



Definition of Nexus - An employee, volunteer or contractor who has any contact and/or relationship with an incarcerated person who:

- Is currently Incarcerated under the supervision of the Department of Rehabilitation and Correction
- Is currently on parole under the supervision of the Department of Rehabilitation and Correction
- Was recently released from a DRC facility (within the last 5 years)
- Was recently released from parole under DRC Supervision (within the last 5 years)

A Nexus would include but not be limited to the following examples:

- If you have been on an offender's visit list
- If you have ever placed money on an incarcerated person's/supervisee's books
- If you have ever communicated with an incarcerated person/supervisee on electronic messaging.
- If you have ever made phone calls to or received phone calls from an incarcerated person/supervisee.

**I understand if my relationship status changes or I transfer to a different work location, I am immediately required to complete a new nexus form and submit it to my Managing Officer/APA Regional Administrator for approval.**

Name \_\_\_\_\_ OAKS Number: \_\_\_\_\_ Employee Type: \_\_\_\_\_

Job Title \_\_\_\_\_ Your Current Work Location: \_\_\_\_\_

**I ☐ NO NEXUS** **COMPLETE ONLY ONE SECTION BELOW (I, II OR III)**

I state that, to the best of my knowledge, I have no nexus connection, affiliation, or relationship to any incarcerated person/supervisee currently under the supervision of the Ohio Department of Rehabilitation and Correction or any other criminal justice agency. I understand that should I become aware of such a relationship I am required to notify my Managing Officer/APA Regional Administrator the next business day.

**II ☐ NEXUS - REQUESTING NO CONTACT** *(Select one of the 2 options below and explain below)*

I do have a nexus I am required to report, but I do not wish to correspond, visit, send funds/packages or communicate with them while they are incarcerated or on under community supervision.

Incarcerated Person/Supervisee Name: \_\_\_\_\_

Incarcerated Person/Supervisee Number: \_\_\_\_\_

☐ I do not anticipate professional conflict if the individual remains in the same prison/APA region.

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Please Note: In some cases, incarcerated individuals with certain medical, mental health, classification, security, supervision or other needs will require the incarcerated individual to be kept in a certain prison/region. In situations where incarcerated individuals cannot be moved for these reasons, requests to not work in the same facility/region with the incarcerated individual cannot be accommodated.

Please explain your relationship with this individual:

**III ☐ NEXUS - REQUESTING CONTACT**

I have a nexus with the individual listed below who is currently incarcerated in the ODRC facility, or is under the supervision of the APA or another criminal justice agency, and I wish to maintain contact with them.

Incarcerated Person/Supervisee Name: \_\_\_\_\_

Incarcerated Person/Supervisee Number: \_\_\_\_\_

Please describe your relationship and the purpose and extent of the contact:

Staff	
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Print Name:	Signature:	Date:
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Managing Officer Action:

☐ Transfer ☐ Approve Professional Contact Only - No Transfer ☐ Approve Contact ☐ Disapprove Contact

Print Name:	Signature:	Date:
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# Volunteer/Contractor/Intern Emergency Information

Name:			Last 4 digits of Drivers License #:		
Current Residence:					City:
State:	Zip:	Birth Date:	E-mail Address:		
Home Phone (Including Area Code):			Cell Phone (Including Area Code):		

\* In the event of an emergency where driving directions are needed to your home, the address listed above will be used to run "driving directions" using a mapping service through the internet.

## List 3 Persons To Notify In The Event Of An Emergency:

1. Print Name:			Relationship:		
Primary Contact Number:			Alternate Number:		
Address:	City:	State:	Zip:		

2. Print Name:			Relationship:		
Phone Number: (     )			Address:		
City:	State:	Zip:			

3. Print Name:			Relationship:		
Phone Number: (     )			Address:		
City:	State:	Zip:			

Do You Wear a Medical Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:				
Name of Family Doctor:				Doctor's Phone Number: (     )	

Model of Car 1:	Plate #:
Model of Car 2:	Plate #

If any information on this form changes, a new form must be completed and returned to the Volunteer Coordinator.

Signature:	Date:
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