



State of Montana
DEPARTMENT OF CORRECTIONS
VOLUNTEER SERVICE AGREEMENT

I, _____ (*print name*), do agree to the following conditions of providing volunteer services for the Department of Corrections:

1. I agree to engage only in those assignments or activities that have been assigned or authorized by the volunteer coordinator.
2. I will not present myself as a representative or paid employee of the Department.
3. I do not expect to receive monetary compensation for my services.
4. I may be reimbursed for incidental expenses such as transportation, lodging, meals, and other volunteer related costs, when necessary and approved for the performance of the volunteer activity.
5. I agree to avoid undue familiarity. If an offender has a problem that is beyond the scope of my position, I will direct the offender to the appropriate agency staff. I will not pursue a relationship with an offender that is outside my assigned responsibility.
6. I agree to bring nothing in or take anything out for any offender except work materials that have been approved by the volunteer coordinator.
7. I will report without delay to the volunteer coordinator any condition, activity, or unusual behavior that may be unethical, illegal, dangerous or potentially dangerous.
8. I agree to meet attendance and performance requirements.
9. I understand that I am responsible, and therefore liable, for my own actions, and agree to use due care and caution when providing volunteer services.
10. I agree not to report for volunteer activities under the influence of alcohol or drugs.
11. I agree to accept only those assignments and engage in only those activities that have been assigned or authorized and that supplement, but do not supplant, the work of classified Department employees.
12. I understand that offenders under Department jurisdiction have been convicted of felony criminal activity, and that any offender I may have contact with may attempt to take unfair advantage of me. If taken hostage, I understand that the same rules apply to me as to any Department employee.
13. I understand that my status as a volunteer may be suspended or terminated at any time with or without any reason and at the complete discretion of the Department.
14. I have received a copy of [DOC Policy 1.3.16](#), have read it, and agree to be bound by its terms.

VOLUNTEER'S SIGNATURE

DATE