



Application Form for VIP's-Volunteers, Interns & Professional Partners

Rev. 12/16

Connecticut Department of Correction

SECTION 1 – Applicant Instructions

Please print or type all answers to all questions

**PLEASE FORWARD COMPLETED APPLICATION TO FACILITY COORDINATOR
(SEE ATTACHED LIST)**

If you have questions, please contact the Volunteer Services Unit

Calma Frett, Supervisor (860) 692-7580
Andrea Ouellette, Office Mgr. (860) 692-7578

SECTION 2 – Applicant Information - Applicants must be at least 18 years old

Check Box Below:

- Regular Volunteer
 Short-Term Volunteer
 Intern
 Professional Partner
 Researcher
 Other: _____

Applicant's full name:

Applicant's home address:

City/Town:

State:

Zip Code:

Home telephone:

Work telephone:

E-Mail:

Date of birth:

Social security number:

Gender: Male Female

Race: Black Hispanic White Native American Asian Other (specify):

Drivers License: Yes No

State:

Operators license number:

Primary vehicle registration tag:

Make/Model/Year of vehicle:

SECTION 3 – Qualifications

Do you speak, read or write a language

other than English? Yes No

Specify:

Education (check):

Graduated High School

GED

Associates

Bachelors

Masters

Post-Graduate

Subject:

SECTION 4 – Programming/VIP Preferences

Program/Activity desired:
(please check)

Addiction Services
AA ___ NA ___ C-CAR ___

Basic Educational Services
 Intern
 Professional Partner
 Research

Chaplaincy Services
Protestant ___ Jewish ___
Catholic ___ Native American ___
Muslim ___ Other: _____

(Please complete fully) If you are interested in Chaplaincy Services or an Internship:

Name of College, Organization or Religious Group: _____

Address: _____
Street/Road City/Town Zip Code

Group Leader / Instructor's Name: _____

Phone: _____ E-Mail: _____

FACILITY PREFERENCE – Please Color Circle(s) Below:

- | | | | |
|---|---|--|---|
| <input type="radio"/> Bridgeport CC | <input type="radio"/> Brooklyn CI | <input type="radio"/> Cheshire CI | <input type="radio"/> Corrigan/Radgowski CI |
| <input type="radio"/> Enfield CI | <input type="radio"/> Garner CI | <input type="radio"/> Hartford CC | <input type="radio"/> MacDougall/Walker CI |
| <input type="radio"/> Manson YI | <input type="radio"/> New Haven CC | <input type="radio"/> Northern CI | <input type="radio"/> Osborn CI |
| <input type="radio"/> Robinson CI | <input type="radio"/> Willard/Cybulski CI | <input type="radio"/> York CI | |
| <input type="radio"/> Bridgeport Parole | <input type="radio"/> Hartford Parole | <input type="radio"/> New Haven Parole | <input type="radio"/> Norwich-New London Parole |
| <input type="radio"/> Waterbury Parole | | | |

SECTION 5 – References

Name:


Name:

Address:

Address:

Telephone number:

Telephone number:

Relationship:		Relationship:		
		Application for VIPs-Volunteers, Interns & Professional Partners		Rev. 12/16
		Connecticut Department of Correction		
SECTION 6 – Employment Information				
Are you an employee or ever been employed by the CT-DOC or any other Criminal Justice Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach a separate sheet describing your role & duties, date(s) of service and your Supervisor's name and contact number.				
Instructions: Beginning with your PRESENT or MOST RECENT employment please clearly describe the work (duties/responsibilities) you personally performed.				
Job Title:		Company name:		
Type of business:		Department where assigned:		
Supervisor's name:		Telephone number:		
Employed from (date):		Total time (yrs/mos):	Hours per week: FT PT	
Duties/responsibilities:				
SECTION 7 – Previous/Present Volunteer Experience				
Instructions: Beginning with your PRESENT or MOST RECENT volunteer experience please clearly describe the work (duties/responsibilities) you personally performed.				
Previous/Present volunteer service (title):				
Name of organization:				
Contact person:		Telephone number:		
Duties/responsibilities:				
SECTION 8 – Conviction Information				
IMPORTANT: Your answer to the following question will be considered for volunteer services purposes only: Have you ever been CONVICTED of an offense against criminal or military law, forfeited bond or collateral, or are there criminal charges currently pending against you (exclude minor traffic violations or any offense settled in Juvenile Court or under a Youth Offender Law)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a detailed explanation				
SECTION 9 – Medical/Emergency Contact Information				
Medical Information:		Emergency Notification:		
Physician:		Name:		
Telephone number:		Telephone number:		
Insurance company:		Relationship:		
SECTION 10 – Certification				
I certify that the statements made by me on this application are true and complete to the best of my knowledge, and are made in good faith. I understand that any mis-statement of fact may result in termination. All statements made on this application, including employment information are subject to verification as a condition for VIP service. By affixing my signature below, I give the Dept. of Correction authorization to conduct a criminal history and contact personal references and employers as a condition of approval for service. I further understand that as a VIP I may be exposed to danger, including, hostage situations, injury or assault by inmates.				
Applicant signature:			Date:	



Volunteer Memorandum of Understanding

Connecticut Department of Correction

CN 100402
REV 6/3/2010

I, the undersigned, agree to abide by the following conditions of service with the Connecticut Department of Correction. Further, I, the undersigned, willingly provide the information below as part of my application to volunteer with the Connecticut Department of Correction.

1. Take nothing, including cell phones or other materials in or out of any correctional facility. Cameras, recording or electronic devices are prohibited.
2. Respect the integrity and confidentiality of records and other privileged information.
3. Communicate clearly and appropriately. Respect staff. Follow instructions carefully.
4. If you change address or phone numbers, report new contact information to the facility VIP Coordinator in a timely manner.
5. Agree to report to the Director of Volunteer Services any inappropriate behavior or act of a sexual nature directed towards an inmate by any employee, contractor or volunteer, intern or professional partner.
6. Park appropriately. Lock all personal items in vehicle or leave in lockers provided at facility entrance.
7. Refrain from giving anything to offenders, including personal information, telephone numbers or addresses. No gifts, books, candies, etc.
8. Materials or supplies may be given to offenders by staff only. Any resources needed will be procured or authorized by a facility supervisor.
9. Refrain from personal relationships with offenders:
 - A. Are you related to anyone who is currently incarcerated? Yes No If yes, complete below
 Name of offender: _____ Offender number: _____
 - B. Are you on any offender's visiting list? Yes No If yes, complete below
 Name of offender: _____ Offender number: _____
10. Not act in the capacity of a sponsor for an offender for any type of community release (i.e., any parole, transitional supervision, transitional placement, halfway house and/or any furlough, including reentry furlough) unless the offender is an immediate family member as defined by Administrative Directive 9.8, Furloughs AND when authorized by the Commissioner of Correction or designee.
11. Have you been known by any other name in the past, including maiden name, or a different name prior to religious conversion?
 Yes No If yes, name: _____
12. If approved to transport offenders, only transport offenders to authorized destination.
13. If arrested or experiencing a significant personal hardship, I agree to report it to my facility supervisor.
14. If approved as a correctional volunteer, I agree to read the VIP Handbook and participate in required orientation or training. I further agree to act in good faith and within the scope of the duties and responsibilities as defined by Department of Correction staff.

Applicant name (print): _____

Applicant signature: _____

Date: _____

Directory of DOC's "VIP Coordinators"

District 1

Cheshire CI	AnJeanette McKenzie, CC Vincent Moore, CC (back-up support) 900 Highland Avenue, Cheshire, CT 06410 anjeanette.mckenzie@ct.gov vincent.moore@ct.gov	203.651.6263 FAX 203.651.6080
Garner CI	Bonnie Hakins, CC POB 5500, Newtown, CT 06470 bonniehakins@ct.gov	203.270.2889 FAX 203.270.2812
MacDougall/ Walker CI	Chaplain (Bishop) William McKissick 1153 East Street South, Suffield, CT 06080 william.mckissick@ct.gov	860.627.2148 FAX 860.627.2134
Manson Youth Institution	Jeffrey Pacelli, CC (Emily Stowell CCS) 42 Jarvis Street, Cheshire, CT 06410 jeffrey.pacelli@ct.gov	203.806.2635 203.806.2554
Northern CI	Chaplain Thomas Wright 287 Bilton Road, POB 665, Somers CT 0607 thomas.wright@ct.gov	860.763.8697 FAX 860.763.8710
Osborn CI	Larry Gillman, CC POB 100, Somers, CT 06071 larry.gillman@ct.gov	860.814.4620 FAX 860.814.4982
York CI	Adrienne Kerwain, CC Jennifer Murray, CC (back-up support) (East-West - Women) 201 W. Main St. (Rte 1A) Niantic CT 06357 jennifer.murray@ct.gov	860.451.3162 FAX 860.451.3130

District 2

Bridgeport CC	Chaplain Nasif Muhammad 1106 North Avenue, Bridgeport, CT 06604 nasif.muhammad@ct.gov	475.225.8000 FAX 475.225.8050
Brooklyn CI	Louise Downer, Office Manager Angelina Gammardella, CCS (back-up support) 59 Hartford Road, Brooklyn, CT 06234 louise.downer@ct.gov angelina.gammardella@ct.gov	860.779.4528 860.779.4518 FAX 860.779.2210

Corrigan/ Radgowski CI	Charlene Baskerville, Office Manager 982-986 Norwich-New London Tpke./Rte 32 Uncasville, CT 06382 charlene.baskerville@ct.gov	860.848.5030 FAX 860.848.5003
Hartford CC	Erika Doolittle, CC 177 Weston St., Hartford, CT 06120 erika.doolittle@ct.gov	860.240.1901 FAX 860.240.1807
New Haven CC	Earl Barnes, CC Jessica Tiriolo, CCS (back-up support) 245 Whalley Avenue, New Haven, CT 06530 earl.barnes@ct.gov jessica.tiriolo@ct.gov	203.974.4111 FAX 203.974.4167
Robinson CI	LaRue McNish, CCS Renea Tirrell, CSAC (back-up support) POB 1400, Enfield, CT 06082 larue.mcnish@ct.gov renea.tirell@ct.gov	860.253.8283 FAX 860.253.8373
Willard/ Cybulski CI	Armand Aubey, Correctional Counselor 391 Shaker Road, Enfield, CT 06082 armand.aubey@ct.gov	860.763.6536 FAX 860.763.6521

Health & Addiction Services Unit

Central Office	Alicia Ifkovic-Mau, CCS 24 Wolcott Hill Road alicia.ifkovic-mau@ct.gov	860.692.7896 FAX 860.692.7646
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Programs & Treatment Unit

Central Office	Karl Lewis, Director karl.lewis@ct.gov	860.692.7494 FAX 860.692.7586
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Career Fairs, Inmate Identification Cards, Veteran's Services, Job Center's

Parole-Community Services Division

All Parole Offices, Res. & Non-res. Programs:
Htfd., Wtby., New Haven, Norwich-N. London & Brdgpt.

Contact:	Edward Kendall, Parole Manager edward.kendall@ct.gov	860.885.2021 FAX 860.885.2077
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Contracted Volunteer Affiliates
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Family ReEntry Inc.	Steve Lanza, Exec. Director 9 Mott Avenue, Suite 104 Norwalk CT 06850	203.838.0496
Cheshire Thresholds	Bob or Barbara Sireno POB 504 Cheshire CT 06410	203.272.5028
Community Partners In Action, Inc.	Deborah Rogala Director of Operations 110 Bartholomew Avenue Hartford CT 06106	860.271.7209
Community Partners In Action, Inc.	Jeffrey Greene Prison Arts Program Mgr. 110 Bartholomew Avenue Hartford CT 06106	860.722.9450
UCONN/PEP	People Empowering People (PEP) POB 70 Haddam CT 06438	
The Connection Inc.	Apps for Background Checks; Packets: <i>Waterbury Parole – PS Frank Mirto</i> Copy of Packet NO LETTERS to: <i>The Connection, Inc. - Stephanie Donovan</i>	
Expressive Arts Therapy	Marcelyn Dallis-Jones 65 Main Street Norwich CT 06360	860.889.2413
UCONN Health Services (Corr. Managed Health Care)	Amy Houde, LCSW, HSA Internship Coordinator/CMHC 263 Farmington Ave., ASB Farmington, CT 06030	860.679.2277

DOC “VIP Coordinators” are designated to serve as liaisons to the community. When you call a facility VIP Coordinator s/he may be assigned to another post/position. Please keep in mind that telephones are located out of reach of inmates. If no one answers, you are welcome to e-mail us.

Completed application materials should be mailed directly to a “VIP Coordinator” (Listed Above).

Designated program supervisors will arrange interviews, background screening & your overall evaluation as a potential correctional volunteer. After being interviewed by a facility VIP Supervisor, your application materials will be forwarded to the Supervisor of Volunteer Services Unit for review.

All applicants will receive "official" approval or denial from the Supervisor of the Volunteer Services Unit.

If you have any questions or require additional information, please contact:

Calma Frett, Volunteer Services Unit
Department of Correction, 24 Wolcott Hill Road
Wethersfield, CT 06109

(860) 692.7580

calma.frett@ct.gov

THANK YOU!

V.I.P. Prison Rape Elimination Act Training

For CT-DOC Volunteers, Interns and Professional Partners (VIP's), including Contractors and Researchers

On September '03 the Prison Rape Elimination Act (P.R.E.A.) was signed into law by Congress. P.R.E.A. standards were developed to curb prison sexual misconduct throughout the nation. Since its enactment, all Federal, State & Local correctional facilities are required to develop and promote "zero-tolerance" policies regarding sexual violence. This Law was followed by the development of standards for all staff, volunteers, contractors and inmates.

Prevention of sexual misconduct continues to be a top priority of everyone involved with the CT Department of Correction. Consequently, your review of this Handout and your awareness and compliance to three standards pertaining to VIP's will join all of us together to help eliminate the risk and incidence of sexual misconduct in any facility or contracted correctional component.

The three established P.R.E.A. Standards designed for Volunteers, Interns & Professional Partners (Contractors & Researchers inclusive) include:

- 1) Training to detect sexual misconduct;
- 2) Reporting of any alleged incident of sexual violence or misconduct;
- 3) Follow up with any investigation.

By reading this Handout and signing-off on the attached PREA Compliance Form you are agreeing to work with us towards the goals of eliminating all sexual misconduct and violence in institutions/centers.

The key to implementing these standards is for you to understand the importance of using your best ability to discern, detect, and report observation, alleged behavior or witnessed act of a sexual harassment, misconduct or abuse inmates, visitors, employees, contractors or other VIP's. As you already know, it is the responsibility of all VIP's to maintain professional boundaries and to assist staff as joint supervisors of inmates participating in authorized voluntary/elective activities.

To provide you with a better understanding of the importance of these standards, please read the excerpts below:

"The facts are appalling. The Bureau of Justice Statistics has found that in 2011 alone, some 200,000 people were sexually victimized in the American prison system. The Prison Rape Elimination Act, passed in '03 provides for training all correctional staff, inmates, volunteers and contractors to eliminate risks and protect everyone involved in prison/jail programming from the sexual misconduct.

Real change will only happen if we come together to better understand prison rape in the context in which any rape, anywhere, must be seen.

Sexual misconduct including rape is never about sex; it is about power and control. Rape is a tool, a weapon, a means of communication. Rapists are telling themselves and their victims who's in charge, and whose body is forfeit.

For most rapists, of course, the power and control are fleeting. The prisoner who attacks is still, after all, in prison. Power is never complete — yet in that moment in which they choose to rape, rapists seek to use another person's body to proclaim they have some small measure of it. The victim is a delivery mechanism for the rapist's message.

Rape is psychological warfare. In a sudden, violent moment an individual can be attacked, traumatized and lose faith and self-dignity in a single horrific experience. The victim is often

left shattered and hopeless. It's important to realize that survivors' reactions are deeply personal, and absolutely not contingent on the message their attackers may have intended to send. Survivors need to know: "The assault does not define them."

Each moment and each person and each event is individual and complex — but the act, the act itself, the act of using another person's body for is simply about power and control wherever and however it happens.

The need to genuinely address the reality of sexual misconduct and prevent rape in our prisons is acute. We cannot idly abide the tortures to which some inmates are regularly subjected.

Prison rape exists on a continuum that winds its way through our streets and our schools and our homes and our workplaces; only when we begin to recognize and champion respect and the protection of all people, especially inmates, no matter their gender, place in the hierarchy, or time served, will we begin to truly free ourselves of its evil.

Tips for detection of sexual misconduct and reporting to staff:

- Be observant at all times.
- Look at body posture, personal hygiene, note any differences in how any individual is interacting with you or others.
- If you "sense" a problem or issue ask how a person "feels".
- Listen to responses carefully.
- Hear what is being said and how it sounds.
- Look carefully for bruises.
- If you get a sense of hopelessness or hear anxiety, confusion or suicidal ideation –these are clear indicators of something wrong.
- Report what you become aware of immediately to any staff as soon as possible
- If staff determine that further investigation is necessary, remember to write down what you think/know as fully and clearly as you can.

Per PREA standard 115.77: Any VIP-Volunteer, Intern or Professional Partner, including Contractors and Researchers who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

**V I P s In Correction
Volunteer, Intern & Professional
Partners
P.R.E.A. Training**

By signing below, I am agreeing that I am aware of three standards for Volunteers and Contractors developed by the (federal) Bureau of Justice Administration to promote a zero-tolerance of Sexual Misconduct in Corrections. The three BJA standards developed via the Prison Rape Elimination Act are to: 1) Detect; 2) Report & 3) Follow up with any report made related to my knowledge of the following: Sexual Harassment; Sexual Misconduct; or Sexual Abuse in the correctional setting. By my signature below, I agree to report any P.R.E.A. incident to any CT Department of Correction staff and agree to follow up with any investigation into such matters reported:

(Please Sign)

_____ On _____
(Legal Signature) (Date)

(Legible/Printed Name: Last name, First name, MI)

FACILITY: _____

**Complete and Send Original Sign-off Sheet Designated
Facility Volunteer Coordinator**

Facility Volunteer Coordinator will keep original and send copy of form to:
State of Connecticut - DOC
Volunteer Services Unit
24 Wolcott Hill Road
Wethersfield, CT 06109



Ebola Screening Form for Entry to Correctional Sites

CN 100605
REV 10/27/14

Connecticut Department of Correction

Facility:

Date:

Inmate name (if visiting an inmate): **Does Not Apply**

Inmate number: **N/A**

Name of visitor, volunteer, vendor or contractor:

Name of Organization (if volunteer, vendor or contractor):

Ebola Screening

1) Have you traveled to or been in contact with anyone who has traveled to Liberia, Sierra Leone or Guinea in the last 21 days (3 weeks)?
 Yes No

2) Have you been in contact with someone who has been isolated due to the Ebola virus compatible symptoms?
 Yes No

***All visitors, volunteers, vendors and contractors are required to have this screening form completed prior to entering any Connecticut Correctional site. Any visitor, volunteer, vendor or contractor who answers "Yes" to one or both screening questions, or refuses to complete this form, shall be denied access to the correctional site and a supervisor SHALL be contacted immediately.**

A visitor, volunteer, vendor or contractor who reports Ebola virus compatible symptoms, should contact the Connecticut Department Public Health (DPH) at 860-509-8000 or dial 911.

DOC Staff signature:

Date:

*DOC Supervisor signature:

Date:

Time: am pm

Date: