

Complete all
Sections with "X"

Sample Document

Ohio Department of Rehabilitation and Correction

Authority for Release of Information

Full SSN if born
outside Ohio

Last Name: X	First Name: X	Middle Name: X	Other names used or known by: X If Applicable	Last Four (4) Digits of SSN: X	
Street Address: X		City: X	County: X	State: X	Zip Code: X
Phone Number: X	Driver's License No.: X	State of Issue: X	Place of Birth (county or city, state, country): X		
Personal Email Address: X		Sex: X	Race: X	State of Ohio User ID Number (if applicable): X If Applicable	Date of Birth (mm/dd/yyyy): X

I, authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to **any** duly authorized agent of the Ohio Department of Rehabilitation and Correction, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of all educational institutions, courts, police agencies, present and previous employment to include pre-employment records, background reports, efficiency ratings, discipline records, termination records, complaints or grievances filed by or against me, and salary records.

The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Ohio Department of Rehabilitation and Correction to consider in determining my suitability for worksite entry to provide contracted services, volunteer services, or for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for worksite entry to provide contracted services, volunteer services, or for employment by the Ohio Department of Rehabilitation and Correction. I understand that all materials pertaining to this background investigation become the property of the Ohio Department of Rehabilitation and Correction and will not be returned to me.

I hereby give permission and waive all provisions of company policy and law forbidding any school, court, police agency, employer, firm or person, from disclosing any knowledge or information they have concerning me. I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees, for and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. (see ORC 4113.71, Employer immunity as to job performance information disclosures, on the reverse of this form.) I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature: X	Date (mm/dd/yyyy): X
-----------------	-------------------------

Ohio Department of Rehabilitation and Correction

Prison Rape Elimination Act

Background Check Authorization

Pursuant to the Prison Rape Elimination Act, the Ohio Department of Rehabilitation and Correction (ODRC) is required to take certain steps to ensure compliance with the law with respect to those who may have contact with inmates. Specifically, pursuant to 28 CFR 115.17 (e):

The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.

I hereby acknowledge the requirement for ODRC to conduct a criminal background record check and authorize any duly authorized agent of ODRC to conduct the criminal background record check as required by law. I understand that all materials pertaining to this background check become the property of ODRC and will not be returned to me but will be maintained in a secure manner in accordance with applicable laws and policies.

This authorization shall remain valid for the duration of my employment with ODRC. A photocopy of this authorization form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Full SSN if born
outside Ohio

Last Name: X	First Name: X	Middle Name: X	Other names used or known by: X	Last Four (4) Digits of SSN: X	
Street Address: X		City: X	County: X	State: X	Zip Code: X
Driver's License No.: X		State of Issue.: X	Place of Birth (county or city, state, country): X		
Sex: X	Race: X	State of Ohio User ID Number: (If applicable) X If Applicable		Date of Birth (m/d/y): X	

Signature: X	Date: X
-----------------	------------

Volunteer/Contractor/Intern Emergency Information

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

* 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: X		Relationship: X	
Primary Contact Number: X		Alternate Number: X	
Address: X	City: X	State: X	Zip: X

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

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

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

Model of Car 1: X	Plate #: X
Model of Car 2: X If Applicable	Plate #: X If Applicable

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

Signature: X	Date: X
-----------------	------------

Ohio Department of Rehabilitation and Correction

Contractor/Volunteer/Intern Supplemental Questionnaire

Full SSN if born
outside Ohio

Applicant Name: ~~X~~ _____

Last Four (4) Digits of Social Security No.: ~~X~~ _____

- ~~X~~ 1. Have you ever been convicted of O.R.C. 2909.22, 2909.24, and/or 2909.29; Soliciting or providing support for an act of terrorism, Terrorism, or money laundering in support of terrorism?
 Yes No
- ~~X~~ 2. Have you ever been accused of an inappropriate or unauthorized relationship in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
 Yes No
- ~~X~~ 3. If you answered yes to the above question, please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
If No, you must write N/A here. It cannot be left blank.
- ~~X~~ 4. Have you ever been accused of sexual abuse or resigned from employment during a pending investigation of an allegation of sexual abuse?
 Yes No
- ~~X~~ 5. If you answered yes to the above question please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
If No, you must write N/A here. It cannot be left blank.
- ~~X~~ 6. Have you ever been accused of sexual harassment?
 Yes No
- ~~X~~ 7. If you answered yes to the above question please indicate the Employer, Dates of employment, Allegation, and Outcome. If no, write N/A.
If No, you must write N/A here. It cannot be left blank.
- ~~X~~ 8. Have you ever been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
 Yes No
- ~~X~~ 9. If you answered yes to the above question please indicate the Location of adjudication or conviction, Date of adjudication and/or conviction, Allegation, and Outcome. If no, write N/A.
If No, you must write N/A here. It cannot be left blank.
- ~~X~~ 10. Have you ever been accused of or been convicted of O.R.C. 2921.36; Illegal conveyance of weapons, drugs, or other prohibited items onto the grounds of a detention facility or institution?
 Yes No
- ~~X~~ 11. If you answered yes to the above question please indicate the Employer, Date of employment, Allegation and Outcome. If no, write N/A.
If No, you must write N/A here. It cannot be left blank.
- ~~X~~ 12. Have you ever knowingly accessed confidential personal information in violation of a rule of a state agency; or knowingly used or disclosed confidential personal information in a manner prohibited by law?
 Yes No
- ~~X~~ 13. If you answered yes to the above question please indicate the Employer and/or location, Location, Date, and Outcome. If no, write N/A.
If No, you must write N/A here. It cannot be left blank.

Applicant Signature: X	Date: X
--------------------------------------	-----------------------



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 ~~X~~ _____ OAKS Number: N/A Employee Type: N/A

Job Title Kairos Volunteer Your Current Work Location: SCI

~~X~~ **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.

~~X~~ **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.

I anticipate a professional conflict if the individual remains in the same prison/APA region

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:

~~X~~ **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

Print Name: X	Signature: X	Date: X
--------------------------	-------------------------	--------------------

Managing Officer Action:

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

Print Name:	Signature:	Date:
-------------	------------	-------

Individual Application for Volunteer/Intern Services

Date Application Submitted:

X Enter the date you are completing form

Last Name: X	First Name: X	MI: X	Date of Birth: X	Last 4 Digits of Driver's License #: X
Other names you have used or been known by: X				
Current Residence: X		Apt #: X	Area Code/Phone Number: X	
City: X	State: X		Zip Code: X	
E-mail Address: X		Occupation: X		

Please list all former residences during the **(last (5) years)** (list nothing prior to your 15th birthday).

Address of Residence	City, State & Zip Code	Dates	
X If Applicable	X	X	X
X If Applicable	X	X	X
X If Applicable	X	X	X
X If Applicable	X	X	X

Please list three **(3)** personal and/or professional references that are knowledgeable of you.

Name	Home & Work Area Code/Phone Numbers	Relationship
X	X	X
X	X	X
X	X	X

EMERGENCY CONTACT - In case of emergency, please contact:

Name: X	Area Code/Phone Number: X
-------------------	-------------------------------------

Name of Organization sponsoring you as a volunteer/intern with our agency. If not applicable, please indicate N/A.

Kairos Prison Ministry International, INC

Address of Organization (including City, State & Zip):

100 Debarry Plantation Boulevard, Debarry, Florida 32713

Site/Facility Location you prefer to volunteer/intern: SCI	Address: 5900 Bis Rd SW, Lancaster, OH 43130
--	--

For purposes of data gathering we would appreciate you checking the following as it applies to you:

Gender	Race	Education
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian/Pacific Islanders <input type="checkbox"/> Other: _____	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <input type="checkbox"/> College Degree: _____
Age <input checked="" type="checkbox"/>		

BACKGROUND INFORMATION

Have you ever been employed by the Department of Rehabilitation and Correction? Yes No

If YES, please list dates of service, position(s) held and location(s):

Have you ever been a temporary employee, volunteer or intern for the Department of Rehabilitation and Correction? Yes No

If YES, please list dates of service, location(s) and supervisor(s):

Have you ever been dismissed from any organization as a volunteer/intern? Yes No

If YES, please list date, location and explain why:

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Yes No If yes, what State: _____

If YES, list offense(s):

Misdemeanor Felony

Location of Conviction: _____

Date of Conviction: _____

Have you ever been incarcerated? Yes No

If YES, list date(s) of incarceration:

If YES, list previous Offender Number(s):

Are you currently on probation with any city, county or state law enforcement agency? If YES, please list the following: Yes No

Conviction	Agency	Date of Conviction	Conviction Location (City & State)	Length of Probation

Are you related to or associated with any offender presently incarcerated or under the supervision of the Ohio Department of Rehabilitation and Correction? Yes No

If YES, list offender name(s):

If YES, have you notified Institution by completing DRC Form 1500 - Nexus?
 Yes No

Have you ever been a victim of crime? Yes No

If YES, is the offender currently confined or under supervision of the Ohio Department of Rehabilitation and Correction?

Yes No Unknown

If YES, please list offender's name and location:

Declaration of Understanding

The Ohio Department of Rehabilitation and Correction has a zero tolerance for the conveyance of drugs, alcohol, and weapons into its correctional institutions or community facilities. Any such act will constitute a violation of section 2921.36 of the Ohio Revised Code which states in part that "No person shall knowingly convey, or attempt to convey, onto the grounds of a detention facility or of an institution that is under the control of the department of mental health or the department of mental retardation and developmental disabilities any of the following items:

- (1) Any deadly weapon or dangerous ordnance, or any part of or ammunition for use in such deadly weapon or dangerous ordnance;
- (2) Any drug of abuse, as defined in section 3719.011 of the Revised Code;
- (3) Any intoxicating liquor, as defined in section 4301.01 of the Revised Code;
- (4) Cash, in excess of \$10.00 (ten dollars);
- (5) Cellular telephone, two-way radio, or other electronic communications device;
- (6) Any product that contains tobacco including but not be limited to cigarettes, loose tobacco, cigar, snuff, chewing tobacco, or any other preparation of tobacco, tobacco substitutes, smoking paraphernalia (i.e., matches, lighter, cigarette papers, and rolling machine).

Every effort will be made to prosecute to the fullest extent of the law any person found to be in violation of this section of the Ohio Revised Code.

I have read or it has been read to me, and I understand the above declaration. I will not bring any weapon, ammunition, drug or alcohol into the prison or community facility operated by the Department of Rehabilitation and Correction.

I understand that I may be subject to a LEADS and or Driver's License check to be conducted by the Ohio Department of Rehabilitation and Correction, per DRC Policy 34-PRO-07.

By signing below, the applicant agrees to abide by all agency policies, particularly those relating to confidentiality of information and security practices.

Falsification will result in disapproval of this application and/or removal from the program.

Name (Print): 	
Signature: 	Date:
Witness: (can be spouse, or anyone)	Date:

MUST BE THE
SAME DATE

Program Coordinator:	Date:
----------------------	-------

Comments:

Volunteer/Intern Coordinator:	Date:
-------------------------------	-------

Comments:

LEADS Criminal Check completed: Yes No

Warden / DPCS Designee:	Date:
-------------------------	-------

Comments:

Ohio Department of Rehabilitation and Correction
Volunteer Regions

NW Region

- Allen Oakwood Correctional Institution - Lima, Ohio
- Dayton Adult Parole Authority Dayton, Ohio
- Dayton Correctional Institution - Dayton, Ohio
- Lima Adult Parole Authority Lima, Ohio
- Marion Correctional Institution - Marion, Ohio
- Mansfield Correctional Institution - Mansfield, Ohio
- North Central Correctional Institution - Marion, Ohio
- Ohio Reformatory for Women - Marysville, Ohio
- Richland Correctional Institution - Mansfield, Ohio
- Toledo Correctional Institution - Toledo, Ohio

NE Region

- Akron Adult Parole Authority Akron, Ohio
- Cleveland Adult Parole Authority Cleveland, Ohio
- Grafton Correctional Institution - Grafton, Ohio
- Lake Erie Correctional Institution - Conneaut, Ohio
- Lorain Correctional Institution - Grafton, Ohio
- Northeast Reintegration Center - Cleveland, Ohio
- Ohio State Penitentiary - Youngstown, Ohio
- Trumbull Correctional Institution - Leavittsburg, Ohio
- Northeast Ohio Correctional Center - Youngstown, Ohio

SW Region

- Cincinnati Adult Parole Authority Cincinnati, Ohio
- Chillicothe Correctional Institution - Chillicothe, Ohio
- Lebanon Correctional Institution - Lebanon, Ohio
- London Correctional Institution - London, Ohio
- Madison Correctional Institution - London, Ohio
- Ross Correctional Institution - Chillicothe, Ohio
- Warren Correctional Institution - Lebanon, Ohio

SE Region

- Belmont Correctional Institution - St. Clairsville, Ohio
- Correctional Reception Center - Orient, Ohio
- Columbus Adult Parole Authority Columbus, Ohio
- Franklin Medical Center - Columbus, Ohio
- Noble Correctional Institution - Caldwell, Ohio
- Pickaway Correctional Institution - Orient, Ohio
- Southeastern Correctional Complex - Lancaster, Ohio
- Southern Ohio Correctional Facility - Lucasville, Ohio

Category of Volunteer Service *(check all that apply)*

- Spiritual:** Religious study & group worship
- Education:** Academic Tutor, Literacy, Health & Nutrition
- Substance Abuse Recovery**
 - Alcoholics Anonymous Narcotics Anonymous
- Occupational:** Workforce Guidance & Readiness
- Professional-Technical Skill:** *please specify*
- Recreation:** Fitness/Crafts/Arts/Hobbies/Sports
- Social Dynamics:** Cultural Awareness, Diversity, Parenting, Communication Skills, Strengthening Marriage, Motivational Speakers
- Support:** Advisory Board, Family Service, Victim Service, Life Coach
- Aftercare:** Mentoring, Re-entry support
- Other:** *please specify*

(if applying for position requiring license or certificate, attach current document photocopy & liability rider)



Volunteer Individual Acknowledgment

I, **X** _____, hereby acknowledge that I have received
(Print Name)
and have read the Standards of Conduct for the Ohio Department of Rehabilitation and
Correction and reviewed the Volunteer Orientation Manual. I understand that the Standards of
Conduct and Orientation Manual requirements will remain in effect during my volunteer service
period.

Signature: X	X	Date: X
	{Signature}	{Print Name}



Volunteer Program Acknowledgment

I **X** _____, hereby consent to provide voluntary services to the Ohio Department of Rehabilitation and Correction (ODRC).

I understand that I must report at the time(s) agreed upon by myself and the Volunteer Coordinator. I will notify the department in advance whenever I am unable to report as assigned. I understand that I am expected to maintain a professional image at all times while performing volunteer duties. I agree to be cooperative, courteous, reliable and obey all ODRC rules and regulations. I understand that my participation does not guarantee future employment with ODRC.

I understand that as a participant in the ODRC Volunteer Program, I am not an ODRC employee and I am not entitled to any compensation, employment benefits or ODRC legal representation. I understand that I am not covered by worker's compensation, unemployment compensation, retirement or leave accrual. I will not be reimbursed for mileage, parking, meals or any other expenses.

I understand that I will not be permitted to perform any activity involving the actual receipt or handling of money (either cash or readily negotiable documents such as checks, money orders, state warrants, and the like) while performing my volunteer services for ODRC. I shall refrain from engaging in any such activity. I understand that I am not an agent of ODRC and I will not make any commitment on behalf of ODRC to third parties.

I also understand that there are inherent risks that I may encounter during the time of my participation in the Volunteer Program due to the nature of the agency's mission. I understand and promise that I will indemnify and hold harmless ODRC for any loss, harm or damage experienced by ODRC and its employees or any third parties that may be caused by an act of mine, or my failure to act in the performance of my volunteer services for ODRC.

I understand and hereby state that I fully agree to maintain the confidentiality of all records and information, both written and verbal, which pertain to offenders within ODRC. I understand and agree that I will not:

- 1) accept gifts from offenders
- 2) conduct business transactions with offenders or their families
- 3) participate in the handling of the personal funds of offenders
- 4) collect or distribute restitution owed by offenders
- 5) give legal advice to offenders
- 6) give public statements about offenders under the jurisdictions of ODRC

I understand that I must conform to the rules and regulations of ODRC to the best of my ability. Failure to comply with the rules and procedures of this program will be cause for forfeiture of any future access to or participation in this program. I understand that my service as a volunteer can be terminated at any time by ODRC.

I understand that this document is not a contract, either express or implied, but simply constitutes an acknowledgement of my understanding of the nature of my services to ODRC. If I am representing an agency, I am authorized to enter into such an agreement.

Volunteer Signature: X	Date: X
Service Provided: X Kairos	Period of Service (beginning mo/day to mo/day): X 2025-2030
DRC Program Coordinator:	Date:
Volunteer Coordinator:	Date:



Release of Liability

In consideration of the opportunity afforded me to participate as a volunteer, operating under the auspices of the Ohio Department of Rehabilitation and Correction, and in further consideration of receiving permission to participate as such, the receipt of such permission being also hereby acknowledged, and in recognition of the possible danger to which I may voluntarily subject myself in the course of such participation, I **X** _____, hereby knowingly, freely and voluntarily waive any right or cause of action of any kind whatsoever, arising as a result of such activity from which any liability may or could accrue to the Department of Rehabilitation and Correction. Further, I hereby agree not to release and/or share with any individual confidential information to which I may be granted access during the course of such participation.

In signing the foregoing release, the undersigned hereby acknowledges and represents:

- a) That (s)he has read the foregoing release, understands it, and signs it voluntarily;
- b) That (s)he is not an agent or employee of the Ohio Department of Rehabilitation and Correction and
- c) That (s)he is authorized to sign for the agency providing the volunteer service.

Volunteer Signature: X	Date: X
Witness: X	Date: X
Title:	

DPCS Office Entry:




Entrance procedures will be explained during the orientation process to each DPCS Volunteer or Contractor that must report to a regional office.

If at any time a contractor/volunteer has a question, they should contact their ODRC Contact Person, Intern Mentor, DPCS Administrative Assistant, the Shift Captain, or the Deputy Warden of Operations.

I have read and understand the Standards of Conduct for Contractors/Volunteers/Interns, including the rules and guidelines listed above. I understand that entering a correctional institution, APA Office, or the Operation Support Center carries responsibilities necessary to ensure safety and security to the facility and will abide by all rules and guidelines contained herein.

Acknowledgement of Receipt of the Standards of Conduct for Contractors, Volunteers and Interns

I have read and understand the Standards of Conduct for Contractors, Volunteers and Interns including the rules and guidelines listed above. I understand that entering a correctional institution. DPCS District Office, or Central Office carries responsibilities necessary to ensure safety and security to the facility and will abide by all rules and guidelines contained herein.

Signature of Contractor/Volunteer/Intern: 	
Printed Name of Contractor/Volunteer/Intern: 	Job Title: 

Leave Below Blank

Staff Witness Signature:	
Staff Witness Printed Name:	Job Title:
Institution/Agency:	Date: