



Volunteer and Intern Agreement

Please read the following information carefully.

You must agree to abide by all operating procedures, guidelines, laws, rules, and regulations that apply to staff, including confidentiality and security regulations to volunteer or intern with the Department of Corrections (DOC). If you are approved to use a state vehicle in the performance of your volunteer/intern duties, you are also subject to all rules and regulations governing the use of state vehicles by paid staff. However, you are exempt from all provisions of law relating to state employment, such as hours of work, rate of compensation, leave time, and benefits.

The Department of Corrections (DOC) agrees to make every effort possible to ensure your safety and the safety of those individuals participating in the volunteer and intern program.

Failure to abide by this agreement, any state law, or any official Department of Corrections (DOC) operating procedure may result in your termination as a volunteer and intern and possible prosecution under applicable state law.

As a DOC volunteer or intern you must:

1. Abide by Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)* guidelines and standards for reporting related concerns and issues. Questions should be addressed with the Organizational Unit Head.
2. Receive prior authorization from the DOC Director through the Director of Communications using *Request for Media Contact* 022_F2 before reporting to the mass media on behalf of the DOC. Volunteers/interns, other than those authorized on the *Request for Media Contact*, who make comments to the media, must clearly indicate they are speaking as a private citizen not in any official capacity.
3. Agree to a search any time you are on DOC property. Refusal to agree to a search will result in suspension or termination from volunteer and intern service.
4. Comply with staff instructions; in an emergency the requirement for everyone to follow orders ensures the safety of all. If you have questions regarding any instruction, you may consult the Organizational Unit Head.
5. Notify the closest DOC staff member immediately in the event of a serious disagreement or problem with an inmate, probationer, or parolee.
6. Report all information received from an inmate, probationer, parolee, or staff member that suggests or is related to the possibility of an escape, assault, other breaches of security or other possible dangers to self, others, or property to the Organizational Unit Head or facility Shift Commander immediately.
7. Wear your DOC ID or visitors badge while on DOC property.
8. Maintain confidentiality of inmate, probationer, and parolee information.
9. Avoid getting involved in inmate, probationer, and parolee family disputes as many inmates, probationers, and parolees under DOC custody or supervision are married with families.
10. Be respectful; you should not use vulgar, profane, or abusive language toward staff, other volunteers and interns, inmates, probationers, and parolees.
11. Notify the Organizational Unit Head or Volunteer/Intern Coordinator if you served on a jury or have previous knowledge of an inmate's, probationer's, or parolee's criminal history that may impact your ability to provide volunteer/intern services to a specific inmate, probationer, or parolee at that unit.
12. Share with the Organizational Unit Head or Volunteer/Intern Coordinator, any past experiences that you or a loved one had as a victim of crime to address any potential conflicts in the performance of volunteer/intern duties.
13. Park in designated parking area, close car windows, lock doors, and do not leave keys in the car or leave the car idling.
14. Report any misdemeanor or felony conviction received while in a volunteer/intern status to the Volunteer/Intern Coordinator. Such convictions may result in termination of your volunteer/intern status.
15. Dress appropriately when working with inmates, probationers, and parolees. Tight or revealing clothes are not appropriate.
16. Comply with and keep current all required Annual Trainings.
17. Keep your commitments. If you must cancel a meeting or session, notify the unit in advance, make your commitments meaningful. When possible, you should give written notification. The Organizational Unit Head retains the right to postpone, curtail, or suspend any activity when there is a threat to the secure or orderly operation of the unit.
18. Submit all correspondence to include letters, notes, greeting cards, etc. on your organizational letterhead addressed with a Post Office Box or business address. Home addresses are not allowed.





As a DOC volunteer or intern you must not:

1. Engage in a personal relationship (romantic or sexual) with an inmate, probationer, or parolee; such behavior is a crime. Some types of physical contact (hugging, etc.) are often misunderstood by inmates, probationers, and parolees. You must be extremely cautious to not blur the line between professional and personal relationships and be aware of potential misinterpretation of any physical contact; you should review Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Inmates and Probationers/Parolees*.
2. Share your personal information with an inmate, probationer, or parolee or discuss your personal information where an inmate, probationer, or parolee may hear you.
3. Send or receive secure messages with an inmate, probationer, or parolee, unless the inmate, probationer, parolee is a member of your immediate family and you received prior approval from the Facility Unit Head where you volunteer and the Facility Unit Head where your family member is housed to correspond.
4. Include personal addresses, personal phone numbers, personal pictures, and personal items in your correspondence to inmates, probationers, and parolees.
5. Discuss sensitive personal information about an individual inmate, probationer, or parolee, including the identities of inmates, probationers, parolees, except with other staff and volunteers/interns involved in the provision of services to that specific inmate, probationer, parolee.
6. Start malicious rumors, or intentionally agitate staff, inmates, probationers, and parolees against DOC procedures.
7. Promise an inmate, probationer, or parolee anything over which you have no authority.
8. Agree to make business transactions on the street for inmates, probationers, and parolees.
9. Bring items on DOC property without prior approval of the Organizational Unit Head.
10. Be under the influence of un-prescribed drugs or alcohol or bring drugs, weapons, or alcoholic beverages onto facility grounds unless reviewed and approved in advance by the Organizational Unit Head. Failure to comply may result in prosecution.
11. Carry items such as pocketknives, nail files, or other similar items into DOC facilities. Failure to comply may result in prosecution.
12. Give inmates, probationers, and parolees or accept from an inmate, probationer, or parolee any items such as letters, gifts, money, gift cards, or any other items not approved by the Organizational Head into a facility for an inmate, probationer, or parolee
13. Purchase publications for an inmate, probationer, or parolee.
14. Send or receive personal mail or funds from an inmate, probationer, or parolee without prior approval of the Organizational Unit Head where you are volunteering and the Facility Unit Head where the inmate, probationer, or parolee is housed.
15. Play favorites with inmates, probationer, and parolees. Be fair and consistent in your relationships and. Do not take sides.
16. Visit an inmate, probationer, parolee at any facility without approval of the Organizational Unit Head. Ask your unit Volunteer/Intern Coordinator for assistance as necessary.
17. Use physical force against an inmate, probationer, or parolee unless in self-defense and then only the amount force needed to regain personal safety.

My signature below confirms that prior to performing any volunteer or intern services, I read the information provided in this *Agreement*, staff answered all my questions and concerns related to the *Agreement*, I fully understand the requirements of this *Agreement* and agree to abide by them.

I ☐ am or ☐ am not requesting a personal copy of this *Agreement* for reference.

Volunteer/Intern Signature: _____ Date: _____

Volunteer/Intern Coordinator Signature: _____ Date: _____



- The DOC Gang Unit has specialist and analysts that have a strong working knowledge of gangs and other STG members.
- Each DOC location (District or Facility) has a Gang Specialist. Many locations also have an institutional investigator and intelligence officer.
- The DOC is reviewing programming to assist gang members in their decision-making process during their incarceration and to reduce the likelihood of recidivism upon their return to the community.

What is your responsibility?

Where there is observed behaviors committed by staff, offender, vendor, or visitor that may be gang related, it is the duty of all VADOC staff, as per Department Operating Procedure 435.2, to report such behavior to the Gang Specialist at the facility or district office.

- ♦ If you suspect gang activity, it is your responsibility to report it. Report your suspicions to the Gang Specialist at your location.
- ♦ If you have questions and you are not sure if the activity that you observed is considered gang related, please contact your gang specialist or the DOC Gang Unit.
- ♦ Complete the Gang Activity Observation Report (located under DOC Operating Procedures 435.2 as Attachment 435_F1) and submit to the local gang specialist or the DOC Gang Unit..

Why does the Virginia Department of Corrections track gangs?

Code of Virginia §52-8.6. Criminal street gang reporting.

When it is determined, by a state or local law-enforcement agency, regional jail, the Department of Corrections, or a regional multijurisdictional law-enforcement task force, that a person is a member of a criminal street gang, as defined in 18.2-46.1 by means of (i) an admission of membership in a gang; (ii) an observation by a law-enforcement officer that a person frequents a known gang area, associates with known gang members and demonstrates gang style of dress, tattoos, hand signals, or symbols; or (iii) being arrested on more than one occasion with known gang members for offenses consistent with gang activities, the agency shall enter the person's name and other appropriate gang-related information required by the Department of State Police into the information system known as the Organized Criminal Gang File of the Virginia Criminal Information Network (VCIN), established and maintained by the Department pursuant to Chapter 2 (52-12 et seq.) of this title, and the Violent Criminal Gang File of the National Crime Information Center (NCIC), maintained by the Federal Bureau of Investigation.

Please print and sign your name to acknowledge that you have received the Basic Gang & Security Threat Group Awareness Training

Printed Name _____

Signature _____

Date _____

The Virginia Department of Corrections
6900 Atmore Drive
Richmond, VA 23225
(804) 674-3000
<http://vadoc.virginia.gov/>



The Virginia Department of Corrections Basic Gang & Security Threat Group Awareness Training

*"Making a difference in our
community"*

Purpose

To provide all Virginia Department of Corrections (VADOC) employees with a basic understanding of Gangs & Security Threat Groups (STGs) in all effort to increase awareness of their presence, their activities within the Commonwealth and within the VADOC to enhance public safety.

Why is it important to learn about Gangs and Security Threat Groups?

- The VADOC has the responsibility to maintain a safe, secure environment within VADOC facilities and to protect the citizens of the Commonwealth.
- Gangs have proven to be a serious threat to public safety and to orderly facility operations; therefore, the VADOC has a policy of zero tolerance for gang activities.
- Gangs are a part of our culture in our communities and in the VADOC. It is our obligation to recognize this growing population and report any behavior or other activities that we may consider to be gang related.
- Virginia statutes require the VADOC to report identified gang members to law enforcement in order to combat the spread of gangs and assist with public safety.

What is a gang?

A gang is a group of individuals who possess common characteristics that distinguish them from other offenders and who, as an entity, pose a threat to the safety and security of staff, the facility, other offenders or the community. They have a common distinctive goal, symbolism or philosophy. They possess identifiable skills or resources, or engage in unauthorized/illegal activities. Criminal street gangs, hate groups, and cults that meet these conditions are considered gangs.

Why do people join gangs?

People may join gangs for many different reasons. Many of the reasons include identity or recognition, fellowship and brotherhood, family membership, protection, fear/intimidation, respect, money, and/or criminal activity. For example, someone may join a gang because they do not have the popularity or social status they would like to have in society, so being a part of a gang gives them the recognition and thrill they could not achieve on their own.

The Most Common Gangs within VADOC

- **Bloods:** use the number 5; identify with the color red; use the letter "C" with a slash through it; use of the Swahili language.
- **Crips:** use the number 6; identify with the color blue; use the letter "B" crossed out or substituted with a "2;" wear blue bandanas; use of the letters "BK" in graffiti; refer to other members as "Cuzz."
- **Gangster Disciples:** use the number 6; identify with the colors blue, black and silver; substitute "74" for "GD;" signs are upward-pointing pitchfork and tattoos of hearts with wings; refer to themselves as BOS or SOS (Brothers/Sisters of the Struggle) or Growth and Development.
- **White Supremacists:** use the number 88 (signifies "Heil Hitler," with "H" being the 8th letter of the alphabet); references to "14 words" ("We must preserve the existence of our people and a future for white children"); signs are swastikas or lightning bolts; references to white pride or Aryan pride. Asatru is recognized religious groups being infiltrated by White Supremacists. Wotanim represents "Will of the Aryan Nation" and is not recognized as a religious group by the VADOC.
- **Latin Kings:** identify with the colors black and gold; also known as the Almighty Latin King Nation or Almighty Latin King Nation King and Queen; signs are lion, sun, diamond or cross; structured into Tribes.
- **Outlaw Motorcycle Groups:** have diamond shaped tattoos which may have 1% in the center; use three piece patch on jackets/vests.
- **MS 13:** use the number 13; use the letters MS (Mara Salvatrucha); identify with the colors blue and white; sign is the Devils Horn hand; use rosary beads.
- **Juggalos:** wear clown faces (makeup); have hatchet man tattoos; refer to themselves as Juggalo or Juggalette; follow music group Insane Clown Posse.
- **Sovereign Citizens:** believe they are not subject to the law but the source of all law; do not recognize federal or state government; engage in "paper terrorism" via fraudulent liens; use fake driver's licenses and passports; "All rights reserved," "under duress," and "copyright" symbols appear after signatures; use all caps when writing name; use red ink; associated with Moorish Nation.
- **New Black Panther Party:** largest militant group; logo has Freedom/Death on it; want to consolidate the street gangs into one coalition; formed solidarity with Al-Qa'ida after 9/11.

How do people become members of gangs?

- ◇ Blessed In—given membership or honor without required initiation
- ◇ Born In—based on family membership
- ◇ Crime In—commit crime in the name of the gang
- ◇ Jump In/Beat In—assaulted by many gang members to show ability to take the beating
- ◇ Sex in—based on sexual act with multiple established gang members

Common Signs of Gang Involvement

- * Tattoos and distinctive burn patterns
- * Hand signs
- * Use of signs, symbols, use of colors, drawings, and graffiti
- * Association with known members
- * Utilization of unusual language, codes, and writing styles

How is the Virginia Department of Corrections Proactively Combating Gangs?

- The Virginia DOC has a Gang Management Strategy approved by the secretary of Public Safety. This strategy mandates a heightened focus on the uniform identification and management of gang activity throughout the DOC, as well as increased awareness and training for all DOC employees.
- Every confirmed gang member on probation and parole supervision is required to comply with special instructions designed to address gang behavior. If an offender violates these instructions, they are subject to revocation of their probation or parole and potential re-incarceration.

CONCLUSION

Inappropriate relationships between employees and inmates or probationers/parolees are dangerous for everyone. Employees of the DOC should exercise professional conduct when dealing with inmates or probationers/parolees to ensure the security and integrity of the correctional process.

This brochure is intended to remind supervisors and staff of warning signs, prevention strategies, and their responsibilities to address potential inappropriate relationships.

All employees are responsible for understanding and preventing sexually abusive behavior; for recognizing indicators of inappropriate behavior; and reporting any suspicious or observed inappropriate behavior.

This information may be used in staff meetings, in counseling to address specific situations, or during performance evaluations.

Supervisors and staff should discuss this topic on a regular basis. Everyone must be aware of potentially inappropriate employee/inmates or probationers/parolees relationships and be proactive in preventing fraternization.

Improprieties or associations between staff and inmates or probationers/parolees that may compromise security, or undermine the effectiveness to carry out the employee's responsibilities may be treated as a Group III offense under Operating Procedure 135.1, *Standards of Conduct*.

Sexual misconduct will be treated as a Group III offense subject to disciplinary sanctions up to and including termination under Operating Procedure 135.1, *Standards of Conduct*. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual misconduct.

All terminations for violations of DOC sexual misconduct policies, or resignations by staff who would have been terminated if not for their resignation will be reported to any relevant licensing bodies, and to law enforcement agencies, unless the activity was clearly not criminal.

DEFINITIONS

FRATERNIZATION - Employee association with inmate or probationer/parolees, their family members, or close friends of inmate/probationer/parolees, outside of employee job functions, that extends to unacceptable, unprofessional and prohibited behavior; examples include non-work related visits between inmate/probationer/parolees and employees, non-work related relationships with family members or close friends of inmate/probationer/parolees, connections on social media, discussing employee personal matters (marriage, children, work, etc.) with inmate/probationer/parolees, and engaging in romantic or sexual relationships with inmate/probationer/parolees.

SEXUAL MISCONDUCT - Any behavior or act of a sexual nature directed toward an inmates or probationers/parolees by an employee, volunteer, visitor or agency representative; this includes but is not limited to acts or attempts to commit such acts of sexual assault, sexual abuse, sexual harassment, sexual contact, conduct of a sexual nature or implication, obscenity, and unreasonable invasion of privacy. Sexual misconduct also includes but is not limited to conversations or correspondence that suggest a sexual relationship between an inmate or probationers/parolees and any party mentioned above.

REFERENCES

The following policies address specific procedural requirements and can be found in the Virtual Library on iDOC:

- DOC Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships With Inmates and Probationers/Parolees*
- DOC Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*

Revised: 10-2022

FRATERNIZATION AWARENESS AND PREVENTION



Name

Date

Virginia Department of Corrections
P. O. Box 26963
Richmond, VA 23261
(804) 674-3000

INTRODUCTION

The DOC prohibits and will not tolerate fraternization or sexual misconduct by staff, contractors or volunteers with inmates or probationers/parolees or between inmates or probationers/parolees as defined in Operating Procedure 038.3, *Prison Rape Elimination Act* (PREA) and Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships* with Inmates or Probationers/Parolees. DOC procedures and criminal law forbid any unprofessional, unacceptable, or prohibited contact between employees and inmates or probationers/parolees under DOC custody or supervision, and for 180 days after release from custody or supervision, whichever occurs last.

If a co-worker is known to be an ex-inmate or probationers/parolee who is under DOC supervision or within 180 days following discharge from custody or termination from supervision, whichever occurs last, interactions will be limited to appropriate professional boundaries and support.

Research has identified some contributing factors that may lead to inappropriate employee/inmates or probationers/parolees relationships. These factors include employees experiencing personal or professional problems or challenges, employees with low self-esteem, employees working in close contact with inmates or probationers/parolees, inadequate supervision, staff or inmates or probationers/ parolees manipulation, and/or complacency.

INDICATORS / "RED FLAGS"

Following are some examples of indicators or "red flags" that could signal inappropriate relationships. These examples are provided to help staff recognize and guard against inappropriate relationships between an employee and an inmates or probationers/ parolees. Inappropriate relationships may take many other forms. Such as:

- Spending too much non-work related time with one inmate or probationer/ parolee

- Playing favorites or extending privileges
- Being overly friendly or sympathetic
- Horse playing (verbal or physical)
- Exchanging personal items, giving or receiving items such as food, beverages, or other items; or inmates or staff accepting gifts from the other
- Inmates that are on a first name basis with staff or the exchange of personal information between the two
- Carrying messages between staff or outside persons and inmates
- Meeting in isolated places
- Taking a personal interest rather than a professional interest in an inmate, including but not limited to using nicknames or other casual titles
- Non-professional inquiries by an employee about an inmate, or an attempt by an employee to learn personal information about an inmate
- Staff in close proximity to or touching an inmate
- Any physical, verbal or sexual abuse of an inmate
- Non-job related visits with inmates or families of inmates without explicit written permission from Regional and Administrative Management

PREVENTION STRATEGIES

- Focus attention on work related assignments and duties; maintain professional boundaries at all times
- Know your own strengths and weaknesses—avoid enabling behavior
- Be aware of an inmates or probationers/parolees attempts to manipulate
- Demonstrate consistent discipline
- Avoid jokes or comments that could be interpreted as sexual in nature
- Avoid flirtatious behavior
- Be aware of your surroundings and stay alert
- Do not accept or offer gifts, favors, phone calls, cards, letters, etc. to or from inmates.

Supervisors should:

- Be in-tune with staff and recognize when they
- Be aware of staff having personal issues; don't be afraid to talk to or confront staff
- Intervene and address inappropriate behavior by staff or inmates or probationers/parolees
- Utilize staff rotation as a means to combat complacency
- Insure staff attend relevant training

REPORTING RESPONSIBILITIES

Employees:

- Employees are required to report any behavior that is witnessed or perceived as inappropriate, any knowledge of allegations or incidences of fraternization, sexual harassment or sexual misconduct, and/or information received from a third party to their immediate supervisor or other management official
- Watch for vulnerabilities in your own actions and in the actions of others

Supervisors:

- Exercise proper supervision over staff and inmates or probationers/parolees; provide appropriate support to staff
- Create a work environment where reporting violations of related policies are encouraged without fear of reprisal or retaliation
- Ensure all reports of violations are forwarded to management at the work unit for investigation
- Take appropriate action on all boundary violations (correcting, counseling or discipline as necessary)

RED FLAGS

There are numerous 'red flags' that you as a contractor or volunteer should look out for when working for the VADOC:

- Overly friendly staff or inmates/probationers.
- Inmates/probationers that are on a first name basis with staff, contract staff or volunteers or the exchange of personal information between the two.
- Staff disappearing for long periods of time, showing up early or staying late.
- Inmates/probationers accepting gifts from staff.
- Staff, contract staff or volunteers showing favoritism towards an inmate/probationer.
- Staff, contract staff or volunteers in close proximity to or engaging in inappropriate touching with inmates/probationers.

PREVENTION

Here are a few preventative strategies to maintain professionalism and avoid inappropriate relationships with an inmate or probationer:

- Focus attention to work related assignments and duties.
- Be aware of your surroundings and stay alert.
- Steer clear of areas with minimal or no supervision.
- Do not accept gifts, favors, phone calls, cards or letters from inmates/probationers.
- Avoid flirtatious behavior.
- Avoid jokes/comments that could be interpreted as sexual in nature.
- Avoid the consumption or accepting of alcoholic beverages or drugs.
- Maintain professional boundaries at all times.

A DUTY TO REPORT

As a valued contractor or volunteer of the Virginia Department of Corrections, you have a duty to report any knowledge of allegations or incidences of sexual abuse, sexual harassment or sexual misconduct. This includes information received from a third party or through personal observations.

If a VADOC employee, contractor or volunteer engages in sexual relations and/or sexually harasses an inmate or probationer, that employee, contractor or volunteer is subject to termination as well as criminal prosecution. The VADOC will ensure that all employees, contractors, volunteers and inmates are free from retaliation for reporting such behaviors.

RESOURCES

If you have general questions, please contact the PREA Unit:

Tammy Barbetto, PREA Supervisor
Tammy.Barbetto@vadoc.virginia.gov

Joseph Allotey, Central Region
Joseph.Allotey@vadoc.virginia.gov

Maria Kokoris, Eastern Region
Maria.Kokoris@vadoc.virginia.gov

Misty Counts, Western Region
Misty.Counts@vadoc.virginia.gov

Confidential Reporting Hotline

1-855-602-7001

VIRGINIA DEPARTMENT OF CORRECTIONS

A Guide to Maintaining Appropriate Boundaries with Inmates or CCAP Probationers/Parolees



For Contractors and Volunteers of the Virginia Department of Corrections

Signature

/

Date

PRISON RAPE ELIMINATION ACT: DETECTING, REPORTING, PREVENTING

The Prison Rape Elimination Act (PREA) of 2003 was enacted by Congress to address the need to protect those who are under the supervision of a U. S. Correctional Agency from sexual abuse and/or sexual harassment.



POLICY

In response to the Prison Rape Elimination Act of 2003, the Virginia Department of Corrections (VADOC) is committed to and has adopted a **ZERO-TOLERANCE**

standard for sexual abuse and/or sexual harassment of inmates or probationers by all staff including contractors/volunteers and other inmates.

The VADOC strives to cultivate an environment where employees, as well as inmates, regardless of age, race, gender or sex are both safe and free from any type of sexual related misconduct.

To comply with PREA Standard §115.32, all contractors and volunteers with the DOC who have contact (or could have contact with inmates/probationers shall be trained on their responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of inmates and probationers as outlined in Operating Procedure 038.3 *Prison Rape Elimination Act (PREA)*. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates/probationers as follows:

Level 1 - Contractor/Volunteer does not have any contact with inmates/probationers. Contractor or volunteer shall receive a minimal amount of training on responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of inmates and probationers. Such training shall include: review of Operating Procedure 038.3 *Prison Rape Elimination Act (PREA)*. Contractor/Volunteer shall sign certifying their understanding of the material presented.

Level 2 - Contractor/Volunteer job functions do not require contact with inmates/probationers but the possibility for contact exists. Contractor/Volunteer shall receive a median amount of training on responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of inmates and probationers. Such training shall include: review of Operating Procedure 038.3 *Prison Rape Elimination Act (PREA)*, a review of Operating Procedure 135.2 *Rules of Conduct Governing Employees Relationships With Offenders* and Introduction to PREA training (discussion of brochure). Contractor/Volunteer shall sign certifying their understanding of the material presented.

Level 3 - Contractor/Volunteer job functions require contact with inmates, contact with inmates/probationers is eminent. Contractor or volunteer shall receive the full training on responsibilities to prevent, detect, monitor and report allegations and incidents of sexual abuse and sexual harassment of inmates and probationers. Such training shall include: Understanding of VADOC Operating Procedure 038.3 *Prison Rape Elimination Act (PREA)* and full PREA Training (the training provided to all new hires in our facilities). Contractor/Volunteer shall sign certifying their understanding of the material presented.





Prison Rape Elimination Act (PREA) Training Acknowledgement

☒ **Level 1 (Contractors, Interns and Program Visitors who have no contact with inmates and CCAP probationers/parolees)**

By signing below, I acknowledge I was informed of my responsibilities to prevent, detect, monitor, and report all allegations and incidents of sexual abuse and sexual harassment of inmates and CCAP probationers/parolee. I further acknowledge that I received a copy of the brochure titled "*A Guide to Maintaining Appropriate Boundaries with Inmates for Contractors and Volunteers of the Virginia Department of Corrections*" and I have reviewed Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)*.

☐ **Level 2 (Contractors, Interns, and Volunteers whose duties do not require contact with inmates and CCAP probationers/parolees, but the possibility for contact exists)**

By signing below, I acknowledge I have been trained on my responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of inmates and CCAP probationers/parolees. I further acknowledge that the brochure "*A Guide to Maintaining Appropriate Boundaries with Inmates for Contractors and Volunteers of the Virginia Department of Corrections*" was discussed with me and a copy was provided. Furthermore, I reviewed Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)* and Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Offenders* and was provided the opportunity to ask questions on the material provided.

☒ **Level 3 (Contractors, Interns, and Volunteers whose duties require contact with inmates or CCAP probationers/parolees)**

By signing below, I acknowledge that I have been trained on my responsibilities to prevent, detect, monitor, and report allegations and incidents of sexual abuse and sexual harassment of inmates and CCAP probationers/parolees. I viewed *The Prison Rape Elimination Act (PREA) Power Point Presentation* and I was provided a copy of the brochure "*A Guide to Maintaining Appropriate Boundaries with Inmates for Contractors and Volunteers of the Virginia Department of Corrections*". Furthermore, I reviewed Operating Procedure 038.3, *Prison Rape Elimination Act (PREA)* and Operating Procedure 135.2, *Rules of Conduct Governing Employees Relationships with Offenders*. The listed Power Point Presentation, Brochure, and Operating Procedures were discussed with me and I was afforded the opportunity to ask questions on the material presented.

By my signature, I certify that I have been notified of the requirement that I must report to my supervisor or to the district/facility administration any known instances or suspicions of sexual abuse or harassment of inmates and CCAP probationers/parolees, whether in custody or on community supervision. I certify that I understand that the Virginia Department of Corrections has a zero tolerance policy for sexual abuse or sexual harassment between inmates and CCAP probationers/parolees and between staff/contractors/volunteers/interns and inmates or CCAP probationers/parolees and that I agree to abide by that policy and report any known instances or suspicions of sexual abuse or harassment of inmates and CCAP probationers/parolees.

Signature of Contractor/Volunteer/Intern/Program Visitor

Date

Signature of PREA Trainer

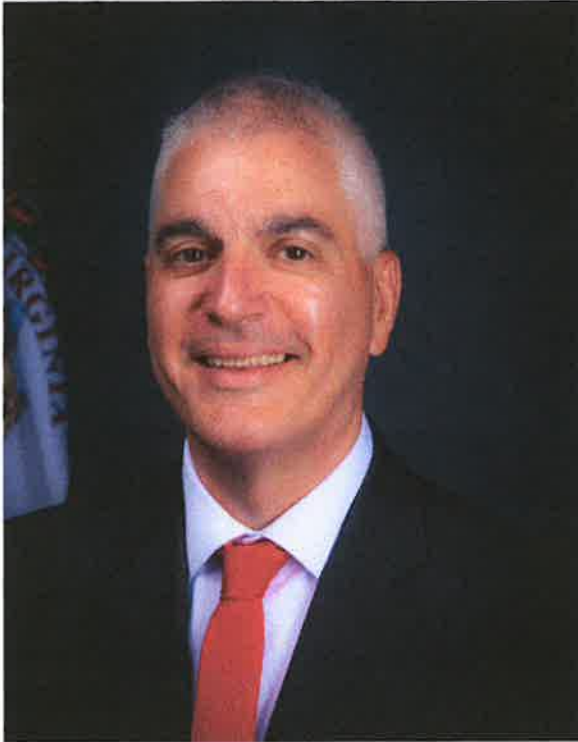
Date





VIRGINIA DEPARTMENT OF CORRECTIONS STRATEGIC PLAN: FY2025 - 2029

A MESSAGE FROM THE DIRECTOR OF THE VIRGINIA DEPARTMENT OF CORRECTIONS



Thank you for engaging with VADOC's Strategic Plan. The most crucial step in the strategic planning process is for our corrections team, stakeholders, and partners to fully read and review this document. Without full support and engagement from everyone, this plan remains just words on paper. By fully understanding and practicing what is inside, however, the Department can continue its commitment to excellence in public safety.

The most important function of the VADOC is ensuring public safety by providing effective incarceration, supervision, and evidence-based reentry services. The way we ensure long-term public safety is explained in the remainder of the strategic plan.

Our agency is known for its excellence across the United States and worldwide. Our success rate among those who have re-entered society is among the very best in the nation. This Strategic Plan will assist us in continuing to build on all we have achieved.

To ensure that continued success, we must embrace VADOC's mission, vision, and values. We must also work together to continually ensure public safety, improve ourselves and the population we serve, and strive to serve the Commonwealth of Virginia to the best of our ability. Thank you for all you do. I know that by working together and following this Strategic Plan, we can achieve our full potential.

Chadwick S. Dotson
Director, Virginia Department of Corrections

PURPOSE, MISSION, VISION, AND VALUES

PURPOSE

Director Chadwick S. Dotson charged a team of agency employees to develop a new strategic plan. Through a series of working sessions, the team crafted a new mission statement, updated agency values, and identified new goals, objectives, and measures. The team wanted to craft a dynamic yet easily understandable plan that outlines how the agency impacts public safety and the means to identify our successes and our areas of potential.

MISSION

We ensure public safety by providing effective incarceration, supervision, and evidence-based reentry services.

VISION

A premier correctional organization where all individuals achieve their full potential.

VALUES

SAFETY: We are committed to the safety and security of all individuals. We proactively work to create a safe and secure work environment by protecting each other, our communities, and our reputation.

INTEGRITY: We behave with high standards of personal and professional conduct. We are trustworthy, fair, and honest. We are ethical at all times.

ACCOUNTABILITY: We hold ourselves and each other accountable for our actions, decisions, and consequences.

RESPECT: We appreciate the differences and the dignity of individuals. We value others' points of view. We accept people as they are. We are polite, courteous, and empathetic.

LEARNING: We are *best-in-class* because of our commitment to personal and professional growth, continuous improvement, and evidence-based practices.

SERVICE: We serve by encouraging all individuals to become the best versions of themselves with humility, unity, passion, commitment, and thankfulness.

STRATEGIC GOALS: FY2025 - 2029



Foster a high level of safety and security.



Demonstrate and promote organizational excellence.



Employ and retain an effective, well-trained, diverse, and resilient workforce.



Provide lasting public safety through successful reentry.

Signature

Date



Authority for Release of Information

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the Department of Corrections bearing this release or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. The information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct the release of such information upon the request of the bearer.

This release also authorizes the National Personnel Records Center, or other custodian of my military service record, to release any information and/or copies of documents from my military service record. I understand that the information released is for official use by the Department of Corrections and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature: (Full Name)

Print Full Name:

Other Names Used:

(Include All Maiden and Aliases)

Social Security Number:

Date:

Current Address:

Telephone Number:

Date of Birth:

State of Birth:

Country of Birth:

Sex:

☐ Male

☐ Female

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, or in the termination of your employment.



COMMONWEALTH of VIRGINIA

CHADWICK S. DOTSON
DIRECTOR

Department of Corrections

P.O. BOX 26963
RICHMOND, VIRGINIA 23261
(804) 674-3000

COMPLETE THIS ONLY IF YOU ARE APPLYING AS A CONTRACTOR

IMPORTANT NOTICE **PLEASE READ THIS PAGE CAREFULLY**

Date

Name and Address

Dear

All applicants recommended for hire for the Virginia Department of Corrections must submit to a background investigation. You will need to complete the attached *Background Investigation Questionnaire* and return it within two business days as part of the hiring process. It is imperative that you fill out this questionnaire completely. All questions must be answered, with full explanations when needed. Although you may have responded to some of these questions elsewhere in the hiring process, it is important that they be answered here as well. The information you supply to complete the investigation will not be used for any purpose other than determining your suitability for employment. If the *Background Investigation Questionnaire* is returned incomplete or verification cannot be obtained, the hiring process can be delayed. Information obtained after the completion of the questionnaire, which suggests intended omission or falsification by you, can be considered grounds for disqualification or dismissal. It is in your best interest to be truthful, thorough, and as complete as possible in your responses. Some of the information requested may be impossible to obtain due to circumstances beyond your control. If this is the case, please give a brief explanation. Be aware this may affect the ability to judge your suitability for hire.

Return your completed *Background Investigation Questionnaire* within two business days to the Human Resource Officer or other designated hiring official at the facility/unit where you have applied. The designated hiring official at the unit will provide options for acceptable ways to submit the completed questionnaire to you where you have applied.

If you have questions regarding the content of the *Background Investigation Questionnaire*, please contact the Background Investigation Unit:

Email Background.Investigations@VADOC.Virginia.Gov

Be aware that the Background Investigation Unit cannot answer questions pertaining to specific positions, benefits, training, hiring dates, etc. Please direct those questions to the Human Resource Office of the facility for which you are applying.

Thank you and good luck!





Background Investigation Questionnaire

APPLICANT INFORMATION

NOTE: Answering "YES" to any of the conviction questions below does not automatically disqualify an applicant from all jobs. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.

Full Name: _____ Date: _____

Current Address: _____
(not PO Box) _____

Day Phone: _____ Evening Phone: _____

Email address: _____

Date of Birth: _____ Driver's License Number: _____

Position applied for: _____ Facility/Unit: _____

Are you a citizen of the U.S.? ☐ Yes ☐ No

If "No" have you provided documentation of your legal status and eligibility to work in the U.S. to the facility/unit accepting your application? ☐ Yes ☐ No

In the last two years, have you refused to submit to a Department of Corrections (DOC) pre-employment substance abuse test, or tested positive for illegal or unlawful drug use on DOC pre-employment substance abuse test results? ☐ Yes ☐ No

If "Yes", what was the date of refusal or testing? *Click or tap to enter a date.*

Have you ever worked (including assignments as a temp or contractor) or volunteered for the Department of Corrections or any other government agency? ☐ Yes ☐ No

If "Yes" Please provide additional details as requested below (if more space is needed, continue on a supplemental sheet)

Which agency, where and when?

What were your last two evaluation ratings? Year Rating Year Rating

☐ Not Applicable (N/A)

Did you receive any group notices or other disciplinary action(s)? ☐ Yes ☐ No ☐ N/A

If "Yes", please provide a detailed explanation

Did you resign in lieu of termination or were you terminated from this agency? ☐ Yes ☐ No ☐ N/A

If "Yes", please provide a detailed explanation





NOTE: When answering the following questions, applicants should *not* provide any information not open to public disclosure pursuant to Virginia Code § 19.2-389.3(A)

Have you ever been convicted of domestic violence? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor offense? ☐ Yes ☐ No

Have you ever been convicted of a felony offense? ☐ Yes ☐ No

If "Yes" is the answer any or all of the prior questions, please provide additional details as requested below (if more space is needed, continue on a supplemental sheet)

Charge	Where	When	Were you incarcerated or on probation as a result?

Have you been convicted of a traffic infraction in the last 10 years? ☐ Yes ☐ No

If "Yes", please complete the below (if more space is needed, continue on a supplemental sheet)

Charge	Where	When

Do you have an active order of protection against you? ☐ Yes ☐ No

Do you have any upcoming court appearance(s) for a criminal charge(s)? ☐ Yes ☐ No

All security positions require firearms certification. Are you aware of any reason why you would not be able to carry a firearm? ☐ Yes ☐ No ☐ N/A

If "Yes" is the answer to any of the questions above, please explain:

NOTE: Answering "Yes" to any of the below questions does not automatically disqualify an applicant from any specific job. Each answer will be judged on its own merits with respect to its circumstances and the extent to which it could be related to the job for which you are applying.

Have you ever engaged or attempted to engage in sexual abuse/sexual harassment in an institutional setting; for example, prison, jail, juvenile facility? ☐ Yes ☐ No

Have you been convicted of engaging or attempting to engage in sexual activity/sexual abuse/sexual harassment in the community where there was use of force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☐ Yes ☐ No

Have you been civilly or administratively adjudicated for engaging in sexual activity / sexual abuse/sexual harassment in the community where there was use of force (as described above)? ☐ Yes ☐ No





SOCIAL HISTORY

Have you ever had any association/affiliation with a gang or gang member? ☐ Yes ☐ No
(gangs, terrorist organizations, or any group advocating violence, restriction of basic freedoms, or organized crime)

If "Yes", please explain:

Do you have any tattoos, marks, or scars on your body that could be interpreted (or mistaken) as being gang related? ☐ Yes ☐ No

If "Yes", please explain:

Have you ever applied to visit an inmate who is/was incarcerated by the Virginia Department of Corrections?
☐ Yes ☐ No

Have you ever visited an offender who is/was confined in any Virginia Department of Corrections facility?
☐ Yes ☐ No

Have you ever communicated by letter, email, or phone with an offender who is/was confined in any Virginia Department of Corrections facility?
☐ Yes ☐ No

Are you currently, or have you ever been listed, as a point of contact for an inmate confined in any institution of the Virginia Department of Corrections?
☐ Yes ☐ No

Do you know anyone who is/was ever incarcerated or served a period of probation or parole in the State of Virginia or elsewhere?

A Friend ☐ Yes ☐ No

Any family member(s) ☐ Yes ☐ No

A current or former spouse or significant other ☐ Yes ☐ No

Someone you share a child with ☐ Yes ☐ No

Any other person(s) whose relationship to you is not listed above ☐ Yes ☐ No

If any "Yes", please complete all that apply (if more space is needed, continue on a supplemental sheet):

Full Name and Date of Birth/Age	Relationship to You	Name and location of Jail, Prison, Probation District, Community Corrections Program, etc.	Did you visit them while they were incarcerated?	Do you, or have you ever, lived at the same address with this person?





PERSONAL HISTORY

What other names do you/have you gone by? (*this includes maiden names, nicknames, and aliases*)

Have you ever legally changed your name (for reasons other than marriage)? ☐ Yes ☐ No

If "Yes", what Court of Jurisdiction approved the change?

Have you provided documentation to the facility accepting your application? ☐ Yes ☐ No

List all addresses and PO Boxes you have used during the last **five** years:

Address/PO Box:	City and State	From:	To:

EDUCATION

Have you provided to the facility accepting your application, documentation of the highest level of education you attained? ☐ Yes ☐ No

Name of High School/GED Program:

City & State:

From:

To:

Did you graduate? ☐ Yes

☐ No

☐ Diploma OR ☐ GED

Name of Technical School/ College / University:

City & State:

From:

To:

Did you graduate? ☐ Yes

☐ No

Degree:

Certificate:

Name of Technical School/ College / University:

City & State:

From:

To:

Did you graduate? ☐ Yes

☐ No

Degree:

Certificate:

PROFESSIONAL LICENSES, REGISTRATIONS, & CERTIFICATIONS

Do you currently hold any professional licenses, registrations, and/or certifications? ☐ Yes ☐ No

If "Yes", please complete all that apply:

Type	Identification Number	State Issued	Issued by	Expiration Date
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EMPLOYMENT HISTORY

Document your employment history, including periods of unemployment or full-time student status, for at least the last five years. The following exceptions and special circumstances should also be noted:

- 1) Document any and all prior law enforcement or state service since your 18th birthday
- 2) Documentation of self-employment during the last five years should be attached. Acceptable documentation includes Copy of a Business License AND a Schedule C business profit and loss statement from IRS Form 1040, OR a list of clientele who can verify the services you provided.
- 3) If you worked as a "temp" or contractor, please provide the below requested information for the company you worked for AND the jobsite(s) you were assigned to.

Fill out a supplemental form if additional space is needed.

Company:	Supervisor:
Address:	Phone Number:
Dates of employment: From:	To: Title:
Reason(s) for leaving:	
Did you leave this employer as a result of being terminated or in lieu of termination? ☐ Yes ☐ No	
If "Yes", please explain:	
Your name while employed there:	
Company:	Supervisor:
Address:	Phone Number:
Dates of employment: From:	To: Title:
Reason(s) for leaving:	
Did you leave this employer as a result of being terminated or in lieu of termination? ☐ Yes ☐ No	
If "Yes", please explain:	
Your name while employed there:	
Company:	Supervisor:
Address:	Phone Number:
Dates of employment: From:	To: Title:
Reason(s) for leaving:	
Did you leave this employer as a result of being terminated or in lieu of termination? ☐ Yes ☐ No	
If "Yes", please explain:	
Your name while employed there:	
Company:	Supervisor:
Address:	Phone Number:
Dates of employment: From:	To: Title:





Reason(s) for leaving:

Did you leave this employer as a result of being terminated or in lieu of termination? ☐ Yes ☐ No

If "Yes", please explain:

Your name while employed there:

Company:

Supervisor:

Address:

Phone Number:

Dates of employment: From: To: Title:

Reason(s) for leaving:

Did you leave this employer as a result of being terminated or in lieu of termination? ☐ Yes ☐ No

If "Yes", please explain:

Your name while employed there:

MILITARY SERVICE

Have you ever served in the armed forces? ☐ Yes ☐ No

If "Yes", please provide the following:

Branch:

Dates of Service:

(include all periods of enlistment)

Character of Discharge:

If you did not receive an "Honorable" discharge, please explain:

Have you provided your Member 4 Form DD 214 to the facility accepting your application?

☐ Yes ☐ No

If "No", please attach a copy of your Member 4 Form DD 214 (long form) to this document





PROFESSIONAL REFERENCES

Please provide complete contact information for three people who know you professionally. Do not include family members unless they are associated with a family owned business that you also worked for.

Name: _____

Address: _____

Day phone: _____

Evening phone: _____

Email address: _____

Professional association (how do you know each other): _____

How long? _____

Does this person know you by a name other than the name on your application? ☐ Yes ☐ No

If "Yes", what name does this person know you by: _____

Name: _____

Address: _____

Day phone: _____

Evening phone: _____

Email address: _____

Professional association (how do you know each other): _____

How long? _____

Does this person know you by a name other than the name on your application? ☐ Yes ☐ No

If "Yes", what name does this person know you by: _____

Name: _____

Address: _____

Day phone: _____

Evening phone: _____

Email address: _____

Professional association (how do you know each other): _____

How long? _____

Does this person know you by a name other than the name on your application? ☐ Yes ☐ No

If "Yes", what name does this person know you by: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Printed Name: _____

Signature: _____

An Investigator from the Department of Corrections may contact you if additional information or clarification by you is needed. It is imperative that you respond in a timely manner. If the Background Investigation Questionnaire is returned incomplete or verification cannot be obtained, the hiring process may be delayed.

Disclaimer: This information is for the sole use of the intended recipient(s), to be used in conjunction with a background investigation by the Virginia Department of Corrections. Any access, use, disclosure, or distribution of this information to anyone other than those having a need to know is unauthorized and prohibited.

