



ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL

160 Peregory Lane
Charlottesville, VA 22902

Phone: (434) 977-6981 Fax: (434) 977-0468
www.acrj.org

CONTRACTOR / VOLUNTEER APPLICATION

Dear Volunteer Applicant:

We appreciate your interest in taking your time to volunteer here at the Albemarle-Charlottesville Regional Jail.

Your expertise and effort will assist us in providing our clients with skills and knowledge that they can utilize when reentering the workforce and our community. We are pleased that you will be a part in assisting us with our efforts in providing education, training, habilitation and rehabilitation for our clients.

Thank you &
Respectfully,

Phyllis Back
Programs Director
Albemarle-Charlottesville Regional Jail
160 Peregory Lane
Charlottesville, VA 22902-8720
Office: 434-977-6981 ext. 288
Cell: 434-962-2957
Fax: 434-977-0468

APPLICATION INSTRUCTIONS

These are the steps required for the ACRJ Contractor / Volunteer application process. Please review and complete these steps and contact me should you have any questions.

- 1) Contractors / Volunteers are required to complete the application packet prior to attending the ACRJ Orientation & Training class. Ensure that all areas are completely filled-in, & those that do not apply write **N/A** in the space. **PRINT CLEARLY & LEGIBLE.**
- 2) Be prepared to attend an Orientation & Training class that may last up to four (4) hours.
- 3) Bring a valid photo identification that includes your current address.
- 4) Complete and sign the. "Authorization for Criminal History/Motor Vehicle Records Check" form.
- 5) Complete a "Volunteer Photo Identification Information" form and take a picture for said card.
- 6) Sign and date the "Albemarle-Charlottesville Regional Jail Volunteer Agreement".
- 7) Review the "Sexual Misconduct Laws Introduced to Regional Jails". You will be required to sign and date a copy at the Volunteer Orientation & Training.
- 8) You will be contacted via telephone by the ACRJ Training Department to schedule a date that you will attend the ACRJ Volunteer Orientation & Training class once the background screening has been completed

**ALBEMARLE-CHARLOTTESVILLE REGIONAL JAIL
CONTRACT / VOLUNTEER AGREEMENT**

I agree to release the Superintendent, the Albemarle/Charlottesville/Nelson Regional Jail Authority, the staff of the Albemarle / Charlottesville Regional Jail, the County of Albemarle, the City of Charlottesville, the County of Nelson and the Department of Corrections from any and all liability that may result from your visits to the Albemarle/ Charlottesville Regional Jail. Furthermore, Do you agree to comply with the rules and regulations of the Albemarle / Charlottesville Regional Jail in conjunction with those rules and regulations set forth in this agreement.

I willingly sign this agreement and take full responsibility for any problems, injuries and / or death that may be incurred by me during my visit to the Albemarle/Charlottesville Regional Jail.

I will present my photo identification and jail issued identification card upon my arrival at the Albemarle/Charlottesville Regional Jail.

I will sign and date the visitor or contract logbook upon each of my entries and exits.

I will submit to a search, if requested by the facility staff personnel.

I will not bring anything in or take anything out of the facility for an inmate at anytime, unless I have written permission from the superintendent, program manager, or authorized designee.

I will provide only information that is necessary in the performance of my duties, and if necessary, I will seek approval from facility staff personnel prior to providing this information.

In the event of a disorder or emergency in the facility, I will not become involved, but seek assistance from facility personnel and exit the facility. If taken hostage, my status will not entitle me to any special negotiations for my release.

I will not carry or possess weapons, narcotics, alcohol, or any forbidden items while in the facility. If there is a question or doubt about any items being forbidden, ask the contractor / volunteer coordinator or authorized designee.

I realize that I will be denied access to the facility and may be removed from my position as a contractor / volunteer, if it is apparent that I am under the influence of alcohol or drugs when seeking access to the facility.

Under no circumstances will I bring friends, relatives, or other individuals into the facility unless they receive prior approval from the facility superintendent, program manager, contractor/volunteer coordinator or authorized designee.

Under no circumstances will I discuss or release information pertaining to inmate, staff or incidents regarding the facility without first consulting the contractor / volunteer coordinator or authorized designee.

I acknowledge that failure to comply with any rules and regulations previously mentioned may be sufficient cause for denying me access from entering the facility or participating in any in-house programs, or may result in criminal charges.

I have read and fully understand this agreement. I do agree to release the aforementioned persons and organizations from all liability and accept full responsibility for any problems, injures and/or death incurred during my visits to the Albemarle / Charlottesville Regional Jail. Also, I do agree to abide by all the rules and regulations of the Albemarle / Charlottesville Regional Jail in addition to those rules and regulations set forth in this agreement.

PRINTED NAME: _____
(First Middle Last)

DATE: _____

SIGNATURE: _____

CERTIFYING OFFICER: _____

DATE: _____

SIGNATURE: _____

PERSONAL INFORMATION:

Name: _____ Maiden Name: _____
(Last, First, Middle)

Address: _____

City/State/Zip: _____ Length of Residence at this Address: _____

Contact Telephone #: _____ eMail: _____

Date of Birth: _____ Race: _____ Sex: _____ Hair Color: _____

Eye Color: _____ Weight: _____ Height: _____

EMPLOYMENT INFORMATION:

Company Name: _____ Position/Title: _____

Address: _____

City/State/Zip: _____ Dates Employed: _____ to _____

Employment Telephone #: _____ Immediate Supervisor: _____

Your Name When Employed: _____

EDUCATIONAL INFORMATION:

High School: _____

College: _____

Degree: _____ Major: _____ Minor: _____

Professional Certification: _____

EMERGENCY INFORMATION

Person to Contact in Case of Emergency: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Telephone#: _____ Business Telephone #: _____

TYPE OF ADMITTANCE DESIRED:

Please Check One: () Volunteer (Specify Program): _____

 () Agency Program (Specify Program): _____

 () Other (Specify Program): _____

Brief Description of Program:

Are you a US Citizen? YES NO If not, provide documentation to verify that you are in the U.S. legally.

PREVIOUS INSTITUTIONAL / VOLUNTEER EXPERIENCE

Organization with which you are currently affiliated: _____

Have you ever worked with Juvenile or Adult Offenders: () YES () NO

If your answer is yes; please indicate the following:

Where: _____ **When:** _____

Briefly describe experience: _____

Reason(s) for Terminating this Work: _____

Are you currently working with any other correctional institution: () YES () NO

If so, where and in what program: _____

Please list your reasons for desiring to work with offenders in the Albemarle/Charlottesville Regional Jail:

What strengths do you feel you have to offer in a program of this kind: _____

How much time per week (on the average) do you plan to devote to the Regional Jail? _____

What days / hours would you be available: _____

Please list any other pertinent information you wish to include on this application: _____

How did you hear about this volunteer opportunity? _____

**Does this volunteer/contracted service require any type of license or certification, including driver's license?
(Explain)**

Interest, Experience, and Skills:

Please indicate in the blocks provided whether you have (I) – interest, (E) – experience, or (S) – skills

- a. **Business and Office Procedure:**
 Typing Bookkeeping Simple Clerical Computer
- b. **Public Relations/Personnel Services**
 Social Work Public Speaking Library Skills
 Publicity Journalism Program Management
- c. **Arts & Crafts/Recreation:**
 Music Painting/Ceramics Woodworking
 Leather Craft Other/Sewing, etc.
- d. **Special Populations:**
 Handicapped Geriatric Mentally Retarded
 Learning Disabilities
- e. **Educational Skills:**
 Literacy Tutoring Teaching-subject: _____
 Foreign Language Vocational-Subject: _____
- f. **Human Services:**
 Drug/Alcohol Counseling Sign Language
 Sex Offender Counseling Braille
- g. **Religious Activities/Groups: (Please indicate denomination and type of job):**
-
- Bible Study Prayer Group
 Worship Services One-On-One Counseling
- h. **Other Skills, training, education, group affiliations, etc.:**
-

CRIMINAL INVESTIGATIONS
NOTICE TO VOLUNTEER APPLICANT

It is the policy of the Albemarle-Charlottesville Regional Jail to request criminal records investigations on volunteer applicants during the screening process.

Applicants with criminal convictions may be rejected volunteer staff positions where there is a demonstrable relationship to the job for which the applicant is applying. The Albemarle-Charlottesville Regional Jail will consider the nature, gravity, and time of the offense rather than automatically excluding applicants solely on the basis of a conviction. Arrest records will have no bearing on the screening process; however, an applicant may be required to provide additional information before being allowed to continue in the screening process.

If you do not sign the, "Authorization for Criminal History / Motor Vehicle Records Check", form, you will not be considered for volunteer status. This form must be completed prior to your initial orientation.

Have you ever been convicted of any felony, any crime involving moral turpitude, or any offense involving the sexual molestation, physical or sexual abuse or rape of a child? Yes _____ No _____
If yes, describe in full:

ARREST RECORD

Have you ever been charged, arrested or convicted for any Criminal Offense to include minor violations?
Yes _____ No _____ if yes, list:

	DATE	JURISDICTION	CHARGE(S)	DISPOSTION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Are you visiting, have you visited, or are you corresponding with any inmate confined in any jail or any correctional institution of the Virginia Department of Corrections? YES / NO

If yes, please explain/identify the inmate(s): _____

Please list any know family, friends, or associates who are currently under the supervision of the Virginia Department of Corrections (confined or parole): _____

Are you now or have you ever been an associate or had any association with any known Gang? YES / NO



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160 PEREGORY LANE
CHARLOTTESVILLE VIRGINIA 22902
 Phone: (434) 977-6981
 Fax: (434) 979-7677 or (434) 977-0468

Colonel Ronald Matthews
 Superintendent

**AUTHORIZATION FOR CRIMINAL HISTORY / MOTOR VEHICLE
 RECORDS CHECK**

CURRENT PHONE NUMBER:

LAST NAME		FIRST NAME			MIDDLE NAME		ALL OTHER NAMES (INCLUDING MAIDEN NAMES BY FORMER MARRIAGES)		
DATE OF BIRTH MONTH DAY YEAR			PLACE OF BIRTH (CITY-TOWN-COUNTY)			STATE		SOCIAL SECURITY NUMBER	
RACE	SEX	AGE	HEIGHT	WEIGHT	HAIR	EYES			
HOME ADDRESS		STREET		CITY-TOWN-COUNTY		STATE		ZIP CODE	

DO NOT WRITE BELOW THIS LINE

CRIMINAL HISTORY/MOTOR VEHICLE VIOLATION RECORD

Records Check Run By:

Date

Signature

Date

Reviewed by the Deputy Superintendent or Designee:

Signature

Date

ALBEMARLE/CHARLOTTESVILLE REGIONAL JAIL
CONTRACTOR / VOLUNTEER
APPROVAL / DISAPPROVAL / TERMINATION

Applicant Name: _____

SSAN: _____ DOB: _____ Phone #: _____

1. Program Applied For: _____

2. Records Check Completed By: _____ Date: _____

3. Days Available: _____

4. Applicant is Recommended For: **APPROVAL** / **DISAPPROVAL**

a. If approved, applicant may provide program services as follows (be specific-day/time, etc)

b. If disapproval, reason:

5. Applicant Jail Orientation Conducted By: _____ Date: _____

PROGRAMS DIRECTOR

Signature: _____ Date: _____

DEPUTY SUPERINTENDENT / DESIGNEE

FINAL: APPROVAL / DISAPPROVAL

Signature: _____ Date: _____

TRAINING DEPARTMENT

6. Entry I.D. Badge Issued on: _____ Number: _____

7. Contractor / Volunteer Notified via Letter On: _____

Signature: _____ Date: _____

VOLUNTEER PHOTO IDENTIFICATION INFORMATION

BADGE NUMBER: _____ PHOTO NUMBER _____

PRINTED NAME: _____

ORGANIZATION: _____

PROGRAM: _____

INMATE(S) NAME: _____

DATE OF VISIT / PROGRAM: _____

TIME OF VISIT / PROGRAM: _____

ANY SPECIAL NOTES OF APPROVAL OR CONSIDERATIONS:

INFORMATION BELOW THIS LINE WILL ONLY BE AVAILABLE TO THE VOLUNTEER COORDINATOR

SOCIAL SECURITY NUMBER: _____ DOB: _____

HOME ADDRESS: _____

HOME PHONE NUMBER: _____ CELL NUMBER: _____

EMAIL ADDRESS: _____

BUSINESS ADDRESS: _____

PHONE NUMBER: _____

SIGNATURE: _____

DATE: _____

ALL INFORMATION GIVEN ABOVE IS VOLUNTARY AND WILL BE USED ONLY FOR IDENTIFICATION PURPOSES FOR ENTRANCE INTO THE ALBEMARLE / CHARLOTTESVILLE REGIONAL JAIL.

PROPERTY OF THE ALBEMARLE / CHARLOTTESVILLE REGIONAL JAIL. TO BE USED FOR OFFICIAL USE OF THE HOLDER DESIGNATED. MUST BE PRESENTED TO ENTER THE FACILITY. USE OR POSSESSION EXCEPT AS PRESCRIBED IS UNLAWFUL AND WILL MAKE THE OFFENDER LIABLE TO HEAVY PENALTY.

IF LOST, STOLEN OR DAMAGED, YOU MUST REPORT THE MISSING CARD TO THE JAIL CONTROL ROOM OFFICER AT 434-977-6981, EXTENTION 261.

Sexual Misconduct / Prison Rape Elimination Act Orientation (P.R.E.A) Form

(To be disseminated to inmates, staff, contractors/vendors, visitors, volunteers, and any other government employee)

In accordance with P.R.E.A, the Prison Rape Elimination Act and the policies and procedures of this facility, the Albemarle-Charlottesville Regional Jail prohibits any acts of sexual misconduct, sexual violence and sexual abuse by inmates, staff, contractors/vendors, visitors, volunteers or any other government employee. Offenders alleging victimization of a sexual manner are provided the same level of law enforcement service, treatment and care as non-offenders.

1. **Sexual Misconduct** is any behavior or act of a sexual nature directed toward an inmate by inmates, staff, contractors/vendors, visitors, volunteers or any other government employee whether consensual or non-consensual acts or attempts to commit such acts including but not limited to sexual assault, sexual harassment, sexual violence, sexual contact, conduct of a sexual nature or implication, sexual gratification, obscenity and unreasonable invasion of privacy or voyeurism. Sexual misconduct also includes but is not limited to conversation or correspondence, which suggests a romantic or sexual relationship between an inmate and any party mentioned in this facility's policies and procedures:
 - a. Any sexual advances
 - b. Requests for sexual favors
 - c. Threats for refusing sexual advances
 - d. Verbal or physical conduct/contact including but not limited to touching/horseplay of a sexual nature towards an offender
 - e. Invasion of privacy beyond what is reasonably necessary for safety and security
 - f. A person is guilty of sexual misconduct as defined in VA Code sections § 18.2-67.2, 18.2 - 67.4or 18.2-67.10
2. **Sexual Contact** includes but is not limited to: all forms of sexual contact. Intentional sexual touching or physical contact in a sexual manner, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, buttocks, with or without consent of the person; or any unwanted touching with intent to arouse, humiliate, harass, degrade or gratify the sexual desire of any person.
3. **Sexual Assault** is any contact between the sex organ of one person and sex organ, mouth or anus of another person or object, by the use of force or threat of force. (This includes: complainant touching themselves, the accused or another person.)
4. **Unauthorized Relationship** is a relationship with any inmate under the supervision of ACRJ to include inmates, staff, contractors/vendors, visitors, volunteers, or any other government employee other than a business/professional relationship. Sexual acts or sexual contacts between an offender and any other inmates, staff, contractors/vendors, visitors, volunteers, or any other government employee, even if the offender consents, initiates or proposes, are always prohibited and always illegal.
5. **Code of Virginia:** (reference the codes)
 - a. §18.2-67.10 Sexual abuse is an act committed with the intent to sexually molest, arouse or gratify a person.
 - b. §18.2-64.2 Carnal knowledge for the purposes of this section is an inmate, parolee, probationer or pretrial or post trial offender or any persons under the jurisdiction of the Department of Corrections, work program, a local community-based probation services agency, a pretrial services agency or a local or regional jail are considered persons who person who is unable to consent or refuse. Violation occurs even without the use of force, threat or intimidation. Such offense is Class 6 felony. "Carnal knowledge" includes the acts of sexual intercourse, cunnilingus fellatio, anallingus, anal intercourse and animate or inanimate object sexual penetration.
 - c. §18.2-67.4 Sexual battery An accused is guilty of sexual battery if he sexually abuses, as defined in § 18.2-67.10, (i) the complaining witness against the will of the complaining witness, by force, threat, intimidation or ruse. This is a Class 1 misdemeanor.
6. **Exempted Processes**
 - a. Jail activities or actions taken by ACRJ, which are supported by ACRJ's Policies and Procedures, and deemed necessary for the safety and security of the facility, will not be defined as staff sexual harassment, misconduct, assault or rape. These Policies and Procedures include, but are not limited to the taking of photographs, pat or strip searches, court ordered body cavity searches and/or medical exams.
7. **Prevention of Sexual Misconduct**
 - a. Do not make sexual comments to other inmates.
 - b. Do not engage in conversations of a sexual nature with other persons.
 - c. Do not expose your self to others in a sexual manner.
 - d. Do not participate in any acts of sexual misconduct with any person.
 - e. If someone makes sexual comments or exposes themselves to you, **do report it immediately.**
8. **Reporting and Procedures for Dealing with Sexual Misconduct**
 - a. Staff, contractors/vendors, visitors, volunteers, or any other government employee who becomes aware of or reasonably suspects that an inmate, staff, contractor/vendor, visitor, volunteer or any other government employee are involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to a supervisor or higher authority to the Superintendent by way of chain-of-command. **Failure to report the information/incident shall subject the individual to disciplinary action, up to and including dismissal/revocation/termination.**
 - i. Non-staff shall report this information to a staff member immediately who shall then communicate this information and any other knowledge regarding misconduct of any kind to the Superintendent by way of chain-of-command.
 - b. Inmates and their families/associates may report any knowledge or suspicion of an unauthorized relationship, allegations of sexual harassment, misconduct, assault and/or rape between inmates, staff, contractors/vendors, visitors, volunteers or any other government employee. **Ways to communicate this information will be provided in the Inmate Handbook and/or other ACRJ distributed material.**
 - i. Inmates do not have to name other inmates to receive assistance, but specific information may make it easier for staff to help.
 - ii. The report may be made verbally or in writing to any staff, contractors/vendors, visitors, volunteers or any other government employees.
 - iii. Inmates are subject being sanctioned for not reporting sexual misconduct that they witness.
 - c. Victims of sexual violence will be provided medical assessment, medical treatment and counseling as necessary.
 - d. Victims of sexual violence and perpetrators of sexual violence may be tested for communicable diseases.
 - e. **Individuals will be subject to disciplinary action, up to and including administrative, criminal prosecution and/or civil action if charges are filed falsely or frivolously.**
 - f. **All reports of sexual assault shall be forwarded directly to Command Staff immediately.**

I have read or had read to me the information contained on this form which was explained to me by an ACRJ staff member and I understand the information. I have received instructions for preventing and reporting sexual misconduct, sexual violence and sexual abuse.

Name (Print): _____ Signature: _____ Date: _____
First MI Last

Orientation conducted by Staff: (Print): _____ Signature: _____ Date: _____
 Badge#

Staff must witness if individual refuses to sign. (Print): _____ Signature: _____ Date: _____
 Badge#