

# Pike County Correctional Facility

175 Pike County Blvd. Lord's Valley, PA 18428

(570) 775-5500 FAX (570) 775-5511

Craig A. Lowe  
Warden

Jonathan J. Romance  
Assistant Warden

Robert E. McLaughlin  
Assistant Warden

Dear Prospective Volunteer:

Thank you so much for your interest in volunteering at the Pike County Correctional Facility. The spirit of citizenship and friendship that you are demonstrating in your desire to help improve the lives of the inmates at our facility is greatly appreciated.

Due to the requisite security protocols inherent to the operation of a safe correctional facility, several types of information are required before we can authorize your admission. This requires a thorough background investigation of all volunteers to obtain the security clearance necessary to be given access to inmates housed in our facility.

Please fill out and return the following forms:

(NOTE: To become a volunteer you must be twenty-one (21) years of age)

1. Educational Volunteer Services Application.
2. Signature on the Volunteer Agreement.
3. Interest Areas and Program duration and frequency (including references).
4. Criminal Record/Treatment History Form.
5. Background Information Form.
6. If applicable, please provide a letter on your organization's letterhead which identifies the type of program you wish to conduct. Include as much detail as possible as this will enable program staff to provide available materials which may accentuate your presentation.
7. A vigorous background investigation will be conducted that requires all prospective volunteers to submit copies of the following documents with their applications: Social Security Card, Naturalization Papers, and Drivers License. Anyone convicted of a felony, misdemeanor one (1), misdemeanor two (2) of violence or has a Protection from Abuse order lodged against them will not be considered for volunteering. Anyone 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 (civilly or administratively adjudicated) or engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility or other institution will not be considered for volunteering.

Please return this application at your earliest convenience so we may process it in a timely fashion. Once approved, you will need to make an appointment to attend our volunteer orientation program.

Pike County Correctional Facility  
Volunteer Application

Be sure to read and keep the following forms:

1. Volunteer Guidelines
2. Rules and Regulations

Once again, we thank you for your interest and look forward to your participation in the volunteer program at the Pike County Correctional Facility.

Sincerely,

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Craig A. Lowe  
Warden

# **Pike County Correctional Facility Volunteer Programs and Services**

## **Volunteer Guidelines**

**All volunteers must adhere to the guidelines, rules and regulations set forth in this policy.**

1. Provide a letter indentifying the organization which they represent and the programs or services they wish to provide.
2. Provide identification in the form of a valid driver's license or other acceptable photo identification.
3. All volunteers will be subject to an annual background and criminal history check. Any arrest by law enforcement personnel must be reported to facility staff members within one (1) day of the occurrence.
4. All volunteers must submit a volunteer application annually.
5. All volunteers must sign a volunteer agreement.
6. All volunteers must complete an orientation and training program.
7. Facility expectations and volunteer responsibilities shall be discussed at the volunteer orientation program in addition to answering questions or concerns of the volunteer.
8. The orientation and training will normally be scheduled for groups of prospective volunteers; however individual sessions may be scheduled.
9. Orientation will include a description of the volunteer's duties and responsibilities.
10. Prior to conducting any program, each volunteer must sign the volunteer agreement which specifically states that the volunteer agrees to abide by all facility policies, rules, and regulations with emphasis on those relating to security and data privacy policies.

I have read and understand the above volunteer guidelines.

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Signature

**Pike County Correctional Facility**  
**Volunteer Programs and Services**  
**Volunteer Agreement**

1. By signing this agreement, I consent to the Pike County Correctional Facility to conduct a background investigation on me including a criminal history record check.
2. I agree to participate in and satisfactorily complete orientation and training arranged by program staff before I will be allowed to participate in any volunteer activities.
3. I agree to follow and abide by all facility policies, rules and regulations.
4. I agree to follow the instructions provided to me by the Pike County Correctional Facility staff.
5. I will never leave inmates unsupervised.
6. I will not walk through the facility unattended. Facility personnel must always escort me.
7. I will require all inmates to follow rules for inmate behavior and immediately report any inappropriate or disruptive behavior to correctional staff.
8. I will not take anything from an inmate out of the facility. This includes, but is not limited to, mail or messages to friends, relatives, attorneys, judges, etc.
9. For my own safety and protection I shall refrain from giving inmates identifying information about myself such as address, personal phone numbers, and place of employment.
10. I will not bring any personal property or medication that has not been approved into the secure perimeter of the facility.
11. If I have a medical condition which requires carrying medication at all times, arrangements must be made in advance with program staff and will require the Warden's approval.
12. I will fill out the "Program Approved Materials List", requesting permission to bring program materials into the facility. Approval will be granted through the Assistant Warden's office. I will not bring any materials to the facility until I have received that approval.
13. I understand that I will be searched upon entering the facility and refusal to allow the search will result in not being admitted and may result in termination of volunteer status.
14. I will not take any property, equipment, or supplies out of the correctional facility.
15. I am aware that the facility has a zero tolerance policy regarding sexual abuse/harassment and was directed on how to report sexual abuse.

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**Signature**



# Pike County Correctional Facility Volunteer Programs and Services

## **Rules and Regulations for Volunteers**

1. Writing or telephoning directly to a Judge or other court personnel can result in a negative outcome for either the inmate or facility personnel. If you wish to receive or transmit information to an official the proper and most effective procedure is to go through the Programs Staff.
2. When in doubt about **ANY** rule or regulation, ask a staff member or correctional officer **BEFORE** you take action.
3. All information relative to the affairs of this facility is confidential and may only be released by the Warden or his designee.
4. If you know something which may affect the security of the facility or may constitute a danger to an inmate, officer, or staff member you **MUST** notify security staff immediately.
5. No mail will be taken out or brought into the facility for any inmate.
6. Do not bring any items into the facility for any inmate. Do not take any articles out of the facility for any inmate.
7. Follow all of the rules of the facility, which are rigidly enforced.
8. Support the administration, avoid destructive criticism.
9. Do not attempt to contact anyone outside the facility for any inmate. If a situation arises where you are asked to do so, please discuss it with someone from the Programs Staff before you act.
10. Restrict the content of your presentation to your specific program.
11. Do not gossip in the facility, at home, or socially.
12. Keep your scheduled appointment, do not be late. Do not promise an inmate anything you cannot accomplish. Contact the Correctional Facility as soon as possible if you cannot fulfill a commitment.
13. **Do not do anything, which would compromise the security of the facility.**
14. Do not walk unattended at anytime within the facility. Stay in your assigned programs room. In the event of any emergency follow the directions of facility personnel.
15. You are not qualified to give legal advice, please do not give any.
16. Dress appropriately.
17. Always wear your visitor badge on your person while you are in the facility.
18. Be calm, deliberate and determined.

19. Be cheerful, nobody likes a grouch. Avoid bringing your own problems into the facility.
20. Avoid arguments in front of inmates.
21. Programs will be scheduled prior to your visit to the facility. Limit yourself to conducting your assigned program. Sign in and out.
22. Pick up your program participation sign up form in the lobby prior to entering the secured area of the facility. Your form is pre printed with your program title and your name as the program facilitator.
23. All inmates who attend a program must sign in utilizing the official program participation form. Inmates receive credit for all programs they attend. You must hand in this form at the end of each program. You may give it to the receptionist upon your departure or give it to a Correctional Officer.
24. Do not discuss convey personal information to inmates such as your addresses phone number, and/or place of employment; this is for your own safety.
25. Do not bring personal items into the secure perimeter of the facility, including medication, or other items, unless approved by the Warden. Minimize that which you bring in to absolute necessities.
26. Refusing to submit to a search upon entry, will result in denial of admission to the facility and may result in termination of your volunteer status. The facility schedule can be an unforeseeable dynamic.
27. Security or Programs Staff may cancel volunteer programs on a very short notice for security concerns. Your understanding of this unfortunate fact is greatly appreciated.
28. No more than 40 inmates will be permitted to attend any one program at a time.
29. Inmates are expected to behave appropriately during all programs. Do not hesitate to have a correctional officer remove an inmate who is not behaving from your program.
30. Anyone suspected of being under the influence of alcohol or drugs will be denied access to the facility.
31. The services of a volunteer may be terminated at any time by the Warden or the Warden's designee.
32. Any solicitation or requests from inmates **MUST** be reported to Correctional Officers immediately.

I have read the above rules and regulations and agree to abide by them.

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Signature

**Pike County Correctional Facility  
Volunteer Programs and Services**

**Volunteer Criminal Record/Treatment History**

The information requested is essential to conduct the yearly criminal record check

Date of Birth: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Gender: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

List any other names by which you are known or have ever been known by:

\_\_\_\_\_

Have you ever been convicted of an offense other than a minor traffic offense or had a Protection from Abuse Order lodged against you? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Date of Conviction: \_\_\_\_\_

Date of probation/parole discharge or sentence expiration: \_\_\_\_\_

Do you have any relatives or friends confined in the Pike County Correctional Facility?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list name(s) and relationship: \_\_\_\_\_

\_\_\_\_\_

Have you experienced drug/alcohol or mental health problems and /or received counseling or treatment for any of these problems? YES \_\_\_\_\_ NO \_\_\_\_\_ (If yes, we will contact you to discuss details in a private interview.)

**ADDITIONAL INFORMATION**

Please list any additional information you feel would be of value in assessing your application for a volunteer position with the Pike County Correctional Facility:

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT AND PERMISSION TO CONDUCT A CRIMINAL RECORD CHECK**

**I declare that all of the information that I have provided is true and correct to the best of my knowledge. I understand that any false or misleading information given by me will disqualify me from consideration or result in my termination as a volunteer if discovered at a later date. I hereby give permission for the Assistant Warden of the Pike County Correctional Facility to conduct a criminal record/background check on me and to obtain other reference information necessary for the purpose of assessing my volunteer application.**

\_\_\_\_\_  
Signature

**Pike County Correctional Facility**  
**175 Pike County Blvd, Lords Valley PA 18428**  
**(570) 775-5500 FAX (570) 775-5511**

**Criminal History Check**  
**\*\*(Please Print Clearly)\*\***

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Warrant:** [ ] Yes [ ] No

**Criminal Record:** [ ] Yes [ ] No

**Sex** \_\_\_\_\_

**Race** \_\_\_\_\_

**Height** \_\_\_\_\_

**Weight** \_\_\_\_\_

**Eye Color** \_\_\_\_\_

**Hair Color** \_\_\_\_\_

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

# **Pike County Correctional Facility**

## **Volunteer Waiver**

I \_\_\_\_\_, have been informed by the Warden of the Pike County Correctional Facility or his duly authorized representative that interacting with inmates is potentially dangerous. I have further been advised that direct interaction with any inmate could prove to be dangerous because of the possibility of an assault upon my person by an inmate or inmates. Notwithstanding said warning, I have requested permission to interactively participate in programs with inmates within the secure area of the facility.

In consideration of approved volunteer status, I hereby acknowledge that I am assuming the risk of personal injury to myself and/or damage to my personal effects. I hereby hold harmless the Warden, officials, and employees of the Pike County Correctional Facility, and the County of Pike from any and all legal liability.

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Signature

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(Pike County Correctional Facility Staff Member)

# Pike County Correctional Facility

## Volunteer Index Card

Volunteer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Date Interviewed: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Date Accepted: \_\_\_\_\_ Date Rejected: \_\_\_\_\_

### ID INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Complexion: \_\_\_\_\_ Birth date: \_\_\_\_\_

### **PROGRAM ASSIGNMENT**

<b>PROGRAM</b>	<b>DATE ASSIGNED</b>	<b>DATE/TIME ASSIGNED</b>	<b>COMMENTS</b>
1.			
2.			
3.			
4.			

# Pike County Correctional Facility

## Volunteer Emergency Medical Information

Please provide the following information which will be accessed in the event that you have a medical emergency within the facility.

Name		Phone	
Address			
City	State	Zip	
Medications:			
Do you have medications which you must keep on your person at all times? If so, please list specific medications:			
Allergies			
Do you wear a medical ID bracelet? Yes _____ No _____			
Medical Information:			

## EMERGENCY CONTACT INFORMATION

Person to be contacted in case of emergency:	Home Telephone #	Work Telephone #	Relationship
Alternate Person to be contacted in case of emergency:			