



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure:	MSP 1.3.16A RELIGIOUS VOLUNTEER SERVICES	
Effective Date:	January 11, 2008	Page 1 of 3 and 3 Attachments
Revision Date(s):	February 16, 2017, August 22, 2017, October 6, 2017, December 15, 2019, September 30, 2020, March 15, 2021	
Reference(s):	DOC Policy 1.3.16	
Signature:	/s/ Jim Salmonsens /Warden	

I. PURPOSE

To use volunteers and religious activity guests to help provide important religious services for the benefit of staff and inmates. Religious volunteers and activity guests will not perform duties that are normally performed by paid staff.

II. DEFINITIONS

Approved Religious Volunteer – A volunteer that provides religious services over an extended time frame.

Chaplain Service Volunteer – A faith group representative approved by the Warden or designee and endorsed by an approved faith group organization, who provides pastoral ministry upon completion of the full MSP pre-service training course.

Religious Activities Guest – A person that provides a specific function for a single religious event or within a limited time frame.

Religious Activity Coordinator – An individual designated to coordinate religious programming for offenders.

RAC – Acronym for Religious Activity Center

Volunteer – Any person who has been approved to provide services for Department programs without compensation.

III. PROCEDURES

A. Religious Activity Coordinator Responsibilities

1. Oversees the recruitment, screening, training, and supervision of all religious volunteers and activity guests and their activities.
2. Organizes, monitors, and manages the MSP religious volunteer program.

B. Applications

1. Volunteers must complete and return an *MSP Volunteer Application Form* (attachment A).
2. Religious activity guests must contact RAC staff at least ten business days in advance of the activity. RAC staff will interview the guest and record the information on the first page of an *MSP Volunteer Application Form* (attachment A).

C. Eligibility

1. Applicants must meet the following eligibility requirements and pass screening criteria to be approved pending training:
 - a. must be 18 years of age or older.
 - b. must pass a criminal background check.
 - 1) an applicant who is currently under supervision or is wanted for a criminal offense will not be selected as a volunteer recruit.
 - 2) an applicant previously under the care, custody, or supervision of the Department may be accepted as a volunteer, subject to the approval of the Warden, or designee.
 - c. an applicant who is the crime victim of an inmate incarcerated at MSP will not be selected as a volunteer recruit. If an immediate family member of the applicant is the crime victim of an inmate incarcerated at MSP the applicant will generally not be selected as a volunteer recruit.
 - d. applicants who are an immediate family member (spouse, parent, stepparent, sibling, step sibling, grandparent, step grandparent, child, or stepchild) of an offender that is in secure care under the supervision of the Department are ineligible.
 - e. applicants who are on the visiting list of an offender under the supervision of the Department are ineligible.

D. Training

1. The Religious Activity Coordinator will ensure each religious activity guest applicant who meets the eligibility requirements and passes the screening criteria receives, reviews, and acknowledges by signature an abbreviated training curriculum that outlines their expectations.
2. Approved volunteer applicants must meet the eligibility requirements and pass screening criteria to become a volunteer training recruit. A recruit must successfully complete the on-site MSP volunteer training curriculum before being certified as an Approved Volunteer. The training curriculum will include policies, procedures, and rules relevant to the effective function of a volunteer.
3. Chaplain Service Volunteers must meet eligibility requirements (including endorsement of their faith group organization), pass screening criteria, obtain written approval of the Warden or designee, and successfully complete the full pre-service training curriculum.
4. After successful completion of the required training volunteers must agree to abide by all policies, procedures, rules, obligations, and written responsibilities by signing a *Volunteer Service Agreement* (attachment B) and *Volunteer Training & Orientation Checklist* (attachment C) before being approved to provide a volunteer service.
5. Volunteers with direct and/or incidental contact with offenders must receive documented PREA training during volunteer orientation in accordance with *DOC 1.1.17 Prison Rape Elimination Act (PREA)*.
 - a. approved volunteers are required to complete PREA training annually to remain active.

E. Supervision

1. The Religious Activity Coordinator will ensure that each guest and volunteer is properly supervised.

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2. Religious activity guests must have a staff member with them at all times.
3. The supervision required for each volunteer will be determined by the Associate Warden of Security in consultation with the Religious Activity Coordinator. Variables such as the work setting, inmate to volunteer ratio, inmate custody level, and officer availability will be considered.

F. Volunteer Transportation

1. Religious activity guests and volunteers may travel in, but not drive, Department or assigned government vehicles.
2. Under no circumstances will inmates be transported in anyone's personal vehicle.
3. On a case-by-case basis the Warden may authorize a religious volunteer in good standing to transport an inmate off facility property upon being paroled, discharged to a suspended sentence, or having fully discharged his sentence.

G. Termination

1. An individual religious volunteer, religious activity guest, or a volunteer program may be suspended at any time, by the Shift Commander or designee.
2. An individual religious volunteer or a volunteer program may be terminated at any time, by the Warden or designee. The Religious Activity Coordinator is responsible to inform affected religious volunteers of the termination and the reasons for it.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Religious Activity Coordinator.

V. ATTACHMENTS

MSP Volunteer Application Form
Volunteer Service Agreement
Volunteer Training & Orientation Checklist

Attachment A
Attachment B
Attachment C

MSP VOLUNTEER APPLICATION FORM

Name: _____

Date: ____ / ____ / ____

Date of Birth: ____ / ____ / ____

Gender: Female Male

Social Security Number: _____ - _____ - _____

Residence:

Address: _____

Phone: (____) - ____ - ____

City: _____

State: _____ Zip Code: _____

Work: Email: _____

Mobile Phone: (____) - ____ - ____

Address: _____

Phone: (____) - ____ - ____

City: _____

State: _____ Zip Code: _____

Emergency Contact:

Name: _____

Address: _____

Phone: (____) - ____ - ____

City: _____

State: _____ Zip Code: _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If so please explain: _____

Are you related to an offender supervised by the Montana Department of Corrections? Yes No

If so please list their name(s) and your relationship to them:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Are you visiting an offender supervised by the Montana Department of Corrections? Yes No

If so please list their name(s) and your relationship to them:

Name: _____

Relationship: _____

Have you ever been the crime victim an inmate currently incarcerated at MSP? Yes No

If so please list their name(s):

Name: _____

Name: _____

What is the volunteer position you requesting to fill at Montana State Prison?

(over)

If you are requesting to be a religious volunteer, please indicate which faith group by circling it from the list that follows:

Alcoholics Anonymous
Mennonite/Amish
Jehovah Witness
Prison Fellowship
Protestant
Wiccan
Other:

Bahai
Buddhist
Latter Day Saints
Seventh Day Adventist
Hindu
Judaism
Fresh Life

Baptist Bible
Christian Brotherhood
Native American
Catholic
Islam
Odinist

What qualifications and or certification do you have that would qualify to serve as a volunteer for the position you requested above? Please attach copies of any certification and the names of individuals we can contact to check on this information.

Are you willing to work with other volunteers serving in this capacity, if any? Yes No

I am requesting consideration to become a volunteer at Montana State Prison (MSP). By my signature below I agree to attend all required training and follow all MSP policies, rules, and procedures if selected as a volunteer trainee. I understand that a full background check, including criminal background, will be conducted as part of the application screening procedure in accordance with the Privacy Act, Part 5, United States Code, Section 552a. I also understand that my person and vehicle are subject to search while on prison property.

Signature: _____

Date: / /

DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON VOLUNTEER SERVICE AGREEMENT

I, _____ (*print name*), do agree to the following conditions of providing volunteer religious services for Montana State Prison:

1. I agree to engage only in those assignments or activities that have been assigned or authorized by the Religious Activity Coordinator.
2. I will not present myself as a representative or paid employee of MSP or the Department.
3. I do not expect to receive monetary compensation for my services.
4. I agree to avoid undue familiarity with inmates. If an inmate has a problem that is beyond the scope of my volunteer duties, I will direct him to the appropriate staff. I will not pursue a relationship with an inmate that is outside my assigned responsibility.
5. I agree to bring nothing in or take anything out for any inmate except work materials that have been pre-approved by the Shift Commander and Religious Activity Coordinator.
6. I will not communicate in writing or electronically (phones, email, etc.) with inmates while not at the prison facility.
7. I will report without delay to the Religious Activity Coordinator or Shift Commander 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 my services.
10. I agree not to report at MSP for my activities under the influence of alcohol or drugs.
11. I agree to engage in only those activities that have been assigned or authorized for me 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.

VOLUNTEER'S SIGNATURE

DATE

MSP RELIGIOUS VOLUNTEER TRAINING & ORIENTATION CHECKLIST

- DOC 1.1.17 Prison Rape Elimination Act of 2003 (PREA)
- MSP 5.6.1 Religious Programming
- MSP Guiding Principles
- Emergency Procedures (including staff and visitor count procedures)
- Hostage Survival Information
- MSP 1.3.41, Employee Dress, Uniform, & Hygiene
- DOC 3.4.2, Prohibited Acts
- MSP 3.4.3, Tobacco Use Regulations
- MSP 3.1.5, Entrance Procedures
- MSP 3.1.17b, Contraband Control
- MSP 3.1.13, Key Control
- MSP 3.1.14, Tool Control
- MSP 3.1.21, Inmate Count & Supervision
- MSP 3.1.11, Inmate Movement Control
- MSP 1.3.16A, Religious Volunteer Services
- DOC 1.3.16, Volunteer Services
- DOC 1.3.12 Staff Association & Conduct with Offenders

I have received orientation and training in the areas checked above and have had the opportunity to ask questions and/or address my concerns. I agree to abide by the policies, procedures, and regulations of MSP.

I understand that if I violate any standard of conduct my permission to enter the grounds of Montana State Prison may be suspended and/or terminated and I may be subject to a criminal investigation by law enforcement authorities.

NAME (PLEASE PRINT)

ORGANIZATION

SIGNATURE

_____/_____/_____
DATE

PRINTED NAME OF TRAINER/FACILITATOR

SIGNATURE OF TRAINER/FACILITATOR