



Arkansas Community Correction

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ADMINISTRATIVE DIRECTIVE: 13-09 VOLUNTEER SERVICES

TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES

FROM: SHELIA SHARP, DIRECTOR

SUPERSEDES: AD 11-09

Page 1

APPROVED: Signature on file EFFECTIVE: April 1, 2014

I. APPLICABILITY. This policy applies to all Arkansas Community Correction (ACC) staff and people from the community who participate in the Volunteer Program.

II. POLICY. The ACC will administer a Volunteer Program that encourages, supports, and recognizes the value of community involvement, expands and enhances client services and opportunities, benefits, and supports the ACC mission. (2-CO-1G-04; 4-APPFS-1C-04)

III. DEFINITIONS.

A. Occasional Volunteer. A volunteer who provides services to or on behalf of the ACC three or fewer times per calendar year and is supervised while with offenders.

B. Regular Volunteer. A volunteer, including interns, who provides services to or on behalf of the ACC more than three times per calendar year.

IV. ROLES AND RESPONSIBILITIES. (2-CO-1G-03; 4-ACRS-7D-04; 4-ACRS-7B-05)

A. Chief Deputy Director. The Chief Deputy Director provides oversight direction for volunteer services consistent with ACC policy and procedures. He/she ensures the development and implementation of procedures for communicating with volunteers and for gaining volunteer input for program evaluation.

- B. Volunteer Program Manager.** The Volunteer Program Manager (VPM) reports to the Assistant Director of Reentry Services and is responsible for managing and coordinating the statewide volunteer program. The VPM organizes and fosters re-entry coalitions, solicits input for the volunteer program from employees, volunteers, clients, and the community, monitors volunteer activities throughout the state. The VPM must develop and maintain generic volunteer job descriptions, report volunteer and religious activities, and collect and process suggestions. The VPM must consult with designated chaplains and volunteer coordinators at least annually to review procedures guiding ministers, volunteer coordinators, volunteers, and review and evaluate the volunteer services program. (2-CO-1G-02; 2-CO-1G-10)
- C. Center Supervisors & Parole/Probation Managers.** Center Supervisors and Parole/Probation Area or Assistant Area Managers must designate an employee to serve as the Volunteer Coordinator for their area of responsibility.
- D. Employees Volunteering.** ACC employees must NOT perform volunteer work for ACC.
- E. Volunteer Coordinator.** The Volunteer Coordinator is responsible for the following:
1. Coordinating volunteer activities and services with the VPM.
 2. Acting as a liaison between the VPM and the Center or Area.
 3. Determining the need for volunteers in their areas of responsibilities and coordinating with the VPM concerning needed services.
 4. Reporting volunteer hours as requested by the VPM.
 5. Conducting a criminal record check on regular volunteer applicants in accordance with state and federal laws. This record will include comprehensive identifier information to be collected and run against law enforcement indices to determine whether there are criminal convictions that may adversely affect job performance or service delivery. If suspect information on matters with a potential terrorism connection is returned, it must be forwarded to the ACC Internal Affairs Administrator for remitting to the local Joint Terrorism Task Force or State Police. If there is a substantive criminal history, provide the information with the application when reviewed by the Center Supervisor or Area Manager. (4-ACRS-7B-05, 4-APPFS-3A-02)
 6. Conducting a reference check on regular volunteer applicants.
 7. Ensuring each regular volunteer has a relevant job description. Generic job descriptions provided by the VPM may be tailored to fit a particular job.
 8. Ensuring a volunteer supervisor is assigned for each volunteer.
 9. Ensuring occasional volunteers do not work more than 3 times in a calendar year.

10. Ensuring each occasional volunteer is informed of the volunteer guidelines and complete the Volunteer Guidelines and Release and Waiver of Liability form (AD 13-09 Form 2) before providing volunteer services.
11. Ensuring efforts are made to recruit and retain volunteers.
12. Maintain required certificates or licenses of volunteers in accordance with the Records Retention policy.
13. Ensure training is accomplished pursuant to guidance in the “Volunteer Orientation Checklist.”
14. For regular volunteers, the Volunteer Coordinator must:
 - a. ensure each volunteer successfully completes orientation according to the Volunteer Orientation Curriculum and Volunteer Orientation Checklist form and receives training necessary to enable him/her to safely, efficiently, and effectively fulfill the job responsibilities prior to assignment. (2-CO-1G-07; 4-ACRS-7F-09)
 - b. ensure the volunteer applicant signs the “Volunteer Guidelines, Release & Waiver of Liability Agreement,” (AD 13-09 Form 2) during the orientation session. Keep the signed original with the application and give a copy to the applicant. (2-CO-1G-08; 4-APPFS-1C-06; 4-APPFS-1C-07)
 - c. ensures the volunteer receives a position description and it is explained before beginning duties.
 - d. volunteers may not have access to sensitive or confidential client data without authorization from an ACC Assistant Director, Treatment Director, or higher and they must have signed the Volunteer Orientation Acknowledgement form to indicate their agreement to abide by confidentiality requirements and applicable policies. (4-APPFS-1C-07, 4-APPFS-3C-03)
 - e. Where required, ensure tests are completed and results indicate adequate understanding of the material.

F. Volunteer Supervisor(s). The person assigned to supervise a volunteer must ensure/accomplish the following:

1. Conduct an initial informal interview with prospective volunteers to assess interests, motivation, job related knowledge, skills and abilities, training needs, job interests, expectations, and coordination of any service activities. Placement of volunteers should be in jobs where the volunteer can be successful and assist the agency in achieving its mission or fulfilling its responsibilities. Student volunteers should be provided duties and responsibilities that serve their educational goals while supporting the agency mission.

2. When a new volunteer is approved, an email must be sent to the VPM requesting an ID badge. If the volunteer is an intern, a digital photo must be included. The VPM will ask HRS to make and provide an ID badge that clearly identifies the person as a volunteer. All volunteers must wear their identification badge. (2-CO-1G-06 4-ACRS-7F-10)
3. Within the scope of the job description, define volunteer duties and designate the frequency in which they will be performed during a specific period.
4. Work with the Volunteer Coordinator to ensure initial orientation and training are accomplished as described in the Volunteer Orientation Checklist; assess further training needs and provide for on-the-job training.
5. Supervise the volunteer's day-to-day work, as appropriate.
6. Ensure volunteers record the date(s) and hours worked. The Volunteer Time Sheet (AD 13-09 Form 4) may be used.
7. Update all volunteers on new or revised policies that affect them.
8. Provide monthly reports, as established by the VPM, to the Volunteer Coordinator for reporting.
9. Provide support, routine consultation and clarification of policies and procedures for the volunteers.
10. Upon request or as established with the educational program, supervisors of intern volunteers must provide the instructor with a written evaluation of the intern volunteer's performance.
11. Ensure volunteers do not directly perform professional services unless specifically and lawfully credentialed to do so, for example, performing medical services or social work. (4-ACRS-7B-03)
12. Distribute, collect, and forward any suggestions or input from a volunteer to the VPM. Evaluation should be a routine part of the volunteer experience; however, when a volunteer gives notice that they will no longer volunteer with the agency, an evaluation form should be provided at the exit interview.
13. Perform an exit interview with the volunteer, if conditions permit, to solicit feedback about the volunteer's experience and suggestions for improvement, using the Volunteer Program Suggestion and Evaluation form.
14. If a volunteer or intern is unable to provide adequate services or does not comply with policies, the supervisor must take appropriate action including terminating services. Supervisors should consider establishing an end date for the regular volunteer's services. Others in the supervision chain may also take action to terminate a volunteer's services.
15. Consider safety and security when selecting volunteers and assigning duties.

G. Recruiting Volunteers. Volunteers should be recruited from all cultural and socioeconomic segments of the community without unfair discrimination. Volunteers may serve as advisors, interpreters, and similar direct service roles. (2-CO-1G-01; 4-ACRS-7F-08; 4-APPFS-1C-05; 4-APPFS-1C-03)

H. Volunteer Application & Approval Process. Occasional volunteers are not required to complete an application or have a background check. Occasional volunteers are limited to working a maximum of three times per calendar year; in order to work more they must meet the requirements for a regular volunteer.

A supervised group of volunteers (such as a choir) is not required to meet the qualifications of a regular volunteer. However, each group member must complete the Volunteer Guidelines and Release and Waiver of Liability form (AD 13-09 Form 2).

With approval from the Center Supervisor, former center residents may volunteer at the centers provided they meet the same criteria as other occasional or group volunteers.

Persons wanting to be regular volunteers must submit a Volunteer Application (AD 13-09 Form 1). The Volunteer Coordinator must complete both the background and reference check and indicate completion. The Volunteer Coordinator will give the application and background check to the appropriate supervisor.

The supervisor will contact the volunteer applicant and schedule an interview. The volunteer supervisor will review volunteer applications to determine suitability as ACC volunteers. (2-CO-1G-05;)

The volunteer supervisor will record a recommendation on the application (AD 13-09 Form 1) and forward it to the Center Supervisor or the Area Manager who will make a final decision and return the application to the Volunteer Coordinator. The review and approval process must be completed on all volunteer requests within 15 days of receiving the volunteer application. The Volunteer Coordinator will notify the applicant of the decision. If the application is denied, it will be kept in a file marked "Denied Volunteer Applicants".

The Volunteer Coordinator must keep on file the applicant's application, background check, waiver, and a copy of the position description and documentation of recognition activities. A record of volunteer hours should be kept.

If an approved volunteer completed all orientation processes and wishes to extend his/her activities outside of the initial volunteer site, the volunteer is not required to complete duplicative paperwork. Upon request, the Volunteer Coordinator with the original documents will provide copies of the application, the liability waiver form, the background check and the orientation checklist to any other ACC Volunteer Coordinator at subsequent sites. The Center Supervisor or Area Manager still needs to authorize the volunteer for the additional service sites.

I. Volunteer Requirements & Responsibilities. Volunteers are responsible for the following:

1. Comply with the volunteer guidelines.

2. Document volunteer hours on the Monthly Volunteer Time Sheet (AD 13-09 Form4) or an alternate method and ensure the Volunteer Coordinator has the information on the last day of each month.
 3. All regular volunteers must complete required forms and orientation.
 4. All volunteers are encouraged to submit suggestions, comments, and ideas for program improvement to the Volunteer Manager. (2-CO-1G-09; 2-CO-1G-10)
- J. Staff Training.** The Chief Deputy Director must ensure training on this policy is available to appropriate staff.
- K. Volunteer Exemptions.** Volunteers are exempt from all provisions of the law relative to employee compensation and benefits.
- L. Drug Testing.** Volunteers will be drug/alcohol tested upon reasonable suspicion, and following approval of the appropriate Manager/ Supervisor, Assistant/Deputy Director or Chief Deputy Director.

V. ATTACHMENTS.

AD 13-09 Form 1 Volunteer Application
AD 13-09 Form 2 Volunteer Guidelines, Release & Waiver of Liability Agreement
AD 13-09 Form 3 Volunteer Orientation Checklists
AD 13-09 Form 4 Volunteer Time Sheets
AD 13-09 Form 5 Volunteer Program Suggestions and Evaluation Form

Arkansas Community Correction

VOLUNTEER APPLICATION

Instructions. Use this form to apply to work as a "regular volunteer" at Arkansas Community Correction (ACC) location or on behalf of ACC. This form is not required if you volunteer with a group that is being supervised by ACC staff, such as a choir, or if you are an occasional volunteer which means you volunteer no more than three times in a year.

Name	Home Telephone	Work Telephone	
Street Address	Cell Phone Number	Email Address	
Mailing Address	City	State	Zip

Professional: _____ License or Certification: _____
Organization/Agency Representing (when applicable): _____ Phone: _____

Background Check Information

You are not automatically precluded from volunteering because you have a criminal record.

Driver's license Number	SSN#	State Issued	Date of Birth
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Do you have a close association with or are you related to anyone who resides in an ACC center or who is under ACC parole or probation supervision? Are you a former resident of an ACC Center?

Yes No If yes, please explain and indicate are you an approved visitor? Yes No

Emergency Contact Information

Name	Relationship	Home Telephone	Work Telephone
Address	City	State/Zip	Cell Phone Number

Volunteer Preference – Check all that Apply

Mentor Treatment Religion Education Clerical Administration
 No direct contact with Clients (Offenders) Direct Contact with Clients (Offenders)

Other (Explain): _____

Volunteer Location Preference

Center Location _____ Central Office, Little Rock _____
 Parole/Probation Office Location _____

Availability/Time of Day

Times: _____
Days: _____

Weekly Monthly Special Event Only As Needed
 Saturday Sunday Monday Tuesday Wednesday Thursday Friday

Work/Volunteer Experience Attach a separate sheet if necessary.

Job Skills

References Please list at least two references.

Name	Occupation	Relationship	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____

Interests/Hobbies

Motivation for Volunteering

Student Information

_____	_____	_____	
Name of School	Department	Degree Program	
_____	_____	_____	
Academic/Student Advisor	Advisor's Email Address	Advisors Telephone Number	
_____	_____	_____	
School Address	City	State	Zip Code

PERMISSIONS

I hereby give permission for the ACC Volunteer Program staff to conduct a background check and contact my references and/or an academic advisor.

_____ Date _____

Volunteer Signature

Date

REVIEW

Background Check Completed

Date: _____

Reference Check Completed

Date: _____

Volunteer Coordinator's Signature

Date

Volunteer Supervisor's Recommendation:

Recommend

Do Not Recommend

Date:

Supervisor's Signature

Approved Applicant Denied Applicant

Date:

Center Supervisor / Area Manager or Above

**Arkansas Community Correction (ACC)
VOLUNTEER GUIDELINES, RELEASE & WAIVER OF LIABILITY AGREEMENT**

1. I will follow Volunteer Guidelines and ACC policy that would reasonably be considered applicable.
2. I will perform my volunteer services in compliance with the ACC Code of Ethics and Rules of Conduct policy.
3. I will not bring onto ACC property any of the following items: cell phones, explosive devices, firearms or other weapons, ammunition, alcoholic beverages, tobacco products, narcotics, or objects or materials of any kind that might be used to compromise the security and safety of the facility.
4. I will not participate in ACC activities or be on ACC property while under the influence of illegal drugs or alcoholic beverages. I understand that I am subject to drug and alcohol testing upon reasonable suspicion and approval of the Center Supervisor or Parole/Probation Manager.
5. I will leave my purse and unnecessary objects locked in the trunk of my vehicle when on ACC property. I understand that my person, personal items, and vehicle are subject to screening and/or search. I will provide a photo ID or ACC volunteer badge upon request by ACC personnel. I will wear a ACC volunteer badge at all times while on ACC property.
6. I will dress appropriately while on ACC property. I understand that miniskirts, short dresses, shorts, halter tops or halter dresses, see through clothing, tight clothing, or other provocative clothing will not be allowed. My clothing will not promote alcohol or drugs, illegal actions, racial comments, vulgarity, sexual implications, or profanity.
7. I will not exchange any material with a client (offender) such as notes, correspondence, money, food, or gifts I will not participate in a personal relationship with a client or offender nor will I divulge personal information. I understand that this action could place me at risk.
8. I will keep all client (offender) information confidential. I will not commit ACC to any financial obligations. I will not speak on behalf of nor act as a representative of the ACC.
9. I will obey all safety and security instructions including all facility procedures. I will work within my job duties and my physical assignments. I will follow supervisory guidance.

For the good and valuable consideration of participating in the Arkansas Community Correction (ACC) Volunteer Program, I, for myself, my successors, heirs, assign, executors, administrators, spouse, and next of kin, do hereby understand and agree to the following:

1. My participation as a volunteer may involve risk of serious injury or harm.
2. I hereby assume any and all liability and risks of injury or harm, including permanent or partial disability, medical bills, death, damage to my property, or death caused by or arising from my participation in the volunteer program.
3. I will not, nor will any person or entity on my behalf, initiate, pursue nor participate in a lawsuit or claim, including any for personal injury, property damage, or wrongful death, against the State of Arkansas, DCC, its employees, officers, agents, volunteers, the Parole Board, or the Board of Corrections, for damages arising out of or attributable to my participation in the volunteer program.
4. I release and discharge the ACC, its employees, officers, agents, volunteers, the Parole Board, and the Board of Corrections from any liability, loss, damage, claim, demand, or any cause of action against them arising out of or attributable to my participation in the volunteer program, whether the same arises from negligence or otherwise.

I, _____, agree to serve in the Arkansas Community Correction Volunteer Program. I commit to performing my assigned volunteer duties to the best of my ability and to follow ACC guidelines, policies, and procedures. I have read this document and understand that I am waiving substantial rights. I voluntarily sign this document and by doing so, assume all risks attendant and pertaining to participating in the ACC volunteer program.

Volunteer's Printed Name

Date

Volunteer's Signature

Volunteer Supervisors/Coordinators Name

Date

Volunteer Supervisors Signature

Arkansas Community Correction VOLUNTEER ORIENTATION CHECKLIST

Volunteer Name: _____ Address: _____

Telephone Number(s): _____ Email: _____

Instructions. Supervisors of Volunteers must work with the Volunteer Coordinator to ensure initial orientation and training are accomplished as described in the training paragraph; assess further training needs and provide for on-the-job training. At a minimum these topics must be addressed, check items when done, and ensure each volunteer receives training necessary to enable them to safely, efficiently, and effectively fulfill the job responsibilities prior to assignment. Some training material is available on EagleNet in the Volunteer team website.

Site Orientation & Safety Procedures

General Topics

- History of Department
- Mission Statement
- Overview of DCC programs and services
- Explanation of Local Office Divisions
- Emergency Plan
- Reporting & Investigating Incidents & Hazards Policy
- Personal Safety
- Facility, Premises, or Site Rules
- Parking

- Supplies and Office Machines
- Access to Building or Office Areas
- Escort

- Record Hours
- Volunteer Identification
- Limits of Liability
- Job Description, Duties, and Assignment
- Supervision of Activity, Clients, Residents
- Supervisor Chain-of-Authority
- Who and How to Contact Them
- Volunteer Input
- Evaluations and Suggestions
- Volunteer Guidelines, Release & Waiver of Liability Agreement Form (review this document)

Purpose of the Volunteer Program

- Benefits of Volunteering
- Benefits for DCC and DCC clients
- Employment Opportunities

Ensure Training/Reading and Understanding of these Policies and Completion of the Related Test(s)

- Code of Ethics and Rules of Conduct
- Drug-Free Workplace
- Offender Records (with emphasis on confidentiality)
- Sexual Harassment
- Dress Code and Appearance
- Tobacco (Smoke-Free Workplace)
- Rape, Abuse, and Harassment Elimination
- Rape Elimination
- Other _____

Client Dynamics

- Dynamics of Addiction
- Cultural Diversity and Sensitivity

Questions & Comments

My signature confirms that the items indicated on the Volunteer Orientation Checklist were included in my orientation training on this date. I agree to abide by confidentiality requirements and applicable policies. (4-APPFS-1C-07, 4-APPFS-3C-03[P])

 Volunteer Signature At Completion of Orientation Date
 My signature confirms to the best of my knowledge this volunteer has adequate training and understanding to perform assigned duties.

 Training Instructor Signature At Completion of Orientation Date

TELL US ABOUT You:

_____ FEMALE _____ MALE

AGE _____

RACE _____

Do you volunteer through an organization or agency? _____ No _____ YES (if yes, please provide name of organization, agency, or religious institution). _____

How long (months) have you been a volunteer with ACC? _____

Where do you volunteer (check one)?

At a residential center _____ or at a Parole/Probation _____ or Central Office _____

Thank you for your time and for volunteering with ACC.

Volunteer signature: _____ Date: _____