



STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONAL SERVICES  
**WILLARD DRUG TREATMENT CAMPUS**

7116 COUNTY ROAD 132, P. O. BOX 303  
WILLARD, NEW YORK 14588

607-869-5500

BRIAN S. FISCHER  
Commissioner

MELVIN L. WILLIAMS  
SUPERINTENDENT

Dear Volunteer,

Thank you for your desire to volunteer as a speaker at Willard Drug Treatment Campus. I am Steve Wetmore, an ASAT counselor at this facility, as well as the Volunteer Services Coordinator. It is my responsibility to provide you with the volunteer services application (enclosed) that is required to be filled out by you before you can begin volunteering at this facility.

I also want to inform you that we require all volunteers to be tested for TB. If you have a personal doctor that can perform the test, we would only need the copy of the test results sent to our facility. We can also arrange to have you tested in our facility if advance notification is given keeping in mind that the results would have to be read within 3 days of being tested.

After you fill out the application and send it back to our facility, an interview will be arranged. Again, thank you for your willingness to share your time, hope and strength with our clientele.

Sincerely,

Steven Wetmore



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**BRIAN FISCHER**  
COMMISSIONER

**MELVIN L. WILLIAMS**  
SUPERINTENDENT

Dear Volunteer,

10/29/08

It is my responsibility to notify you that a new policy has been issued by the New York State Department of Correctional Services requiring all regular on-going volunteers to be fingerprinted. This requirement will include all new volunteers, as well as those volunteers who are currently active, even if they had been fingerprinted in the past by the department.

A regular on-going volunteer is defined as one who provides a service on a daily, weekly, or monthly basis, or more than 4 times per year. In addition, an individual who participates in a weekend seminar/retreat-type program is also required to be fingerprinted. There will be no cost incurred by volunteers for this requirement.

For currently active volunteers, facilities will begin fingerprinting over the course of the next 90 days. Facilities will attempt to schedule fingerprints to be completed at a time which is convenient for our volunteers.

Please contact Steve Wetmore at 607-869-5500 ext. 1171, or Randy Vanderzee ext. 4500, to schedule your appointment to be fingerprinted.

As always, we thank you for your dedication as a volunteer, and we thank you for your patience in advance, as we prepare to complete this requirement.

Sincerely,

Steven Wetmore

**NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES  
VOLUNTEER SERVICES PROGRAM  
APPLICATION FOR VOLUNTEER STATUS**

ANSWER QUESTIONS FULLY AND CAREFULLY. PRINT IN INK OR USE TYPEWRITER. STATEMENTS SUBJECT TO VERIFICATION

1. Activity/Group/Program applying for:

2. Name and Residence (Immediate notice should be given for change in address or telephone):

Name

Address

City State Zip

Phone (Home) Phone (Work)

3. State any other name(s) by which you are or have been known:

4. Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

5. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo Day Yr

6. Person to notify in case of an emergency:

Name

Address Phone

7. Check the appropriate response:

a. Have you ever been convicted of any crime (felony or misdemeanor)? Yes \_\_\_ No \_\_\_

b. Any charges pending Yes \_\_\_ No \_\_\_

If yes to (a) or (b), you must complete Supplemental Form 3080A. This information will not necessarily preclude a volunteer assignment if declared prior to acceptance.

8. Are you on the telephone, correspondence, or visiting list of any inmate presently incarcerated in a NYS correctional facility? Yes \_\_\_ No \_\_\_

9. Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

10. If NO, give your Alien Reg. # \_\_\_\_\_

11. List any previous volunteer experience:

12. Have you previously volunteered with the NYS Department of Corrections? Yes \_\_\_ No \_\_\_

If yes, please list the facility(s) name and the program(s):

13. List full name(s), addresses, telephone of 2 individuals who can verify your skills/ability to serve:

Reference #1

Name

Address

City State Zip

Reference #2

Name

Address

City State Zip

14. Are there any special needs you require to perform the assignment? Yes \_\_\_ No \_\_\_

If yes, please list: \_\_\_\_\_

I hereby acknowledge that the above information is true to the best of my knowledge.

Volunteer Signature

Date

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

Status (Check One): \_\_\_\_\_ Approved  
\_\_\_\_\_ Disapproved

If disapproved, reason: \_\_\_\_\_

**APPLICATION FOR VOLUNTEER STATUS - PART II  
ACKNOWLEDGMENT OF ORIENTATION**

**Instructions:** Upon completion of the volunteer orientation, the Volunteer Services Supervisor, or person conducting the orientation, will check all areas covered.

On this date, I attended the volunteer orientation and was provided with the following information relevant to becoming a volunteer with the New York State Department of Corrections:

1. \_\_\_\_\_ A brief overview of the NYS Department of Correctional Services.
2. \_\_\_\_\_ General information pertaining to the correctional facility where they will be assigned.
3. \_\_\_\_\_ Rules and regulations for volunteers have been discussed and acknowledged in writing.
4. \_\_\_\_\_ Discussion of contraband and the NYS Penal Law.
5. \_\_\_\_\_ I understand that volunteers are afforded worker's compensation, indemnification and affirmative action protection, when performing within the scope of their assignments.
6. \_\_\_\_\_ I understand that if I am injured while performing my approved volunteer duties, I must immediately report said injuries to facility medical personnel and complete the *Report of Employee Injury Form*.
7. \_\_\_\_\_ I received information pertaining to HIV/AIDS/TB.
8. \_\_\_\_\_ I reviewed the videotape entitled "Games Inmates Play."
9. \_\_\_\_\_ I have met/been informed of who my staff supervisor is.
10. \_\_\_\_\_ I understand that I shall report in writing any arrest for violation which alleges possession of a controlled substance, a misdemeanor or felony to the Volunteer Services Offices as soon as possible, but in any event no later than the first working day following the arrest.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_  
(of the person who provided the Volunteer Orientation)

Date: \_\_\_\_\_

Title: \_\_\_\_\_

**INTAKE PROCESS SUMMARY**

(To be completed by facility staff)

Part I

Date Volunteer Interviewed: \_\_\_\_\_

Staff person who conducted interview: \_\_\_\_\_

Recommend approval: \_\_\_\_\_ Yes \_\_\_\_\_ No

If volunteer status was disapproved, give reason: \_\_\_\_\_

If volunteer status was approved, the Volunteer has been assigned to: \_\_\_\_\_

Program staff supervisor/title: \_\_\_\_\_

Part II

Date References mailed: \_\_\_\_\_

Date of TB Test: \_\_\_\_\_

Date Reference #1 received: \_\_\_\_\_

Date Rules/Regs. Signed: \_\_\_\_\_

Date Reference #2 received: \_\_\_\_\_

Date ID card issued: \_\_\_\_\_

Date EIU submitted: \_\_\_\_\_

Date Job Description signed: \_\_\_\_\_

Part III

Change of Assignment/Status: \_\_\_\_\_

Reason: \_\_\_\_\_

NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES

SUPPLEMENTAL REGISTRATION INFORMATION

FOR EX-OFFENDERS, PAROLEES AND PROBATIONERS

Complete if ( Yes) for questions 6a or 6b

(Please print or type)

1. Name of volunteer applicant: \_\_\_\_\_
2. Wishes to volunteer at : \_\_\_\_\_ Correctional Facility  
As a (type of Volunteer): \_\_\_\_\_
3. Nature of crime: \_\_\_\_\_
4. Conviction date & sentence: \_\_\_\_\_
5. Sentence served: \_\_\_\_\_
6. Location of incarceration: \_\_\_\_\_
7. Date released from incarceration: \_\_\_\_\_
8. Date released from parole or probation: \_\_\_\_\_
9. Location of parole or probation: \_\_\_\_\_
10. Name of parole or probation officer: \_\_\_\_\_  
Location & phone number: \_\_\_\_\_

**FOR CHARGES PENDING:**

11. Nature of charge or offense: \_\_\_\_\_
12. Expected date of hearing: \_\_\_\_\_
13. Disposition: \_\_\_\_\_

**OFFICE USE ONLY:**

Recommendation of SCVS \_\_\_\_\_ Date \_\_\_\_\_

Recommendation of DSP \_\_\_\_\_ Date \_\_\_\_\_

Recommendation of Superintendent \_\_\_\_\_ Date \_\_\_\_\_



**RULES AND REGULATIONS FOR VOLUNTEERS  
WITHIN THE NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES**

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The New York State Department of Correctional Services welcomes and is fully supportive of members of the community who volunteer their time and talents to assist in providing meaningful, relevant programs and services to the inmate population.

Because these programs and services are provided within the confines of correctional facilities, the Department has certain expectations concerning the conduct of volunteers. As such, specific rules and regulations must be followed by all volunteers.

The following general guidelines and specific rules for volunteers must be complied with in order to ensure the safety and security of the facility staff, inmates and volunteers.

Questions or concerns related to these guidelines or rules should be presented to the appropriate facility staff person.

**GENERAL GUIDELINES FOR VOLUNTEERS**

(1) As a volunteer, you must be registered prior to beginning your work within a correctional facility. If you meet the Department's requirements for annual Tuberculosis (TB) testing/screening, you must be tested if you enter a facility or combination of facilities for 8 hours or more, or if you enter a facility or facilities once a month or more. If you fail to have appropriate and timely TB testing/screening, you will not be allowed entry into a facility.

(2) You must enter and exit the facility through the same gate, which will be designated by the facility. Upon entering the facility, you will be directed to pass through a metal detector, with the exception of our Department Camps, where you may be hand-scanned with a hand-held metal detector. You will be hand-stamped and you may be subjected to a search. The facility will provide you with an identification card, which you must wear when entering the facility. The identification card must be returned prior to your departure and retained on file at the facility. All items brought into the facility will be inspected.

(3) You will be assigned a Staff Supervisor to work with while in the facility. You may be escorted by this staff member, a Correction Officer, or another staff member, while in the facility.

(4) It is expected that you will be dependable and punctual. If you are unable to provide your services at the appointed time, contact your Staff Supervisor, the Volunteer Services Office, or the Watch Commander, as far in advance as possible.

(5) Do not carry large sums of money or wear expensive articles of jewelry while participating in programs at the facility. Handbags should not be left unattended at any time.

(6) In the event of an emergency of any kind, you will be required to immediately follow the direction of the facility staff.

**SPECIFIC RULES FOR VOLUNTEERS**

(1) **Personal Vehicles** - Parking of vehicles on State property will be permitted only in those areas designated by the facility. All vehicles will have windows closed, ignition off, doors and trunk securely locked with keys removed at all times. The vehicle will contain no firearms, ammunition, or any other weapons, alcohol, illegal drugs, explosives or excessive civilian clothing.

(2) **Sobriety** - Persons under the influence of illegal drugs or alcohol will not be allowed into any of our facilities. Prescription medication must be brought to the attention of security staff upon arrival. Only that prescription medication absolutely necessary for the duration of your service will be permitted into the facility, on your person.

(3) **Contraband** - Do not bring into the facility any items which might be defined as contraband. Contraband is defined as:

- (a) Any article or thing the possession of which would constitute an offense under any law applicable to the public;
- (b) Any article or thing which is readily capable of being used to cause death or serious physical injury, including but not limited to any firearm, ammunition, knife, explosive, or illegal drug (including marijuana).

(4) **Appropriate Dress** - Clothing should be appropriate and in keeping with Department requirements for all visitors (i.e. no halter tops, mini skirts, short shorts, see-through clothing, plunging necklines, T-shirts containing statements or references promoting crime, drugs, alcohol, or sadistic/violent, satanic, sexual, pornographic, vulgar, gang-related references, or ethnic slurs). If in doubt, you should not wear a questionable article of clothing, because you will not be admitted to provide your service at the facility.

(5) **Articles Brought Into The Facility**

- (a) If your program requires that you bring special material, clear the items in advance with your staff supervisor.
- (b) Tape recorders, cassettes or cameras may be brought into the facility only with special permission of the Superintendent.
- (c) Cell phones, beepers, wireless transmission devices, laptop computers and palm pilots are not allowed into facilities and must be checked in at the Front Gate area.

(6) **Items Given To Or Taken From An Inmate**

- (a) The exchange of money and/or gifts with inmates is prohibited.
- (b) Do not bring in or take anything from an inmate that is to be carried outside of the institution.
- (c) As a volunteer, you are not to carry oral messages or written correspondence in or out of the facility for an inmate.
- (d) Do not bring in literature which has not been approved by the facility staff.

(7) **Matters Of Inmate Discipline** - Matters of discipline are the responsibility of the security staff. Under no circumstances should you interfere. Any questions of judgment should be discussed privately with staff and never in the presence of an inmate.

(8) **Confidentiality** - In your contacts outside the correctional facility, use discretion in revealing information you have acquired in the course of performing your service. Check with appropriate staff if you are doubtful about what requires confidentiality.

(9) **Relationship with Inmates** - While working with inmates on a regular basis, a professional relationship must be maintained. Care should be taken to avoid becoming emotionally involved with inmates, and that you comport yourself in a professional manner.

(10) **Personal Information** about yourself, such as information pertaining to your family, home address, phone number, and personal habits should not be revealed.

(11) **Correspondence, Visitation and Telephone Calls** - You are not permitted to correspond with, visit or accept phone calls from inmates at any of the facilities of the New York State Department of Correctional Services. Exemptions to this prohibition may only be granted by the Deputy Commissioner for Program Services or designee. If you wish to seek an exemption, you must submit a written request to the facility Superintendent, explaining why correspondence, visitation or telephone contact is an essential part of your volunteer activities.

(12) **Comments And Presentation Content** - It should be kept in mind that presentations and/or materials presented during a volunteer program should be kept positive in nature and that in a correctional setting, statements may be misconstrued or magnified by inmates to the extent that they could jeopardize the safety and security of community guests, volunteers, staff and inmates. To that end, profanity, vulgarity and comments which are critical of a particular agency or group of individuals will not be tolerated.

(13) **Criminal Charges** - A *Report of Criminal Charges* (see Directive #2112) must be filed if you are charged with the commission of a felony or misdemeanor. Violations which allege possession and/or use of a controlled substance must also be reported. If you are charged with the above you must report in writing the required information to the facility Superintendent.

(14) **Use Of Information Obtained While A Volunteer** - If you wish to use information gained as a Department of Correctional Services volunteer for an interview or publication, you must have permission from the Department's Director of Public Information. Any person working for any editorial or news department of any media or organization will not be allowed to serve as a volunteer without the specific approval of the Director of Public Information.

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**I hereby acknowledge receipt of the Volunteer Guidelines, Rules and Regulations. I understand that I will be held accountable for, and act in accordance with, these guidelines, rules and regulations. I further understand that any violation may result in my termination as an approved volunteer. I acknowledge that I am physically fit to participate in the approved activity.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES  
DIVISION OF VOLUNTEER SERVICE

FORM 3086- REPORT OF INTERVIEW OF VOLUNTEER  
APPLICANT

Applicant's Name \_\_\_\_\_  
Position Applied for \_\_\_\_\_  
Facility \_\_\_\_\_

1. Describe your most recent volunteer experience:
  
2. Explain why you are interested in volunteering with the Department of Correctional Services: What do you hope to accomplish?
  
3. Have you ever worked or volunteered in a criminal justice agency? Yes No  
If yes, please describe your experience:
  
4. What characteristics do you like most and least in people who supervise your work?
  
5. When faced with a problem, do you usually try to take care of it yourself or ask for help?
  
6. What experience do you have in teaching or leading group discussions/activities?
  
7. In your mind, does the correctional system treat inmates fairly and do enough to help them successfully return to the community?

8. In what ways will you be a good role model?

9. Interviewer's comments regarding applicant: (circle appropriate number)

Very Mature	1	2	3	4	5	Immature
Good Judgement	1	2	3	4	5	Poor Judgement
Good Role Model	1	2	3	4	5	Poor Role model
Good Motivation	1	2	3	4	5	Motivation Not Clear

10. Other Comments:

11. Recommendation: (Check One)      Accept \_\_\_\_\_      Reject \_\_\_\_\_  
(Be sure to complete this section thoroughly)

12. Supervisor's Name (Please print) \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

Note: The questions on this form are for guidance; the interviewer may wish to make additional comments/questions, based on applicant's responses. Please attach on a separate sheet of paper.

This report will be kept as a permanent record in the volunteer's file.

The staff supervisor is responsible for ascertaining whether the volunteer has the skills and knowledge required for the volunteer position.

cc: DSP  
Volunteer's file

Form 3086 2/98

STATE OF NEW YORK DEPARTMENT OF CORRECTIONAL SERVICES  
CORRECTIONAL VOLUNTEER SERVICES PROGRAM

REFERENCE FOR VOLUNTEER SERVICE APPLICANT

\_\_\_\_\_ Date

Dear \_\_\_\_\_,

Your name has been given as a reference by: \_\_\_\_\_  
Name

\_\_\_\_\_ Address

who has applied for service with the Correctional Volunteer Program as a \_\_\_\_\_.

Sincerely yours,

**Please return to:**

(Responses are confidential)

**VOLUNTEER SERVICES**  
Willard Drug Treatment Campus  
7116 Co. Rd. 132 PO Box 303  
Willard, New York 14588  
607-869-5500

VOLUNTEER PROFILE

1. How long have you know the applicant ? \_\_\_\_\_ ( ) Professionally ( ) Socially
2. Is applicant usually reliable ? \_\_\_\_\_ If No, please explain \_\_\_\_\_
3. Describe any limitations this individual has such as physical or emotional handicaps which may need to be considered when selecting an appropriate assignment. \_\_\_\_\_
4. Describe any special qualifications applicant possesses which would be of benefit in providing remedial services and programs for parolees. \_\_\_\_\_
5. Please indicate other information you feel would be of benefit in placing this person as a Correctional Services Volunteer: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Providing Reference*

\_\_\_\_\_  
*Title (if any)*

\_\_\_\_\_  
*Date*