



Miami-Dade Corrections and Rehabilitation Department Non-Staff/Volunteer Application Checklist

Applicants Name: _____ DOB: _____

The following items are needed before the Volunteer application is processed. Incomplete or illegible Volunteer Applications will be returned to the Bureau(s) to obtain the necessary information.

1. A copy of the applicant's valid and legible Driver License or Florida Identification card
2. A current Reference Letter of Good Standing from the Church or Organization
3. Completed Applications (no blank areas)
4. Signed Volunteer/Non-Staff Rules and Regulations

A volunteer applicant may be denied the opportunity to volunteer with the Department for any of the following reasons:

- A. An open misdemeanor or felony charge(s);
- B. A conviction or imprisonment in a federal or state institution(s), county jail(s), probation, parole or work release within 2 years prior to the date of application;
- C. A conviction of misdemeanor or felony charge(s) relating to a violation of Florida Statutes within five(5) years prior to the date of application:
 - (FS) 393.135 Developmental Disabilities-Sexual Misconduct prohibited; reporting required; penalties--,
 - (FS) 394.4593 Mental Health-Sexual Misconduct prohibited; reporting required; penalties--,
 - (FS) 787.025 Luring or Enticing a Child--,
 - (FS) 796.03 Procuring persons under the age of 18 for prostitution--,
 - (FS) 800.04 Lewd or lascivious offenses committed upon or in the presence of persons less than 16 years of age--,
 - (FS) 817.034 Florida Communications Fraud Act --,
 - (FS) 825.1025 Lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled person.--,
 - (FS) 827.071 Sexual performance by a child; penalties.--,
 - (FS) 847.0133 Protection of minors; prohibition of certain acts in connection with obscenity; penalty.--,
 - (FS) 847.0135 Computer pornography; traveling to meet minor; penalties.--

(FS) 847.0145 Selling or buying of minors; penalties.--,

(FS) 893.135 Trafficking; mandatory sentences; suspension or reduction of sentences; conspiracy to engage in trafficking.--,

(FS) 916.1075 Mentally deficient and Mentally ill Defendants-Sexual misconduct prohibited; reporting required; penalties.--,

Chapter 794-Sexual Battery and Chapter 839-Drug Abuse Prevention and Control- or violations listed and defined in (FS) 907.041 Pretrial detention and release.--;

D. The Director or designee determines the applicant is a security risk or a possible disruption to Departmental operations.

(*Attach this checklist to the Application)

Bureau/Facility Employee verifying checklist:

Verified by: _____

Print Name

Signature

Date

**DADE CORRECTIONS & REHABILITATION DEPARTMENT
NON-STAFF APPLICATION**

STEP ONE: Indicate the respective bureau and facility.

***One Application per facility.**

Chaplaincy Services Bureau

- Counselor
- Mentor
- Worship Service
- Family Counselor
- Other _____

Rehabilitative Services Bureau

- Counselor
- AA
- NA
- DCPS Instructor
- Licensed Professional _____
- Other _____

Facility/Contractor

- Boot Camp
- Pre Trial Detention Center
- Turner Guilford Knight
- Stockade
- MetroWest Detention Center
- Womens Detention Center

STEP TWO: Please complete the following questions and read the rules and regulations. Sign the application indicating your understanding of the rules and regulations.

PERSONAL IDENTIFICATION INFORMATION

HAVE YOU EVER BEEN ARRESTED OR DETAINED? _____ IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES AND OUTCOME: _____

HAVE YOU BEEN CONVICTED OF A CRIME? _____ IF YES, PLEASE EXPLAIN: _____

NAME _____ DOB _____

MAIDEN NAME _____ RACE _____ SEX _____

SOCIAL SECURITY# _____ DRIVER'S LICENSE# _____

HOME ADDRESS _____ HOW LONG _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ PAGER _____ CELLULAR _____

E-MAIL ADDRESS _____

EMPLOYER _____

EMPLOYER ADDRESS _____

SUPERVISOR _____ PHONE# _____

WHAT SERVICE WILL YOU PERFORM? _____

NUMBER OF VISITS PER WEEK _____ WHICH DAYS OF THE WEEK? _____ WHAT TIME _____

SPECIAL SKILLS OR TRAINING? _____

WHAT LANGUAGES DO YOU SPEAK? _____

HOW WERE YOU REFERRED TO THIS POSITION? _____

**METROPOLITAN DADE COUNTY
CORRECTIONS AND REHABILITATION DEPARTMENT
NON-STAFF RULES AND REGULATIONS**

The following list of rules must be followed at all times by Non-Staff who work/volunteer and are assigned in a facility for the Corrections and Rehabilitation Department.

1. Non-Staff Workers/Volunteers will not give anything to an inmate unless authorized by the Facility Supervisor in writing.
2. Non-Staff/Volunteers will give no personal favors to any inmate.
3. Non-Staff/Volunteers will treat inmates with dignity and respect.
4. Non-Staff/Volunteers will abide by the rules and regulations of the facility and the Department.
5. Non-Staff/Volunteers will be properly dressed when entering a facility.
6. Sexual conduct with inmates, regardless of consensual status is prohibited.
7. If any Non-Staff/Volunteers has any questions as to his/her conduct, he/she should contact the Shift Supervisor, Shift Commander, or the Facility Supervisor.
8. Any problems with an inmate should be immediately reported to a correctional officer, Shift Commander and documented on a memo or incident report.
9. You will be given a tour of this facility. Familiarize yourself with the Shift Commander's area, evacuations routes, alarms, clinic, telephones and central control booth.
10. Non-Staff/Volunteers will not smoke while in the facility, nor will he/she introduce or give any tobacco products (cigarettes, cigar, chewing tobacco, lighters, or matches) to an inmate(s) in any facility.
11. No proselytizing (converting inmates from one belief to another) for specific churches or denominations.
12. Religious Volunteers will not teach of church ordinances or sacraments without prior approval of the Chaplain's office.
13. Non-Staff/Volunteers shall not accept phone calls from inmates at their personal residence or telephone.

I, the undersigned, have read and understand the Rules and Regulations of the Department and agree to adhere to them to the fullest. Failure to abide by the rules and regulations of the Corrections Department may lead to your pass being revoked. I also understand that violation of some of the rules and regulations may lead to criminal charges being filed against me.

Signature _____ Date _____