



DEPARTMENT OF CORRECTIONS
MONTANA WOMEN'S PRISON
OPERATIONAL PROCEDURE

Procedure No.: MWP 1.3.16	Subject: VOLUNTEER SERVICES
Reference: DOC Policy 1.3.16	Page 1 of 3 and 6 Attachments
Effective Date: 9/9/2020	
Signature/Title: /s/ Jennie Hansen / Warden	

I. PURPOSE

The Montana Women's Prison allows volunteers to provide important ancillary services in its facility and programs for the benefit of staff and offenders.

II. DEFINITIONS

Break in Service- A break in service is 1 year.

Immediate family member - spouse, parent, stepparent, sibling, step sibling, grandparent, step grandparent, child, or stepchild.

Professional Service Volunteer – An individual who provides a volunteer service that requires a certificate or license by state law, such as an attorney, doctor, or psychologist.

Religious Activity Specialist (RAS) – A qualified Department employee responsible for organizing, monitoring, and managing the facility or program volunteer program.

Short-term or Guest Volunteer – A person who provides volunteer services for a single event or within a limited time frame.

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

Volunteer Program Proposal – A formal written plan which supports a specific volunteer program.

III. PROCEDURES

A. Religious Activities Specialist Responsibilities

1. Supervises the volunteer base through orientation, direct feedback, and correspondences.
2. Organizes, monitors, and manages the MWP volunteer program.

B. Application Process

Prospective volunteers must meet minimum eligibility criteria, complete the application process, undergo a thorough background check, be approved, and successfully complete an orientation and, thereafter, a biennial refresher training. Volunteers must read, understand, and adhere to policies and procedures set forth for Volunteer Service.

1. As a volunteer applicant you are required to furnish information for use in determining qualifications based on past records. Volunteers must complete and return a Department Criminal Background Check and Authorization Form (attachment A).

2. Volunteers must complete and return an MWP Volunteer Application Form (attachment B).
3. Volunteers must read and follow the contents set forth in the Prison Rape Elimination Act (PREA) Volunteer/Contractor Brochure (attachment D) and sign a PREA Acknowledgement Form (attachment E).
4. Volunteers must be affiliated with an approved program prior to being approved to deliver a service. Volunteers should only deliver services reflected on the volunteer application. Volunteering for participation in worship service, counseling/coaching one-on-one, self-improvement activities and classes, concerts and programs must be approved prior to start of volunteer service.
5. Volunteers and Mentor Volunteers must complete the application process, the initial orientation and, thereafter, a biennially refresher training. Failure to update paperwork or attend training may lead to a suspension or termination.
6. Guest Volunteers must contact the RAS in advance of the activity.

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 and PREA background check initially and every five years thereafter, if there is no break in volunteer activity.
 - 1) An applicant who is currently under supervision may on a case by case basis be approved as a volunteer by the Warden or designee.
 - c. Applicants who are the crime victim of an inmate at MWP or if they are an immediate family member of the crime victim will generally not be approved as a volunteer.
 - d. Applicants who are an immediate family member of an inmate at MWP, will generally not be approved.
 - e. Applicants who are on the visiting list will be considered on a case by case basis.
 - f. Applicants may not correspond with an inmate at MWP unless pre-approved to do so.
 - g. Applicants may only act in the capacity of a state licensed professional (attorney, doctor, psychologist, etc.) with written approval by the warden.

D. Initial Orientation and Refresher Training

1. The RAS will ensure each volunteer applicant reviews and acknowledges by signature, an abbreviated training curriculum that outlines their expectations.
2. A volunteer must successfully complete an initial on-site MWP volunteer training. The training curriculum will include policies, procedures, and rules. Must complete every other year.
3. After successful completion of the required training volunteers must agree to abide by all policies and procedures by signing a Volunteer Service Agreement (attachment C) and Volunteer Training & Orientation Checklist (attachment F)
4. Short-term and guest volunteers may receive an abbreviated orientation of facility or program policies/procedures; however, the volunteer expectations must be clearly stated in writing.

E. Supervision

1. The RAS and/or On-duty Lieutenant will ensure that each volunteer is properly supervised.
2. The supervision level required for each volunteer will be determined by the Associate Warden of Operations in consultation with the RAS Coordinator.

F. Volunteer Transportation

1. 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.

G. Termination

1. A volunteer or a volunteer program may be suspended and/or terminated at any time, for cause, by the Warden or designee. The RAS is responsible to inform affected volunteers/programs of the termination/suspension and the reasons for it.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Associate Warden of Operations.

V. ATTACHMENTS

Department Criminal Background Check and Authorization Form	Attachment A
MWP Volunteer Application	Attachment B
Volunteer Service Agreement	Attachment C
Prison Rape Elimination Act (PREA) Volunteer/Contractor Brochure	Attachment D
PREA Acknowledgement Form	Attachment E
Volunteer Training & Orientation Checklist	Attachment F



Criminal Background Check Authorization

(For Employment, Service Providers, Contractor or Volunteers)

Applicant's Name:	
Other Names Used: (i.e. aliases, maiden name, previous married names)	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Driver's License # & State Issued:
Date of Birth:	Social Security Number:
List States Where You Have Resided:	

Have you previously been employed by the State of Montana? ___ yes ___ no

If yes, at what Department and under what name were you employed: _____

Purpose: _____
 (Reason for requesting access to DOC facility, e.g. employment, contract work, tour, volunteer, etc.)

Representing (if applicable): _____
 (Name of company/organization you represent.)

TO WHOM IT MAY CONCERN:

As an applicant for a position and/or current employee with the Department of Corrections, I am required to furnish information for use in determining my qualifications for the position for which I have applied and/or currently hold as is evident through my past work record. I hereby expressly authorize the Department of Corrections to contact my present or past employers, co-workers, personal references or any other possible work references. I further expressly authorize those aforementioned present or past employers and/or references to respond to such work related inquiries and to provide any and all information that they may have concerning me, including information of a confidential or privileged nature. I further release those past and/or current employment sources from any liability, which may relate to the information provided to the Department in good faith.

I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for purposes related to the hiring decision for the position that I have applied and/or for purposes related to continued employment with the Department of Corrections.

This authorization shall be valid and effective indefinitely from the date signed.

Have you ever been convicted of a felony? If the answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

___ No ___ Yes Date: _____ Jurisdiction: _____

Have you ever been convicted of Partner Family Member Assault, either Felony or Misdemeanor, or been the subject of an Order of Protection? If the answer is yes, please provide the date of the conviction/order and the jurisdiction in which the conviction/order occurred.

___ No ___ Yes Date: _____ Jurisdiction: _____

Applicant's Signature: _____ **Date:** _____

Application for Volunteer Services

Montana Women's Prison
701 South 27th Street
Billings MT 59101
Activities Specialist (406)247-5156

Today's Date(mm/dd/yyyy): _____

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

All items brought into the secure perimeter must be approved in advance by the Warden or designee. If you are on medication, or have a medical equipment aid, or medical device that you feel you require during the time you are in the prison. You must disclose this information, so an accommodation maybe considered.

YES NO
 If yes, explain? _____

Unique Talents, Skills, Knowledge – Volunteer Assignment Preference

Are you joining an existing prison program? YES NO or Are you proposing a new program? YES NO
Provide the program/activity/event name or a brief description below, if you answered no above.

What specific volunteer skills do you bring into this volunteer role?

Professional Credentials, Endorsements, Licenses

Individuals may only act in the capacity of a professional service volunteer when certified, licensed, or endorsed to perform a scope of service and only with approval of the Warden or designee. Verification of the right to practice maybe requested. Provide authority or endorsement below.

Relationships

Do you have a current or previous relationship with an inmate (ie: parent, spouse, child, friend, associate, etc)? YES NO
If yes, what is their name and department identification number?

Have you applied to visit an inmate or are you currently on the visitation list of an inmate at the prison or otherwise corresponding with the inmate (telephone, mail)? YES NO If yes, what is their name and department identification number?

Are you a victim or witness of a crime involving someone residing in the prison? YES NO If yes, what is their name and department identification number?

Authentication

I understand that I will not receive any compensation for servings as a volunteer. I understand that there is an inherent risk to any person entering the prison. Facility staff will take normal and prudent precautions for my protection, but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. Furnishing the information requested on this application is voluntary but failure to provide accurate and complete information may result in lack of further consideration for clearance, access to the facility or termination of your volunteer status with this agency.

The information provided is true to the best of my knowledge. I also understand that the prison will conduct a background investigation. I understand I am required to adhere to all the agencies policies and procedures. The prison and/or the department of corrections will not be responsible for any personal injury or property loss that may occur to me while performing volunteer service, and I am aware of the agency's zero tolerance for all forms of sexual abuse and sexual harassment of inmates or anything which may constitute contraband either legal or illegal, pursuant to federal or state statute, rule or policy, including any firearm, dangerous weapon, electronic device. Tobacco, alcohol, drugs, and sexual misconduct.

Print Name: _____ Signature: _____

FOR MWP USE (leave blank)

Guest/Short-term Volunteer

Regular Volunteer

CJIN (Complete every 5 years): Check ran by: _____ Date: _____ Check ran by: _____ Date: _____

Training (Complete every 2 years): Orientation Date: _____ Refresher Date: _____

PREA Paperwork (Complete Yearly): Date: _____ Date: _____ Date: _____ Date: _____ Date: _____



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 for cause at the complete discretion of the Department.
14. I have received a copy of *MWP Procedure 1.3.16* have read it, and agree to be bound by its terms.

VOLUNTEER'S SIGNATURE

DATE

AVOIDING INAPPROPRIATE RELATIONSHIPS

Due to the imbalance of power between offenders and staff in correctional settings, sexual interactions between individuals who work at the facility (who have power) and offenders (who lack power) are unprofessional, unethical and illegal. Because of this imbalance in power and the authority you may have over offenders, there can never be a consensual relationship between offenders and individuals working or volunteering for the Department. The law states "consent" is not a defense.

RED FLAGS

Be aware of red flag behaviors that may signal you or someone you work with is in danger of engaging in sexual misconduct with an offender. These may include:

- ◆ Spending a lot of time with a particular offender
- ◆ Change in appearance of an offender or employee
- ◆ Deviating from policy for the benefit of a particular offender
- ◆ Overlooking infractions or doing favors for an offender
- ◆ Sharing personal information with offenders
- ◆ Horseplay, flirting with, physical contact or standing too close to an offender
- ◆ Believing an offender is indispensable or taking up an offender's cause or grievance

COMMUNICATING PROFESSIONALLY WITH LGBTI/GENDER NONCONFORMING OFFENDERS

Treat all offenders with dignity and respect. Put any biases aside and be aware that your communication is both verbal and non-verbal. Understand the difference between sexual orientation, gender identity and gender expression.

To Report Sexual Abuse and Sexual Harassment

Contact your supervisor or facility administrator

Call: 406-444-6538

Email:
CORPREAReporting@mt.gov

Send a letter to:
PREA Coordinator
5 S. Last Chance Gulch
Helena, MT 59620

Prison Rape Elimination Act (PREA)

Volunteer/ Contractor

Sexual Abuse

and

Sexual Harassment

Prevention - Detection

Reporting - Response



State of Montana
Department of Corrections

Zero-Tolerance

The Department has zero-tolerance for all forms of sexual abuse and sexual harassment of offenders. Offenders have a right to be free from sexual abuse and sexual harassment in confinement and a right to be free from retaliation for reporting incidents. Individuals also have a right to be free from retaliation for reporting incidents.

The information contained in this brochure is designed to introduce you to the Prison Rape Elimination Act (PREA) and your responsibilities in regard to prevention, detection, reporting, and response to incidents of sexual abuse and harassment while you are a volunteer or contractor for the Department.

ALL allegations of sexual abuse and harassment will be referred for investigation to local law enforcement and/or the Department's Office of Investigations.

What is sexual abuse and sexual harassment?

DOC Policy 1.1.17 defines sexual abuse and sexual harassment. Ensure you understand these terms, as well as your duties under this policy.

PREVENTION

- ◆ Know your role and responsibilities as a volunteer or contractor.
- ◆ Limit interactions with offenders to your professional duties.
- ◆ Do not share personal information with offenders.

DETECTION

- ◆ Watch for changes in offender behavior.
- ◆ Be aware of your surroundings.

REPORTING

- ◆ You are required to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse or harassment, even if it occurred in another facility.
- ◆ Only share information with appropriate people who need the information to respond to the allegation.
- ◆ Report any retaliation against offenders or employees.

RESPONSE

- ◆ Notify security staff immediately.
- ◆ Request that the alleged victim not take any actions that could destroy physical evidence.
- ◆ Notifications will be made to medical and mental health staff, investigators, and facility leadership.

DYNAMICS OF SEXUAL ABUSE IN CONFINEMENT

- ◆ In women's facilities, relationships and loyalty tend to be highly valued.
- ◆ Men's facility cultures value aggression and power.
- ◆ Some see sexual aggression as a way to assert their power and control over others.
- ◆ Being victimized and seeking help are often viewed as weakness.
- ◆ Aggressors typically employ force, blackmail, or pressure tactics to control victims.
- ◆ Protective pairing: an offender may trade sex for protection, this does not constitute consent
- ◆ Sexual harassment may precede sexual abuse

COMMON REACTIONS

Physical symptoms:

- ◆ Change in sleep patterns
- ◆ Increase/decrease in appetite
- ◆ Poor concentration
- ◆ Feeling/acting numb or withdrawn
- ◆ Easily startled, 'jumpy'

Emotional reaction:

- ◆ Depression
- ◆ Guilt/self-blame
- ◆ Anger
- ◆ Anxiety
- ◆ Fear

Behavioral reactions:

- ◆ Change in hygiene
- ◆ Acting out/trying to be put in segregation
- ◆ Requesting/refusing room changes
- ◆ Requesting lab work for sexually transmitted diseases
- ◆ Self-harm



State of Montana
DEPARTMENT OF CORRECTIONS
CONTRACTOR/VOLUNTEER
PREA ACKNOWLEDGEMENT

I, _____ (*print name*), as a contractor or volunteer for the Montana Department of Corrections, have received a copy of the *Prison Rape Elimination Act (PREA) Volunteer/Contractor Brochure*. I have read and understand the content of the PREA Brochure and my responsibilities as a volunteer or contractor.

Facility

Name of contract company/volunteer group

Signature DATE

MWP VOLUNTEER TRAINING & ORIENTATION CHECKLIST

- DOC/MWP Mission & Goals
- MWP Guiding Principles
- Overview of Prison Operations, Institutional Phase of Reentry
- DOC & MWP 1.3.16, Volunteer Services
- DOC & MWP 1.1.17 Prison Rape Elimination Act of 2003 (PREA)
- NIC Red Flags
- DOC 1.3.2 Performance and Conduct
- DOC 1.3.12 Staff Association & Conduct with Offenders
- MWP 1.3.41, Employee Dress, Uniform, & Hygiene
- DOC 3.4.2, Prohibited Acts
- DOC 3.4.3, Tobacco Use Regulations
- MWP 3.1.5, Entrance Procedures and Detainment of Non-Offenders
- MWP 3.1.17a, Searches and Contraband Control
- MWP 3.1.13, Key Control
- MWP 3.1.14, Tool Control
- MWP 3.1.21, Offender Count & Supervision
- MWP 3.1.11, Offender Movement Control
- Nature of the criminal mind, con games and warning signs
- Confidentiality and security/safety
- Security Protocol, Emergency Procedures (including count procedures)
- Hostage Survival Information
- MCA 45-2-101, 45-2-211, 45-5-204, 45-5-501, 45-5-502, & 45-5-503

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 MWP.

I understand that if I violate any standard of conduct my permission to enter the grounds of Montana Women's 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