

Fairbanks Correctional Center

Welcome to the Fairbanks Correctional Center's Volunteer Program. We appreciate your interest in serving our facility and contributing to the work we do. Your commitment makes a meaningful difference, and we are glad to have you begin this process with us.

- 1. Complete the fillable application.**
- 2. Use the hyperlinks on the acknowledgment form to access and review the applicable DOC policies - This step is mandatory.**
- 3. Print, sign and date all acknowledgment forms and return the completed packet for processing by email to Tracey.Johnson@alaska.gov.**

The PREA video is emailed to you upon approval and you must acknowledge that you reviewed the video before you will be allowed to enter the facility. If you have any additional questions or are having difficulties accessing the policies, please contact PO Supervisor Johnson at Tracey.Johnson@alaska.gov





**ALASKA DEPARTMENT OF CORRECTIONS
DIVISION OF INSTITUTIONS
VOLUNTEER APPLICATION**



The information you provide on this application will be used for a security background check. Applicants with previous arrests or convictions will receive serious consideration, so please respond to all items. All instructors, religious service providers, drug and alcohol counselors, volunteers, and other providers will be required to complete this application. Failure to provide complete and accurate information may cause denial of the application.

Name: (Last) (First) (Middle) (Suffix)					Date:	
Date of Birth:	Place of Birth:	Alaska Driver's License No.	Height:	Weight:	Sex:	
Current Address: (Physical [No. & Street] Mailing [PO Box]) (City)					(State)	(Zip)
Home Phone:	Work Phone:	Are you an Alaskan Resident?	If so, how long?	Previous States Lived In:		
List all other names you have been known by:						
Have you ever been arrested for reasons other than minor traffic violations? (If yes, explain below or on a separate paper)					☐ Yes	☐ No
Do you have friends or relatives incarcerated in Alaska? (If yes, explain below or on a separate paper)					☐ Yes	☐ No
What program are you applying for?						
Name & phone number of sponsoring person:						

I understand that a security background check is a necessary procedure for acceptance into this program. If selected, I also agree to abide by all policies and procedures of the Alaska Department of Corrections and the Correctional Center I am working in, particularly those regarding security and confidentiality of information. I also understand that false information will result in non-acceptance or discharge from this program. My signature certifies the truth and accuracy of this information.

Date:	Signature of Applicant:
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The Staff Coordinator or Institutional Security Officer will contact you if there are any additional questions that arise. They will also notify you of the results of this application and make arrangements for an interview and facility orientation, which are required prior to your involvement in this program.



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Acknowledgement of Having Read DOC SOP(s):

DOC Institution / Facility / Office: _____

Check One: ☐ Employee ☐ Volunteer ☐ Contractor

Name: _____ Job Title: _____

Review of the following Standard Operating Procedures is mandatory within 30 days of receipt. You must acknowledge that you have read and understand the contents of these SOPs by affixing your signature to this document and returning it to the Manager through your supervisor.

Should you have any questions concerning these SOPs, contact your immediate supervisor for clarification.

By my signature I acknowledge that I have read and understand the SOPs listed below:

SOP INDEX #:	SUBJECT:
DOC P&P 202.01b	Code of Ethical Professional Conduct - Volunteer (attached)
DOC P&P 202.15	Standard of Conduct
DOC P&P 202.15b	Standard of Conduct Acknowledgment (attached)
DOC P&P 807.20	Suicide Prevention and Intervention
DOC P&P 808.19	Sexual Abuse / Sexual Assault and Reporting
	PREA training video 2023 version
	FCC Orientation for contractors and volunteers (attached)

*** Please use the hyperlinks below to access DOC Policies and Procedures ***

[DOC P&P 202.15 - Standard of Conduct](#)

[DOC P&P 807.20 Suicide Prevention and intervention](#)

[DOC P&P 808.19 Sexual Abuse /Sexual Assault and Reporting](#)

Reader's Signature

Date

Reader's Printed Name

Witness Signature

Date

Distribution:

Manager Copy.

Reader Copy.

Director Copy.

Original to Personnel / Volunteer / Contractor File.

STATE OF ALASKA DEPARTMENT OF CORRECTIONS

***FAIRBANKS CORRECTIONAL CENTER INSTITUTIONAL ORIENTATION FOR
CONTRACTOR/VOLUNTEER/CONTRACT STAFF***

Name (print)
Employer:
DOB:
ADL:
Phone #:

1. Upon entrance to the institution, you will be given an identification badge. This badge must be always displayed in plain view while in the facility. Prior to leaving the facility, you must turn in the badge to Fairbanks Correctional Center staff.
2. Any guest you wish to bring to the facility must be approved prior to arrival.
3. You should understand that all persons and their belongings are subject to search upon entering the Fairbanks Correctional Center.
4. No one under the influence of a controlled substance or alcohol will be allowed to conduct any activities.
5. Volunteer staff must dress in an appropriate manner. Hats, coats, hooded clothing and jackets are prohibited. Shirts must have sleeves, shoulders and midribs must be covered. Clothing may not have obscene or provocative slogans, logos, or other objectionable writing. Shirts with buttons/clasps must be buttoned/fastened with the exception of the top (neck) button/clasp. Zippered shirts, jackets, sweaters, and coats are prohibited. Any clothing item which is transparent, translucent, low cut, revealing, provocative, or immodest is prohibited. Lockers are available to secure your belongings.
6. You must have control over your group.
 - If a problem occurs, call for assistance.
 - You may exclude anyone from attending your group.
 - Please discourage excessive noise and abusive language.
 - Male and female prisoners may not have physical contact with each other during your program.
7. Notify staff immediately should you be threatened by a prisoner.

8. Please leave your personal life outside the institution.
 - Do not allow yourself to become involved personally with a prisoner.
 - Do not give prisoners your home telephone number.
 - Do not bring anything to prisoners, i.e., chewing gum, cigarettes, money, stamps, etc.
 - Do not take anything out for prisoners, i.e., letters to be mailed, messages, etc.
 - Do not bring any weapons into the facility, i.e., knives, fingernail clippers, sharp objects, etc.
9. While realizing that some degree of confidentiality exists in your group, you are required to report immediately any indication of unrest, planned escape, violence, or any issue or information that may jeopardize the security of the correctional facility or endanger the community.
10. Security is always our priority. Therefore, remember anything you see or hear specific to the facility will remain confidential. Cameras or recording equipment are not authorized without advance permission from the superintendent. On occasion:
 - Your activity may start late
 - Your activity may end early
 - Your activity may be terminated and/or
 - Your activity may not be allowed to begin at all.
11. While you are not expected to conduct yourself as an officer, you must be aware that your actions, if not appropriate, could result in unrest, assaults or other violence.
12. Close and lock all doors and gates unless instructed otherwise by a correctional officer.
13. Do not allow anyone through any controlled gates with you, unless you recognize this person as a staff member.
14. You are not permitted to enter areas other than your program/work area without a correctional officer escort.
15. Introduction of contraband is a criminal offense.
16. No pets will be left in vehicles on institutional property.
17. Lock all vehicles and/or tools and ensure you have accounted for all equipment at the end of each day. Vehicles, tools and equipment left on-site will be secured as agreed upon by the administrators of the institution.
18. Notify staff immediately if any equipment is missing or tampered with or your experience any type of interaction with inmate(s) that is questionable.

19. When working in a correctional facility, the possibility of a hostage situation exists. In this event, the state is not obliged to negotiate for the release of a person taken hostage.
20. Any state property issued to you for use on-site, i.e. keys, ID picture badge, tools, etc., must be returned to the institution when you have completed your service with the facility.

ALL SEXUAL BEHAVIOR IS PROHIBITED

ZERO-TOLERANCE POLICY

21. Alaska Department of Corrections has a Policy and Procedures 808.19 addressing sexual assault, sexual misconduct and sexual harassment.
22. Sexual assault, sexual misconduct and sexual harassment or any type of sexual behaviors is PROHIBITED.
23. Types of Sexual Assault, Misconduct and Harassment
- Prisoner-on-employee/contract worker/volunteer
 - Employee/contract worker/volunteer-on-prisoner
 - Prisoner on prisoner
24. Acts of Sexual Assault, Misconduct and Harassment
- There is NO allowable consensual agreement between DOC employees, contract workers, volunteers or offenders to engage in ANY sexual behavior or act.
 - The physical act
 - The attempt of the physical act, including inappropriate touching and exhibitionism.
 - Threats, intimidation, and actions/communications meant to coerce or pressure another to engage in the inappropriate act.
 - Retaliation against individuals reporting prohibited sexual behavior is prohibited and punishable
25. All Department personnel, contractors or volunteers who receive information concerning prisoner sexual misconduct or have reasonable belief in suspecting a prisoner is a victim of sexual misconduct or observe an incident or behavior shall immediately report the information to the most appropriate supervisory staff. The information shall be documented in an Incident Report form 809.03A
26. Prisoners may report allegations of conduct prohibited by Policy and Procedures 808.19 threats of sexual misconduct to any Department employee, contractor or volunteer. Such allegation may be reported verbally, in writing or may be made by a third party

27. All reports of prohibited sexual behavior will be referred to a law enforcement agency for investigation and referral to the Alaska State Troopers by the Department of Corrections
28. Privileged communications between ordained clergy, medical or mental health staff and clients does not extend to matters that threaten the safety and security of the institution, staff or prisoners; if it contains threats to public safety or if it is specifically addressed by state statutes.
29. Confidentiality: All information related to a victim of sexual abuse or sexual harassment shall be considered confidential and shall be released only to those who need the information to perform their official duties.

State law requires all Department contractors and volunteers who may have contact with prisoners to receive training based on the services they provide and the level of contact they have with prisoners regarding the prevention, detection, reporting and response to sexual abuse and sexual misconduct as required by PREA (Prison Rape Elimination Act). Statements 21 through 29 are all related to PREA and will suffice for your annual training. If you require a more in-depth explanation of your duties, please inquire before signing below.

By signing below, I acknowledge that I have been trained in my Prison Rape Elimination Act Responsibilities.

I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE RULES.

Name (signature)

Date

Officer Signature

Date

**Cc: Compliance Sergeant
PREA Coordinator
Security**



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Standards Of Conduct Certificate Of Review And Compliance:

I have read DOC Policy & Procedures **202.15, Standards Of Conduct** and have sought and obtained clarification of any portions which I did not understand. I recognize that failure to abide by the Standards of Conduct may result in corrective, disciplinary, or other appropriate action.

Printed Name: _____

Institution / Office Name: _____

Signature: _____

Date: _____

Distribution:

Original: Employee File.

Copy: Supervisory File.

Copy: DOC Training File. (doc.trainingfiles@alaska.gov)

Copy: Field Training File (Optional.)

**DEPARTMENT OF CORRECTIONS
VOLUNTEERS
CODE OF ETHICAL PROFESSIONAL CONDUCT**

My fundamental duty is to respect the dignity and individuality of all people, to provide professional and compassionate service, and to be unfailingly honest. I will not discriminate against any person on the basis of race, religion, color, national origin, sex, age, physical or mental disability, marital status, changes in marital status, pregnancy, parenthood, or any other class protected by law, and will respect and protect the civil and legal rights of all inmates, probationers, and parolees.

I will respect the right of the public to be safeguarded from criminal activity, and will be diligent in recording and making available for review all case information that could contribute to sound decisions affecting the public safety, or an inmate, probationer, or parolee. I will maintain the integrity of private information, and will neither seek personal data beyond that needed to perform my volunteer duties, nor reveal case information to anyone not having a proper professional use for the information. In making public statements, I will clearly distinguish between those that are my personal views and those that are made on behalf of the agency. I will not use my volunteer position to secure privileges or advantages for myself, and will not accept any gift or favor that implies an obligation inconsistent with the objective exercise of my professional duties.

I will not act in my volunteer capacity in any matter in which I have a personal interest that could in the least degree impair my objectivity. I will not engage in undue familiarity with inmates, probationers, or parolees. I will report any corrupt or unethical behavior of a fellow volunteer or correctional, probation, or parole officer that could affect either an inmate, probationer, or parolee, or the integrity of the agency, but will not make statements critical of colleagues or other criminal justice agencies unless the underlying facts are verifiable. I will respect the importance of, and cooperate with, all elements of the criminal justice system, and will develop relationships with colleagues to promote mutual respect for the profession and improvement of the quality of service provided.

I have read the Code of Ethical Professional Conduct, and have sought and obtained clarification of portions that I did not understand. I recognize that failure to abide by the Code may result in termination from the volunteer program.

Printed Name

Signature

Date