



## DEPARTMENT OF CORRECTIONS VOLUNTEER AGREEMENT

*Please Read This Agreement Carefully and Request a Copy for Your Personal Reference*

1. I agree to abide by all work procedures, guidelines, laws, rules, and regulations that apply to paid employees, including confidentiality and security regulations. I shall, as part of my volunteer service, be exempt from all provisions of law relating to state employment, such as hours of work, rate of compensation, leave time, and employee benefits.
2. I acknowledge that any violation of the conditions outlined in this agreement, any state law, or any official Departmental procedure shall be cause for termination from the volunteer program and possible prosecution under applicable state law.
3. I agree not to discuss any sensitive personal information about individual offenders, including the identities of offenders, except with other staff and volunteers involved in the provision of services to that specific offender.
4. I understand that the Unit Head retains the right to postpone, curtail, or suspend any volunteer activity when there is a threat to the secure or orderly operation of the unit. Whenever possible, written notification will be given.
5. The Department of Corrections agrees to make every effort possible to ensure the safety of those individuals participating in the volunteer program.
6. I understand that if I am approved to use a state vehicle in the performance of my volunteer duties, that I am subject to all rules and regulations governing use of state vehicles by paid staff.
7. By signing below, I acknowledge that I understand and agree to abide by the conditions outlined in the Volunteer Agreement.

\_\_\_\_\_  
*Volunteer Signature/Date*

\_\_\_\_\_  
*Volunteer Coordinator Signature/Date*

cc: Unit File  
Volunteer