify FCP of any change of phone number or address within 24 hours to stay current in our system)

Area Code/Home Phone - - Area Code/Work Phone/Extension - - E X T

Social Security - - Ethnicity
 Driver's License: State #

In Case of Emergency Notify:
 Name: Phone: ()

Name of Approved DOC Program: <input type="text"/> Address <input type="text"/> Phone <input type="text"/> E-Mail: <input type="text"/> Name of Program Leader: <input type="text"/> Signature of Program Leader: <input type="text"/>	Are you receiving any school credit/compensation for your volunteer service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: <input type="text"/> <input type="text"/> <input type="text"/>
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Facility Preference: Please check one or more Any Facility <input type="checkbox"/>							
Arkansas Valley Corr. Fac.	<input type="checkbox"/>	ACC, FMCC,(CMC)	<input type="checkbox"/>	Den. Women's Corr. Fac.	<input type="checkbox"/>	San Carlos Cor. Fac	<input type="checkbox"/>
Beacon at Skyline	<input type="checkbox"/>	Colorado State Penitentiary	<input type="checkbox"/>	Fremont Cor. Fac.	<input type="checkbox"/>	Sterling Cor. Fac	<input type="checkbox"/>
Bent County Corr. Fac.	<input type="checkbox"/>	Crowley County Corr. Fac.	<input type="checkbox"/>	La Vista Cor. Fac.	<input type="checkbox"/>	Territorial Cor. Fac	<input type="checkbox"/>
Buena Vista Corr. Fac.	<input type="checkbox"/>	Delta Cor. Cntr.	<input type="checkbox"/>	Limon Cor. Fac.	<input type="checkbox"/>	Trinidad Cor. Fac.	<input type="checkbox"/>
Centennial Corr. Fac.	<input type="checkbox"/>	Denver Reception and Diagnostic	<input type="checkbox"/>	Rifle Corr. Cntr.	<input type="checkbox"/>	Youthful Off. Sys.	<input type="checkbox"/>

For DOC Use Only (Please leave this section blank)	Visiting: <input type="text"/> Criminal Record Check By: <input type="text"/> Date Investigation Completed: <input type="text"/> Application Reviewed By: <input type="text"/> Application Is: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Review <input type="checkbox"/> Reason: <input type="text"/>
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Offender Relationships - Please answer each question (no or yes)	No	Yes
1. Are you related to any CDOC offender (including probationer or parolee)?		
2. Within the last two years have you visited (outside of your volunteer program) with any CDOC Offender (including probationer or parolee)?		
3. Within the last two years have you written to or corresponded with any CDOC offender (including probationer or parolee)?		
4. Have you, or someone you know, <i>EVER</i> been victimized by a current CDOC offender?		
5. Do you currently have any legal action involving any CDOC offender?		
If yes explain below. Including names, CDOC numbers relationship, facility, etc. Attach additional explanation if necessary.		

Criminal History: False or incomplete information on this application will be grounds for denial or termination. A Criminal record does not necessarily make you ineligible for volunteer service.

Please answer each question (no or yes)	No	Yes			
1. Have you <i>EVER</i> been arrested, charged or convicted of any sex-related offense?					
2. Have you <i>EVER</i> been arrested, charged or convicted of any felony?					
3. Have you been arrested, charged or convicted of any misdemeanor within the last 10 years?					
4. Have you <i>EVER</i> been incarcerated in a correctional facility?					
5. Are there ANY charges pending against you for any criminal offense?					
If yes, complete the blanks below and attach additional explanation if necessary. Please ensure to list all misdemeanors from the last 10 years and all felony charges, regardless of when they occurred.					
Month/Year	Offense or Charge	Disposition	Arresting Agency	City	State

New volunteers must attend Basic Volunteer Training within six months of application approval.

To remain active, please notify the Faith and Citizen Programs whenever your address changes. Thank you.

I understand this form is the first step in becoming a Colorado Department of Corrections volunteer. If approved I will be required to complete a basic volunteer training and a facility specific orientation for each facility I am approved to access. I understand I will be required to adhere to all Colorado Department of Correction rules and regulations, including but not limited to those pertaining to security, searches, offender relations, contraband, PREA and professional conduct. I understand each administrative head has final discretion to approve or deny my volunteer service at the facility level.

I authorize representatives of the Colorado Department of Corrections to make any and all appropriate inquiries regarding my background and I release the Colorado Department of Corrections and its representatives from any liability which may result from such action.

SIGNATURE: _____ DATE: _____



Volunteer/Contract/Temp/Intern Agreement

Instructions: Please read each item and affirm your agreement by signing below.

1. I agree to abide by all Colorado Department of Corrections (DOC) administrative regulations that have been or may be established.
2. I agree to abide by all state and federal statutes regarding confidentiality requirements. I agree to keep all privileged information obtained in the performance of my volunteer services confidential.
3. I agree to allow DOC employees to routinely search all packages, briefcases, handbags, and other carried items. I agree to submit to random metal detector searches and/or pat searches as directed by the administrative head, or designee. Pat searches will be conducted by an employee of the same sex as the person being searched. I agree to allow DOC employees to search any vehicle entering or leaving correctional facilities' parking lots. I understand if a security violation is discovered I will be asked to leave the facility, and if necessary, the local law enforcement agency may be notified. A security violation will result in termination of my volunteer status.
4. I agree to maintain professional conduct and adhere to security procedures including but not limited to the following:
 - a. *Refrain from giving anything to offenders, including personal information.*
 - b. *Refrain from taking anything in or out of any facility (except program items).*
 - c. *Refrain from leaving anything behind for use by offenders.*
 - d. *Refrain from interviewing and/or taking photographs, without prior approval.*
 - e. *Refrain from any written, electronic or telephone contact with offenders outside of my program description.*
 - f. *Refrain from all types of personal and/or physical relationships with offenders.*
 - g. *Make all donations of books and materials through Faith and Citizen Programs for general offender use.*
 - h. *Immediately report any information related to criminal activity, or misconduct to the appropriate DOC authority. [2-CO-5E-02]*
5. I agree to adhere to scheduled programming times, follow the prescribed sign-in procedures and follow all directions given by DOC employees.
6. I understand the PREA and Zero Tolerance training I received and the processes to report such incidents.

Print Full Name _____	DOB _____
Signature _____	Date _____



Variance for Guests Under Twenty-One

Guest Name: _____

Address: _____

Telephone: (____) _____ DOB ____/____/____ I am _____ years old.

I would like to visit (facility name) _____

My duties will consist of: _____

Facility Volunteer Coordinator is: _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Only required if the volunteer is under 18 years of age.

Facility Volunteer Coordinator: _____ Date: _____

Facility Administrative head or designee: _____ Date: _____



Volunteer Statistics

FOR Quarter # _____ Year _____ Facility: _____ Volunteer Coordinator: _____

Information Needed for Programs Held	Month	Month	Month	Quarter Total	Year to Date
1. Number of Formal Religious Services					
2. Number of Other Religious Programs					
3. Number of Religious Seminars/Special Events					
4. Number of Offender Participants in Religious Programs					
5. Number of Non-Religious Programs					
6. Number of Offender Participants in Non-Religious Programs					
7. Total Number of Offender Participants					
8. Number of Offenders Served					
9. Number of Volunteers					
10. Number of Volunteer Hours Served					
11. Number of Full-time Chaplains				N/A	N/A
12. Number of Part-time Chaplains				N/A	N/A
13. Total Chaplain Hours Served					
14. Number of Emergency Notifications					

1. Protestant/Catholic church services, Jewish services, Islamic Jumah, American Indian sweat lodges, Holy days (count each gathering as one service), etc.
2. Kairos, Prison Fellowship, Freedom Fellowship, Bible studies, seminars, workshops (count each gathering as one service/program), etc.
3. Special Event (yard/gym events) Count as one program, not each day.
4. Count each offender participant as one in each religious program/service, each time they attend.
5. AA, NA, SA, Celebrate Recovery, Re-Entry, clerical, education volunteers, crafts, speakers, etc.
6. Count each offender participant as one in each non-religious program each time they attend.
7. Total number of participants in all programs (sum of #4 and #6).
8. Count each offender **one time only** for a total count of how many individuals participated for the month no matter how many times they attend a program/service.
9. Count each volunteer one time per month only, no matter how many times they accessed the facility.
10. Count actual program hours served each month. Do not include drive time. Each facility is responsible for tracking and entering volunteer hours into the volunteer management program on DCIS - use VOLUNTEER and enter in information in ETVOLHRS.
11. Number of Full-time Chaplains 21 or more hours per week.
12. Number of Part-time Chaplains 10-20 hours per week (others are volunteers).
13. Number of Chaplain hours served to include ministry enhancement.
14. Be sure to use Form 800-1B. Count all notifications made.

xc: administrative head, program manager, Faith and Citizen Programs Regional Coordinator



Facility Specific Orientation

Facility/Office: _____

Name: _____ DOB: _____
(Print - Last, First, Mi)

Mailing Address: _____

Phone Number: _____

Email Address: _____

Ethnicity : _____ Gender: _____

Program Affiliation: _____

Original (Or Last) Training Date And Location: _____ - _____

Initial Each Item Covered During Orientation:

Dress Code: _____ Access / Sign-In Procedure: _____ Contraband: _____ PREA: _____

Facility Tour: _____ Custody/Control Posts: _____ Emergency Response: _____

Signature: _____ Date: _____
Volunteer/Contract/Temp/Intern

Volunteer Coordinator: _____ Date: _____

Administrative Head Approval: _____ Date: _____
(Required For Volunteer/Contract/Temp/Intern Access)

Notes, Comments, Reason For Denial: _____

Original: Facility Volunteer File
Copy: Faith and Citizens Program Volunteer File



Program Description

Mail completed form to:

Colorado Department of Corrections
Faith and Citizen Programs Administrator
1250 Academy Park Loop
Colorado Springs, CO 80910

This form is to be completed by the program leader ONLY.

Name of Program: _____

Program Leader (Must be an active volunteer): _____

Credentials of Program Leaders: (Do they have professional credentials? Background? Who is your covering authority?)

Address: _____

Phone Number: _____
Fax: _____
Email: _____

Type of Program: (Please check as many as applicable)

- | | | |
|--|---|---|
| <input type="checkbox"/> Faith Based/Spiritual/Religious | <input type="checkbox"/> Education | <input type="checkbox"/> Spanish Speaking |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Parenting/Family | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Leisure Skills | <input type="checkbox"/> Therapeutic | <input type="checkbox"/> Health |
| <input type="checkbox"/> Reintegration/Mentoring | <input type="checkbox"/> Social Skills | <input type="checkbox"/> Employment |

Program Description: (Please be specific)

(Attach additional information, if necessary)

Structure: (Please check as many as applicable)

- | | | | |
|--|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Open discussion | <input type="checkbox"/> Lecture | <input type="checkbox"/> Written assignments | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Activity (i.e.; arts and crafts, music) | <input type="checkbox"/> Handouts | <input type="checkbox"/> Homework | |
| <input type="checkbox"/> Role playing/practice | <input type="checkbox"/> Other: _____ | | |

Duration of Program:

2-4 days 6 weeks 3 months 6 months

Frequency: Once per week 2 times a month Once a month Quarterly

Length of Sessions: _____

Goal: (What will the individuals attending your program learn? What will they gain?)

List specific facilities where you wish to offer your program: _____

Is your program for a specific population? If yes, which one? _____

Signature _____ Date: _____

For DOC use only

Program descriptions must be approved by Faith and Citizen Programs prior to a program beginning. All volunteers must be affiliated with an approved program prior to being approved.

Approved: Yes No If no, reason: _____

Approved by: _____ Date: _____



Program Review Facility Volunteer Coordinator/Designee Assessment

Name:		Date:		
Program:		Facility:		
How many sessions did the program provide?		What was the average attendance?		
What did you expect the participants to learn from this program?				
Did the program have goals for the participants to meet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Did the program meet your expectations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If not, what expectation was not met?				
Did the program have goals for the participants to meet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Overall, were the goals met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If not, what goals were not met?				
What were your observations of this program?				
Would you recommend this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you think this program would be beneficial in other facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Please provide an overall rating for this program: (Circle the most appropriate number)				
1 Not Successful	2 Somewhat Successful	3 Fairly Successful	4 Quite Successful	5 Very Successful

Please return to Faith and Citizen Programs.
Thank you for your time and consideration.



Program Review Participant Assessment

Name: _____ DOC # _____ Date: _____

Program: _____ Leader/s: _____

How many sessions did you attend? _____ Facility: _____

Why did you attend this program? _____

What did you expect to learn from this program? _____

Did the program meet your expectations? Yes No

If not, what expectation was not met? _____

Did the program have goals for you to meet? Yes No

If yes, did you meet your goals? Yes No

If not, why did you not meet your goals? _____

How did this program help you? _____

What, if anything, did you learn? _____

How do you, or will you, apply what you have learned? _____

Would you attend this program again? Yes No

Would you recommend this program to others? Yes No

Please provide an overall rating for this program: (Circle the most appropriate number)

	1 Not Successful	2 Somewhat Successful	3 Fairly Successful	4 Quite Successful	5 Very Successful	
--	------------------------	-----------------------------	---------------------------	--------------------------	-------------------------	--

Please return to the Facility Volunteer Coordinator – Thank you for your time.



COLORADO
Department of Corrections

Faith and Citizen Programs
1250 Academy Park Loop
Colorado Springs, Colorado 80910

Re: Prospective Volunteer Special Event Provider:

Thank you for offering your volunteer special event services to the Colorado Department of Corrections (DOC). DOC employees and offenders appreciate the valuable events presented at our facilities by organizations such as yours.

The attached application outlines the process of setting up an event throughout the DOC. Our organization realizes the positive impact events make on offenders, and we support the constructive attitudes and lifestyles which reflect genuine interest in offender welfare.

We ask that your volunteers remember that the rules and regulations are for everyone's safety. As long as rules and regulations are followed, events may be presented in the DOC facilities. Please complete the attached Special Event Proposal application and return it to the Faith and Citizen Programs regional coordinator assigned to special events for approval. Guidelines of the application are as follows:

- Incorrect background information will be grounds for denial of volunteer/guest status. Complete the application in its entirety - state N/A if the question is not applicable to your event. Incomplete forms will not be processed. Any request for modification of special event will be reviewed and approved by the Faith and Citizen Program Administrator and administrative head.
- AR form 900-01J, Guidelines for Guests, must be submitted with this form for each guest listed.
- If your proposal includes food items, complete one AR Form 300-43A for each facility in which you wish to offer your program. Return the form with this Special Event Proposal.
- On the day of your event, allow sufficient time for all of your volunteers to clear security at the check in area.

Special Event Proposal

For DOC Use Only	
Date Proposal Received: _____	Reason: _____ Advance notice not met
Proposal Reviewed By: _____	_____ Incomplete Event Proposal
Proposal Is: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Review <input type="checkbox"/> other: _____	

Mail completed form to: Colorado Department of Corrections
 Faith and Citizen Programs Administrator
 1250 Academy Park Loop
 Colorado Springs, CO 80910

Phone: (719) 226-4291
 Email: doc_volunteering@state.co.us

Instructions: Please print or type all information - for more room, attach a continuation sheet(s).

Organization Name: _____	Event Name: _____
Address _____	_____
_____	_____
_____	_____
Contact Person: _____	_____
Phone: () _____	_____
Email address: _____	_____

Credentials (What background do the leaders of your event have? Do they have any kind of professional credential(s)? Who is your governing authority?)

Event description:

Proposed Date(s):

Requested Start Time:

End Time:

What is the basic goal of your event?

What results do you project for the participants of your event?

How will you measure the progress of the participants of your event?

Please circle targeted facility/center/complex or private facility*:

AVCF	CCF	DRDC	LVCF	TCF	*BCCF
BVCC	CSP	DWCF	RCC	YOS	*CCCF
	CTCF	FCF	SCCF	SCC	
CMC - ACC FMCC	DCC	LCF	SCF		



Special Event Proposal

Number Of DOC Trained Volunteers Attending (if any) : _____ <input type="checkbox"/> continuation sheet attached	
NOTE: Criminal record checks will be conducted on each volunteer.	
Name	Name

Number of Guests Attending: _____ <input type="checkbox"/> continuation sheet attached				
NOTE: Criminal record checks will be conducted on each Guest.				
*Guidelines for Guests (Att. 900-01 J) must be submitted with this form for each guest.				
Incorrect background information will be grounds for denial of volunteer/guest status.				
Guest Name	Guest Date of Birth	Social Security #	Guest Driver's License #	Guest Phone Number
				()
				()
				()
				()

Space Requirement Needs:
Special Requirement Needs (i.e. handicap access, electrical power supply, carts etc.)
<input type="checkbox"/> Event Requests An Offender Sign-Up List To Determine Audience Size <input type="checkbox"/> Offender Sign-Up List Not Requested
<input type="checkbox"/> Event Will Provide Food/Supplies & DC Form 300-43A Is Attached. <input type="checkbox"/> Event Does Not Include Food

Inventory of Equipment Event Will Bring to Facility/Center - Equipment not listed will not be allowed. <input type="checkbox"/> continuation sheet attached	

I understand our event will be required to adhere to all Colorado Department of Corrections rules and regulations, including but not limited to those pertaining to security, searches, offender relations, contraband, and professional conduct. I understand each administrative head has final discretion to approve or deny my volunteer event at the facility level.

I understand proselytizing is forbidden in all Colorado Department of Corrections facilities/centers/complex or private facility.

I release the Colorado Department of Corrections and its representative from any liability which may result from this event.

SIGNATURE: _____ DATE: _____

Guidelines for Guests

You are requesting clearance to visit a Colorado Department of Corrections facility as a guest. To make your visit safe we ask you to read the following guidelines and sign on page 2. Remain with your escort at all times and follow directions. Enjoy your visit.

The completed form must be submitted for each guest request when providing background information for clearance.

Do's for Guests

- **DO REMEMBER!!! SECURITY ALWAYS COMES FIRST!**
- Do follow DOC rules. Ask questions if you are uncertain.
- Do dress appropriately. Casual business attire. Conservative is best.
- Do sign-in and sign-out on the appropriate forms each time you enter or leave ANY DOC FACILITY.
- Do wear the appropriate badge in view of security DOC employees at all times. (Green – Volunteer, Red – Guest)
- Do respect the confidentiality of records and other privileged information. Listen carefully and sincerely.
- Do recognize the need for ongoing training and supervision.
- Do be loyal to the DOC and the offenders you serve. Be a team player and always remain professional.
- Do be dependable. Arrive and leave on time. Earn respect from the offenders and DOC employees.
- Do notify the facility coordinator or shift commander if it is impossible to be at the facility on time.
- Do treat everyone in a professional and ethical manner, but do not become personally involved.
- Do treat offenders with respect. Maintain honesty and accept others whose values system maybe different from your own.
- Do be objective, enthusiastic, mature and confident. Do use discretion and good judgment.
- Do submit reports when required.
- Do obtain written approval from the facility volunteer coordinator prior to changing the program formats.

Don'ts for Guests

- **Do not supply phone number or address or personal information about yourself, other volunteers, or DOC employees.**
- **Do not touch offenders inappropriately (NO HUGGING – Handshake only).**
- Do not criticize what is not understood. Ask for an explanation.
- Do not make a phone call for an offender, or perform any similar service.
- Do not give anything to an offender.
- Do not take anything, including letters, into a facility. Bring nothing out without explicit permission.
- Do not enter into a business venture with an offender.
- Do not give gifts, loans, or items to an offender. Do not accept gifts, loans, or items from an offender.
- Do not use photography equipment on institutional property for any purpose without specific permission.
- Do not proselytize. You may share your faith beliefs when asked.
- Do not make derogatory remarks about ANY faith group or other organization.
- Do not promise to keep information given you by an offender confidential if it involves safety and security in any manner.
- Do not wear tight fitting clothing, shorts, cut offs, dresses above the knees, or any revealing clothing.

Any violations of these do's and don'ts may result in the termination of your guest service!

Security Issues

Safety and security are our top priority. If you observe an unsafe or non-secured condition, notify your facility chaplain, volunteer coordinator, or other DOC employees immediately.

Professionalism: Volunteers aid DOC employees. Appearance, conduct, language, and attitude reflect your character and integrity. Earn respect and be patient with DOC employees.

Personal parameters and boundaries: When possible, use formal titles, such as: Administrative Head, Captain, Officer, Mr., Ms., or Sir. Do not befriend an offender for the purpose of intimacy. Do not supply your phone number or address, or personal information about yourself, another volunteer, or DOC employee. Avoid contact with an ex-offender.

Contraband: Any item not specifically authorized by a departmental administrative directive may be considered contraband and may be confiscated to avoid compromising facility safety and security. Offender property must come from approved sources – NOT VOLUNTEERS OR GUESTS. REMEMBER: *Nothing in; nothing out.*

Search procedures: Any person and/or vehicle is subject to search upon entering the grounds of a correctional facility. Volunteers and guests may refuse to be searched. Such refusal will result in termination of volunteer or guest status. Facility access may require an individual to clear a metal detector. Ensure clothing and additional adornment items are free of metal (bobby pins, hair ties, ink pens, etc.).

Managing aggressive behavior: If an offender becomes hostile, remain calm, back away, and immediately seek DOC employee assistance; correctional employees are trained to handle difficult situations. If alone, gradually move to a location where you can be seen by DOC employees.

Offender Fights: Do not try to break up offender fights. Summon DOC employees to handle the situation.

Meet Your Clients

As a volunteer or guest with an offender program, you bring in affirmation, encouragement, and hope to DOC facilities. Every human being comes from different backgrounds, lifestyles, and situations. Offenders are formerly free citizens that have committed crimes and are now incarcerated. You will interact with offenders that are at varying levels of growth and healing.

Keep the following in mind when interacting with offenders:

1. All should be met with compassion and understanding.
2. Many offenders struggle with alcohol and substance abuse issues, and have suffered trauma that ranges anywhere from being in dysfunctional families to being physically or sexually abused.
3. The offender population is made up of different ethnicities, cultural groups, and sexual orientations. The percentages of these groups vary in each facility and in day to day operations. Treat all with professional respect.
4. Many offenders were gang members before incarceration. Others become members in prison. There are many different gangs represented, and violence is often part of gang affiliation.

Offender Relationships – Please circle yes or no for each question. *Please submit written details for any 'yes' on a separate sheet of paper.*

- | | |
|--|--------|
| 1. Are you related to any DOC offender (including: parolee)? | Yes No |
| 2. Within the last two years have you visited with any DOC offender (including parolee)? | Yes No |
| 3. Within the last two years have you written to or corresponded with any DOC offender? | Yes No |
| 4. Have you, or someone you know, <i>EVER</i> been victimized by a current DOC offender? | Yes No |
| 5. Do you currently have any legal action involving any DOC offender? | Yes No |

Please Print Name

Signature
Attachment J
Page 2 of 2

Date

ADMINISTRATIVE REGULATION
IMPLEMENTATION/ADJUSTMENTS

AR Form 100-01A (04/15/08)

CHAPTER	SUBJECT	AR #	EFFECTIVE
Offender Program Services	Volunteer Programs	900-01	07/15/24

(FACILITY/WORK UNIT NAME) _____
WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

AS WRITTEN NOT APPLICABLE WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE
INTENT OF THE AR

(SIGNED) _____ (DATE) _____
Administrative Head