



NORTH DAKOTA
Department of Corrections
& Rehabilitation

Lisa Bjergaard, Director

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Jack Dalrymple, Governor
Leann K. Bertsch, Director

North Dakota Youth Correctional Center

701 16th Avenue SW • Mandan, ND 58554
Telephone: (701) 667-1400 • FAX (701) 667-1414
Ron Crouse, Director

Dear,

Thanks you for considering being a volunteer at the North Dakota Youth Corrections Center. Enclosed you will find our mission statements, a volunteer application, volunteer waiver and confidentiality form and forms necessary to complete our background check. Also enclosed is a list of expectations of interns while at NDYCC. Complete these materials provided and return them to

Attn: Jess Friesz or Rhonda Althoff
North Dakota Youth Corrections Center
701 16th Ave SW
Mandan, ND 58503

Please note that an incomplete packet will not be processed. Once your information has been reviewed you may be contacted to schedule a personal interview. All volunteer offers are contingent on the outcome of the background check. Volunteer offers are made based on the candidate's skills, interests and abilities, and the needs of the North Dakota Youth Correction Center.

If you have any questions regarding the application process, please call Jess Friesz at 701-667-1476 or Rhonda Althoff at 701-667-7368

Sincerely,

Rhonda Althoff
Training Director

Enclosures 4

APPLICATION FOR INTERN/VOLUNTEER

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION
 DIVISION OF JUVENILE SERVICES/YOUTH CORRECTIONAL CENTER
 SFN 51043 (6-08)

General Information (Please print or type)

Name (Last, First, Middle Initial)		Social Security Number		Business Telephone No.
Mailing Address	City	State	Zip Code	Home Telephone No.

Intern/Volunteer Position Applying For:

First Choice	Second Choice
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Education and/or Training

High School Graduate <input type="checkbox"/> No <input type="checkbox"/> Yes—see below		If you are not a high school graduate, do you have a GED Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name and location of High School:					
SCHOOL NAME AND LOCATION (college, university, nursing, vocational, or other)	Dates Attended		Field		Type of Degree and Date Granted
	From	To	Major	Minor	

Provide information on education/training you have which is not covered above. Indicate special skills you possess; languages you speak, write or understand; voluntary and unpaid work experience, etc. Also, list any professional license(s) you currently hold.

Employment History:

- Be specific. Start with your present, or most recent job. If you need additional space, attach separate sheets using this same format.

Employer	City and State	Your Title	Name of Immediate Supervisor	Dates Worked

Reason for wanting to perform Intern/Volunteer Work: Write a short paragraph stating your reasons for wanting to be a volunteer/intern.

Certification and Signature: Please read before signing

I hereby certify that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected. I further understand that this intern/volunteer application and other related documents I may have furnished are not contracts of employment; also, that any oral or written application and other related documents I may have furnished are not contracts of employment; also that any oral or written statements to the contrary are hereby expressly disavowed. The employer has my authorization to thoroughly investigate my work, medical and personal history, which is intern/volunteer, related. I certify that I will hold no person, corporation or organization liable for giving or receiving information in this investigation.

Signature of Applicant	Date
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VOLUNTEER AGREEMENT

**NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF JUVENILE SERVICES/YOUTH CORRECTIONAL CENTER**

I, _____, volunteer to serve as
_____ for the North Dakota Youth Correctional Center.

As a volunteer, I agree to:

1. Report on _____ from
(days)
_____ to _____.
(time) (time)
2. Undergo a training period.
3. Comply with NDYCC policies and procedures, especially those related to security and confidentiality.
4. Make my services available to NDYCC as follows:
 - a. _____.
 - b. _____.
 - c. _____.

NDYCC agrees to provide:

1. Training appropriate to the assigned task.
2. Sound guidance and direction.
3. Periodic review and evaluation of performance.

Signature of Volunteer

Date

Signature of Director of NDYCC

Date

CONFIDENTIALITY AGREEMENT

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF JUVENILE SERVICES/YOUTH CORRECTIONAL CENTER

I understand and acknowledge that personal identifying information and protected health information regarding juveniles who presently are or who have been under the custody of DJS is confidential. I understand that all Division of Juvenile Services (DJS) employees, professional visitors, volunteers, trainees, contracted personnel, consultants and interns shall maintain the confidentiality of information, including personal identifying and protected health information, regarding juveniles who presently are or who have been in the custody of DJS.

I agree that I will not disclose confidential information, including personal identifying information and protected health information, regarding juveniles who presently are or who have been in the custody of DJS to persons inside or outside of DJS, including disclosure orally, electronically, or in a written format, except when required or authorized by state and federal law, including N.D.C.C. Section 27-21-12 and 45 C.F.R. Parts 160 and 164.

I understand that it is important to the juveniles and DJS that the privacy, confidentiality, and security of personally identifying and protected health information be maintained and that it is my responsibility to understand and comply with state and federal law and the policies of DJS relating to the disclosure of confidential information.

By signing this confidentiality agreement, I acknowledge that I have read, understand, and will comply with this agreement. I understand that a violation of this agreement may involve disciplinary proceedings, up to and including immediate loss of employment with the Division of Juvenile Services, for DJS employees, and immediate termination from the North Dakota Department of Corrections and Rehabilitation’s Division of Juvenile Services for non-employees, and the imposition of civil or criminal penalties.

Name (Print or Type)

SIGNATURE

DATE

WITNESS

DATE

A copy of this confidentiality agreement must be placed in the file of this individual.

VOLUNTEER AND INTERN WAIVER AND CONFIDENTIALITY

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION (DOCR)

(9/2010)

RESOURCE VOLUNTEER AND INTERN POLICY STATEMENT

Individuals who are immediately related to or on the visiting list of offenders or who are presently on parole or probation are prohibited from being a DOCR resource volunteer or intern.

A volunteer or intern is prohibited from engaging in inappropriate behavior with any offender in DOCR custody or under the supervision and management of the DOCR. Inappropriate behavior is any activity or conduct with offenders which is unreasonably disturbing or engaging in any behavior that a reasonable person would find to be disruptive, harassing, or threatening. Inappropriate behavior may include:

1. Behavior that threatens the safety, security, or orderly operation of a DOCR facility;
2. Bringing onto facility grounds or into the buildings any items deemed to be contraband;
3. Committing or attempting to commit any activity that would constitute a crime or a violation of City, County or State law;
4. Possessing, selling, distributing, displaying or using any dangerous weapon or using or threatening the use of any other object in such a manner that it may be considered a weapon;
5. Engaging in any physically intimidating or assaultive behavior. Making any threats of violence or unlawful activities;
6. Possessing, selling, distributing, consuming or being under the influence of any alcoholic beverage or controlled substance or in possession of any tobacco products;
7. Refusing to follow the reasonable directions of a North Dakota Department of Corrections and Rehabilitation staff member;
8. Engaging in any behavior that a reasonable person would find to be disruptive, harassing, or threatening in nature including stalking, prolonged staring at or following another with the intent to annoy or intentionally behaving in a manner that could reasonably be expected to annoy or disturb other patrons;
9. Engaging in any sexual contact, activities or conduct;
10. Violating the North Dakota Department of Corrections and Rehabilitation rules for acceptable use of the internet.
11. Giving or accepting gifts, money, articles or special favors from offenders, offenders' friends, or offenders' families. Any attempt on the part of a volunteer to visit, write, communicate, send gifts or money to an offender, offenders' friend, or offenders' family;
12. Divulging any home telephone numbers, addresses or personal information about themselves, other volunteers, or any staff to offenders;
13. Failure to notify the appropriate facility warden or director when a volunteer who is the subject of a criminal investigation, charge, arrest and/or conviction, or is incarcerated for any reason. Notification will consist of direct telephone or written communication with the facility warden or director and will include the formal charge date, time, and jurisdiction of the alleged occurrence and any other relevant information.
14. Failure to abide by facility rules, regulations and requirements, including the use of confidential information and compliance with DOCR search procedures.
15. Conducting financial transactions with offenders.

The DOCR may remove individuals who have engaged in prohibited behavior from the list of resource personnel.

WAIVER OF RESPONSIBILITY AGREEMENT

I understand that I am participating in the Volunteer or Intern Program as a volunteer or intern and not as an employee of the North Dakota Department of Corrections and Rehabilitation.

I understand and fully accept the fact that I will not receive financial compensation for whatever services I perform or provide and that any services I may perform or provide are supplemental and complimentary to the existing rehabilitative programs. I further understand I am not entitled to unemployment or workers compensation benefits.

I will obey all the applicable rules, policies and regulations of the Department of Corrections and Rehabilitation.

I will adhere strictly to policies and procedures required for confidentiality, security, and safety of the DOCR and its facilities.

I certify that the requested information I have given to become a volunteer or intern is true and correct and that I am subject to discipline for giving any false information.

I fully understand that there are risks and dangers involved in working as a volunteer or intern in the criminal justice system. I further understand there is a risk of verbal or physical abuse.

I understand and agree that the Director of the North Dakota Department of Corrections and Rehabilitation or any of the staff cannot guarantee my safety. I accept the fact the Director has granted me permission to be a volunteer or intern and I realize the dangers and risks involved.

WAIVER OF LIABILITY, INDEMNIFICATION AND RELEASE

I am aware of the dangers and risks to my person and property involved with volunteering or interning and that accompanying any Department of Corrections and Rehabilitation Officer in the performance of his or her duties may put me in physical danger.

On behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby agree to:

- a. waive, release and discharge the State of North Dakota and its agencies, officers and employees from any and all liability for my death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me and my estate as a direct or indirect result of my participation in the activity or event; and
- b. indemnify, save and hold harmless the State of North Dakota and its agencies, officers and employees of, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my actions during this activity or event.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident or illness while volunteering or interning. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

STATEMENT OF CONFIDENTIALITY

I agree not to divulge any information, including identifying information that is confidential under state or federal law. North Dakota Century Code §12.1-13-01 provides:

A person is guilty of a Class C Felony if, in knowing violation of a statutory duty imposed on him as a public servant, he discloses any confidential information which he has acquired as a public servant. "Confidential information" means information made available to the government under a governmental assurance of confidence as provided by statute.

If I have any knowledge of any offender being involved in drugs, criminal activity or alcohol, I will immediately notify the offender's supervising officer.

I, the undersigned participant, acknowledge that I have read and fully understand all of the above provisions and of my own free will sign this document.

Signature

Date

Printed Name

