QUESTIONNAIRE - FOR VOLUNTEERS

Mail Application to: Robert L. PO BOX 7152

FOLSOM, CA 95763-7152

READ CAREFULLY. Please print or type. The information requested will be used by officials of the Department of Corrections to determine whether your application will be approved. The information will be maintained in a file by the Community Resource Manager.

In accordance with the Privacy Act of 1974 (PL93-579), providing your Social Security Number is optional. Any omission or falsification on this questionnaire may be cause to deny you entry as a volunteer. **ATTENTION** Self-Help Group Volunteers: You will be notified via your coordinator when you have been approved/denied.

Narcotics Anonymous

			PROG	RAM:		
1. YOUR NAME	FIRST	MI	DDLE LAST		HOME TELEPHO	ONE NUMBER/AREA CODE
2. MOTHER'S MAIDEN NAME			2a. HAVE YOU EVER USED ANOTHER NAME? IF SO, PLEASE LIST			
3. BIRTHDATE (MONTIL/I	DAY/YEAR)	AGE	BIRTHPLACE	CITY	STATE	COUNTRY
4. DRIVER'S LICENSE N	JMBER AND	ISSUING DATE	IDENTIFICATION CAR	D AND ISSUING DATE	5. SOCIAL SECURITY N	NUMBER
6. PRESENT RESIDENCE ADDRESS (NUMBER AND STREET)			CITY	STATE	ZIP CODE	
7. IF DIFFERENT THAN RESIDENCE ADDRESS, PRESENT MAILING ADDRESS			CITY	STATE	ZIP CODE	
8. PREVIOUS ADDRESS (NUMBER AND STREET) WITHIN PAST TWO YEARS			CITY	STATE	ZIP CODE	
NOTE: Per Departm		ations Manua	l, Section 31040.6.1.	1, inmate relatives	and inmate visitors s	hall not be considered nor
9. I VISIT OR HAVE VISIT	ED, CORRES YES		OR HAVE HAD AS A CRIM TES, complete item 9a. Attac			ION.
9a. INMATE'S NAME			NUMBER	INSTITUTION WHER	E YOU VISIT INMATE	RELATIONSHIP TO INMATE
10. HAVE YOU EVER BEE			YES NO	YES		
11.a OFFI	OFFENSE APPROXIMATE I		ATE DISPOSITION: DISMISSED/PROBATION/JAIL/PR		ED/PROBATION/JAIL/PRISON	
			CONTINUED	O ON BACK		

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12. Are you on probation?	Are you on Parole or Civil Addict Outpatient S	status? Are you a Forme	r Jail or Prison Inmate
□ NO □ YES	\square NO \square YES	□ NO	YES YES
	inmate discharged from supervision, you must ha dent before volunteering will be permitted.	ve the prior written approval of the	he
	on probation, parole or civil addict outpatient stag agency and have the written approval of the War		
-	ype of a court imposed program? NO another sheet and attach to this form.	YES	
14. Do you have any type of metall f yes, please attach a ve	nt implant or prosthesis? NO YE rifying statement from your doctor.	S	
a responsible adult who is also a	age, you must have the written notarized conser- pproved as a volunteer. The notarized written c btained from the Warden/Superintendent. Eman	onsent must be presented each t	ime a minor volunteers
I have read and understand	the above information.		
SIGNATURE	D	ATE	
	TO BE COMPLETED BY INSTITU	UTION STAFF	
		applications with rap sheets to the Manager for applicant notificatio	,
Security clearance conducte	d by:Print Name	Initial	Date
NAME	TITLE	INSTITUTION	DATE
	COMMUNITY RESOURCES MANAGER	FOLSOM STATE PRISON	
APPROVED			
	Name	Title	***************************************
L DISAPPROV	YEDSignature	Date	

PRIMARY LAWS, RULES, AND REGULATIONS REGARDING CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES CDC 181 (Rev 5/98)

Individuals who are not employees of the California Department of Corrections (CDC), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates. The following is a summation of pertinent information when non-departmental employees come in contact with prison inmates.

1. Persons who are not employed by CDC, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDC institutions/facilities or camps.

SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3285 and 3415

CDC does not recognize hostages for bargaining purposes. CDC has a "NO HOSTAGE" policy and all prison inmates, visitors, and employees shall be made aware of this.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304

3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises.

SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3177, and 3288

4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDC Director, Warden and /or Regional Parole Administrator.

SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3176 (a)

5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDC institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173 and 3289

6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, toar gas, drugs or drug paraphernalia on CDC institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

SOURCE: PC Sections 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574

7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425

8. In an emergency situation the visiting program and other program activities may be suspended.

SOURCE: PC Section 2601; CCR, Title 15, Section 3383

For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Section 3171 (b) (3)

10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

SOURCE: CCR, Title 15, Section 3261.5, 3315 (3) (W), and 3177.

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH PRISON INMATES. I ALSO UNDERSTAND VIOLATION OF ANY COURT HE ABOVE COULD RESULT IN EXPUESION FROM A CDC INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

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VISITOR'S NAME AND TITLE (Pr	int)	VISITOR'S SIGNATUR		DA	TE SIGNED
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PISTRIBUTION: Original	Assistant Director, Cor	nmunications	Canary - Warden's Office	Pink	t - Visitor

VOLUNTEER SERVICE AGREEMENT

Volunteer	Supervisor	
Name	Name	
Address	Address	
Phone ()	Phone ()
SSA No.	SSA No.	
The following are the conditions accepted under regulations of the department:	r this service agreement according	ng to current policies, rules and
1) Comply with policies, procedures, rules, a	and regulations of the Departmer	t of Corrections and Rehabilitation.
2) No salaries, wages or unemployment ber	efits will be received for the serv	ices rendered.
 Use of state vehicle, when directed, with vehicles operated. Participate in the State Defense 		ppropriate to the type of vehicle(s)
4) Use of state equipment and supplies, whe	en required or directed to do so.	
Employment as a volunteer is not effectiv is signed.	e until a Health Questionnaire ar	d Volunteer Service Agreement
Understand my duties are as follows:		
Period of agreement from :	20 to:	20
SIGNATURE OF VOLUNTEER DATE	SIGNATURE OF SUPERVISOR	DATE
Reviewed and approved by appropriate authorit	y:	
Institution	IMUNITY RESOURCE MANAGER	DATE
		DNIC
Central Office	DINATOR, FINANCIAL RESOURCES	DATE
	,	₩
*Paroles -	REGIONAL ADMINISTRATOR	DATE

^{*} A copy of this document should be forwarded to Central Office, Division of Community Partnerships.