

# KANSAS DEPARTMENT OF CORRECTIONS

## VOLUNTEER APPLICATION

\*\*\*Please fill out the application form completely. This application is for the purpose of screening potential volunteers.\*\*\*

NAME:	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	DATE OF BIRTH:
SOCIAL SECURITY NUMBER:	EMPLOYER:	
	OCCUPATION:	
HOME ADDRESS:	CITY/STATE	ZIP:
HOME PHONE: CELL PHONE:	FAX:	E-MAIL:
WORK ADDRESS:	CITY & STATE:	ZIP:
WORK PHONE:	BEST TIME TO CONTACT YOU:	
EMERGENCY CONTACT NAME:	RELATIONSHIP:	PHONE NUMBER:
VEHICLE TAG (STATE & #)		YEAR AND MODEL
DRIVERS LICENSE NUMBER:		
Names and phone numbers of two persons who have known you at least one year and who are not family members or significant others.		
1) NAME:		DAY PHONE:
2) NAME		DAY PHONE:
POSITIONS AND LOCATIONS YOU ARE INTERESTED IN VOLUNTEERING FOR:		
<input type="checkbox"/> PRISON _____ (Location) <input type="checkbox"/> COMMUNITY _____ (Location)		
<input type="checkbox"/> MENTOR _____ (Location) <input type="checkbox"/> INTERN _____ (Location)		
HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST CONVICTIONS/DATES:  WHICH STATE (ie. KS/MO):		
ARE YOU CURRENTLY ON PROBATION OR PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU CURRENTLY ON AN INMATE VISITING LIST <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHERE?		PLEASE EXPLAIN:
HAVE YOU EVER BEEN EMPLOYED IN CORRECTIONS? IF SO, WHERE?  <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN THE VICTIM/SURVIVOR OF A CRIME COMMITTED BY AN OFFENDER IN KDOC CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, PLEASE PROVIDE THE NAME OF THE OFFENDER IF KNOWN:		

HOW DO YOU SEE YOURSELF INVOLVED WITH THE VOLUNTEER EXPERIENCE?

DO YOU HAVE ANY SPECIAL SKILLS OR TALENTS YOU WOULD FEEL COMFORTABLE TEACHING?

DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH OR CAN YOU SIGN FOR THE HEARING IMPAIRED? IF SO, PLEASE LIST:

PLEASE LIST DEGREES, LICENSES OR CERTIFICATIONS IN ANY FIELD YOU MAY HAVE RECEIVED:

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator \_\_\_\_\_ Date: \_\_\_\_\_

(Below information is needed to help in background verification)

Other names used: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Gender: \_\_\_\_\_

FOR DEPARTMENT USE ONLY

**Date:**

Security Clearance

FBI

NCIC

Local Records Check

Photographed

Fingerprinted

ID Card Issued

Assigned to:

Program \_\_\_\_\_

Facility/office \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

VOLUNTEER RELEASE OF INFORMATION AGREEMENT

Upon my application to be a corrections volunteer with the Department of Corrections, \_\_\_\_\_ (Facility/Office)

I, \_\_\_\_\_ authorize and request:

Source (local sheriff's office): \_\_\_\_\_

Address: \_\_\_\_\_

to disclose and give copies to the Kansas State Department of Corrections, the Secretary of Corrections or his designee, or the Warden/Director of the above named facility/office and division, or to his designee, of any and all police records, including the records of arrest, police reports, accident reports and records of convictions including both misdemeanors and felonies which pertain to me and which you have in your possession.

I further authorize and consent to the disclosure and copying of any of the above records for delivery to any of the above specified persons solely for the purpose of my application as a corrections volunteer with the Department of Corrections.

In consideration of such disclosure on the part of the above named persons or facilities/offices, I hereby release them from all and any liability arising there from and do relinquish and waive and claim or right I might have against them arising from such disclosure and copying.

**NOTICE:** The giving of this authorization and release of information is a condition of the volunteer program and any applicant who does not execute this release shall not be approved for participation in the volunteer program.

\_\_\_\_\_  
VOLUNTEER'S SIGNATURE                      DATE

\_\_\_\_\_  
WITNESS    DATE

KANSAS DEPARTMENT OF CORRECTIONS  
INTERDEPARTMENTAL MEMORANDUM  
*A Safer Kansas Through Effective Correctional Services*

DATE: August 20, 2009

TO: All Employees and Volunteer Workers Entering the Lansing Correctional Facility

FROM: David R. McKune, Warden

SUBJECT: Traffic in Contraband

I welcome you to the Lansing Correctional Facility. This notice is to direct your attention to certain facts, which you should be aware of when you enter a correctional institution.

As an employee, contractor, or volunteer for your protection and direction while in the institution, your conduct and movements will be governed by institutional regulations. Specifically, we direct your attention to the Kansas State Law with reference to introduction or removal of contraband articles to or from a correctional institution.

K.S.A. 21-3826

"(a) Traffic in contraband in a correctional institution is introducing or attempting to introduce into or upon the grounds of any correctional institution or taking, sending, attempting to take or attempting to send from any correctional institution or distributing within any correctional institution, any item without the consent of the administrator of the correctional institution.

Traffic in contraband in a correctional institution is a severity level 6, non-person felony."

K.A.R. 44-2-103

"Trafficking in contraband. (a) A person, including an employee, inmate, visitor, or volunteer shall not, without the consent of the warden: (1) introduce or attempt to introduce any item into or upon the grounds of a correctional facility; (2) take, send, or attempt to take or send any item from any correctional facility; (3) possess any item in any correctional facility; or (4) distribute any item within a correctional facility.

"Any item," as used in subsection (a), shall include but not be limited to the following: (1) guns or firearms of any type, or the components, diagrams, or plans thereof; (2) ammunition, explosives, or the diagrams, formulas or plans thereof; (3) knives, tools, and materials such as sandpaper, whet stones or similar items used to make such knives or tools; (4) hazardous or poisonous chemicals, flammable liquids and gases or formulas thereof; (5) escape paraphernalia such as ropes, grappling hooks, hacksaw blades, jewelers wire, bar spreaders, maps, lock picks, handcuff keys, or similar devices which could be used to aid an escape; (6) identification documents or individual photographs of the inmate of the style suitable for the production of identification documents; (7) documents, plans, diagrams, or schematics that refer to secure electrical systems, escape alarms, overhead lighting, facility power supply, gate operations, body alarms, radio communications, and similar systems; (8) narcotics or other controlled substances, including any synthetic narcotic, drug, stimulant, sleeping pill, barbiturate, or medicine, prescription or non-prescription, which was not dispensed or approved by the facility health authority. Medicines dispensed or approved by the facility health authority shall be considered contraband if not consumed or utilized in the manner prescribed; (9) intoxicants, including but not limited to liquor or alcoholic beverages; (10) currency, in the form of paper, checks, money orders, coins, stamps or similar instruments with monetary value; (11) hypodermic needles, hypodermic syringes, nasal inhalers or other devices or any component thereof which could be used to inject substances into the body; (12) food items; (13) cameras, recording devices, one or two-way transmitting devices, and similar devices and components thereof, including

tapes, batteries, and film; or (14) letters, notes, books, or other written communications (Authorized by and implementing K.S.A. 1992 supp. 75-5210; effective July 5, 1993.)" This also includes no tobacco products or cellphones.

You are subject to shakedown of your person. Packages or bags will not be allowed inside the institution unless necessary for the conduct of your business and, in that case, they will be inspected and approved. Packages should be left in your locked car or checked in with the visiting reception officer, or in his/her absence, the front gate officer.

You may not contact any inmate unless you have been specifically authorized to do so. You are not allowed to give anything to or to receive anything from an inmate.

In addition, Chapter 142, House Bill No. 2100 (Amended by Chapter 291) AN ACT concerning crimes and punishments; relating to obstructing legal process official duty; creating the crime of unlawful sexual relations; amending K.S.A. 21-3808, as amended by section 152 of chapter 239 of the 1992 Session Laws of Kansas and repealing the existing section.

"Be it enacted by the Legislature of the State of Kansas: New Section 1. (a) Unlawful sexual relations is engaging in consensual sexual intercourse or sodomy with a person who is not married to the offender if: (1) The offender is an employee of the department of corrections or the employee of a contractor who is under contract to provide services in a correctional institution and the person with whom the offender is engaging in consensual sexual intercourse or sodomy is an inmate; or (2) the offender is engaging in consensual sexual intercourse or sodomy is an inmate who has been released on parole or conditional release or post-release supervision under the direct supervision and control of the offender. (b) For purposes of this act: (1) "Correctional institution" means the same as prescribed by K.S.A. 75-5202, and amendments thereto; (2) "inmate" means the same as prescribed by K.S.A. 75-5202, and amendments thereto; (3) "parole officer" means the same as prescribed by K.S.A. 75-5202, and amendments thereto; and (4) "post-release supervision" means the same as prescribed in the Kansas sentencing guidelines act in section 3 of chapter 239 of the 1992 Session Laws of Kansas. (c) Unlawful sexual relations is a severity level 10 person felony."

I hope your position or status in this institution will be enjoyable and fulfilling.

I hereby acknowledge that I have read and understand K.S.A. 21-3826 and Kansas Administrative Regulation 44-2-103, Trafficking in Contraband. I understand that violation of this Statute and Regulation shall be grounds for discipline, up to and including dismissal and may result in prosecution for a severity level 6 non-person felony offense. I also hereby acknowledge that I have read and understand Section 1, Chapter 142 of the 1993 Session Laws of Kansas regarding unlawful sexual relations. I understand that as an employee of the Department of Corrections or the employee of a contractor who is under contract to provide services in a correctional institution a violation of this statute shall be grounds for dismissal and may result in prosecution for a severity level 10 person felony offense. I have had an opportunity to ask questions regarding the above statutes and regulations.

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Date

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Signature

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Street Address

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Name Printed

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City, State and Zip Code

**Kansas Department of Corrections**

**CODE OF ETHICS**

**As an employee, contract personnel or volunteer of the Kansas Department of Corrections, I will value and maintain the highest ideals of professionalism and public service in carrying out my duties and responsibilities.**

**I will respect the dignity of individuals, the rights of all members of society and the potential for human growth, development and behavioral change. I accept that it is my fundamental duty to serve the public; to safeguard lives and property; and to maintain an environment free of deception, oppression or intimidation, violence or disorder. I will exercise power and authority prudently and within the limits of the law.**

**I will recognize the fact that I have power over the lives of offenders, and will not abuse that power in any way, including by attempting to establish any form of personal relationship with an offender, or take any other action toward or concerning an offender which advances a personal interest or cause of my own.**

**I will be constantly mindful of the welfare of others. To the best of my ability, I will remain calm in the face of danger and maintain self-restraint in the face of ridicule.**

**I will treat all persons with respect and dignity, and will not mistreat any person based on that person's race, gender, nationality or religious beliefs. I will not engage in any conduct that results in hostility or offence on the basis of sex, nor in any way improperly introduce any sexual material or activity into the workplace.**

**I will be honest and truthful. I will be exemplary in obeying the law and following the rules and regulations of the Department. I will promote honesty and ethical behavior over loyalty to individuals. I will immediately report dishonest or unethical conduct or any violation or apparent violation of the Department's rules and regulations.**

**I will use public funds in a fiscally responsible manner. I acknowledge that I have been selected for a position of public trust. I will constantly strive to be worthy of that trust and to be true to the mission and values of the Department of Corrections.**

**Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

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

Date: \_\_\_\_\_

Data Sheet for new ID's \_\_\_\_\_

First letter of Last Name

(PLEASE PRINT LEGIBLE)

VOLUNTEER ID NUMBER WILL BE ASSIGNED ON THEIR TRAINING DATE \_\_\_\_\_  
(ID #)

VOLUNTEER'S NAME: \_\_\_\_\_  
(Last Name MI First Name)

VOLUNTEER ACTIVITY AT LCF: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

HAIR  
COLOR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

SEX: \_\_\_\_\_

Do you have a metal medical device that will not clear the metal detector? Y or N

If yes, please provide documentation from your supervising physician ASAP.  
(Staff: Received documentation on this date \_\_\_\_\_ / \_\_\_\_\_ staff initials)

YOU CAN RETURN THIS PACKAGE TO:  
Lansing Correctional Facility  
Volunteer Services  
P.O. Box 2  
Lansing, KS 66043  
913-727-3235 EXT. 7246

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

**Please circle which established group you are volunteering with:**

***Activity & Educational Groups***

7 Steps

Administrative

Alcoholics Anonymous

Arts in Prison

Donnelly College

Dream Loud

Fine Arts Society

M2 (Volunteers in Prison)

Narcotics Anonymous

New Beginings

Re-Entry (Life Skill classes)

Reaching Out From Within (Stop Violence)

Veterans

Gospel Outreach (Protestant)

Heritage Baptist (Protestant)

House of Yahweh

InnerChange Freedom Initiative (IFI)

Islamic

Jehovah Witness

Judaic

Latter Day Saints (Mormon)

Moorish Science

Native American

Prison Fellowship (Protestant)

Rastafarian

Salvation Army (Protestant)

Seventh Day Adventist

Spirit of Freedom

Thelema

Wiccan

**Religious Groups**

Asatru

Assembly of Yahweh

Break Free Ministries (Protestant)

Buddhist

Catholic

Chaplain (ordained)

Church of Christ (Protestant)

Faith Deliverance (Protestant)

Gideon (Protestant)