



BARRON COUNTY SHERIFF'S DEPARTMENT
BARRON COUNTY JUSTICE CENTER ROOM 1008
1420 STATE HWY 25 NORTH
BARRON, WI 54812

VOLUNTEER MANUAL

CHRIS FITZGERALD, SHERIFF
JASON LEU, CHIEF DEPUTY
TIM EVENSON, JAIL CAPTAIN
SHEREE CARR, JAIL PROGRAMS DIRECTOR

JAIL PROGRAMS PHONE NUMBER 715-537-5559 EXT 6734
JAIL MAIN NUMBER 715-537-5559
JAIL FAX NUMBER 715-637-6750

PHILOSOPHY

The philosophy of the Barron County Jail Program is to develop and schedule programs and services that benefit the inmate, staff and community in running the Barron County Jail.

Volunteers and/or the programs staff will run the programs and services. When the inmate's time is occupied constructively, they require less intervention by the Corrections Staff. The available program options provide support and guidance to those inmates processing a sincere desire to make a change in their lives. It is a goal of the program office to add to the safety and security of the Barron County Jail and to the community.

STAFF AND YOU

The people most important to our success and achievement in the jail are the staff members. In fact, your primary function as a volunteer is to "assist staff in providing services."

In all cases you, as a volunteer, must remember that you are a guest in the jail and responsible to the Corrections Staff. Any proposed plan or idea must be cleared with the Jail Programs Director **BEFORE** being introduced to an inmate or group.

RULES OF CONDUCT FOR VOLUNTEERS

The following expectations are to be adhered to at all times:

General

All rules, regulations and policy statements governing conduct in the jail shall apply to all volunteers. Violation of these rules may result in removal from the jail and termination of your volunteer services. We encourage you to use common sense as your guide, as well as, with the following rules.

Specifics

1. Each volunteer shall become familiar with the jail rules and regulations governing this handbook.
2. All volunteers will familiarize themselves with the inmate rules of conduct contained in the jail rules.
3. All volunteers shall immediately report any violation of the jail rules and regulations, or any inappropriate or disruptive behavior to the Programs Director or Corrections Staff.

4. Each volunteer is expected to be mentally alert, personally neat and shall render his or her services on an impartial basis. Conduct shall be consistent with the security and operation of the jail.
5. NO volunteer shall solicit, or accept a gift from an inmate or any person acting on behalf of an inmate.
6. Volunteers shall NOT have any type of sexual relationship with and inmate. If caught doing so their volunteer status may be terminated and they may face potential criminal charges according to appropriate state statute.
7. Volunteers shall NOT use physical force, except to defend herself/himself.
8. No volunteer shall report for services after consuming, or while under the influence of alcohol and/or drugs.
9. Volunteers may be subject to a body search and the inspection of personal property. Refusal to all the search will result in not being admitted and may result in termination of volunteer status.
10. Volunteers will not provide legal advice to inmates.
11. Volunteers are expected to follow Corrections Staff directives.
12. Volunteers shall comply with the facility safety regulations. Any injury sustained in the jail shall be reported to the Programs Director or Corrections staff at the time of the injury or as soon as possible thereafter.
13. Volunteers will not have access to inmates' confidential records.
14. Volunteers are encouraged to communicate with Corrections Staff. Please feel free to discuss any concerns or ask questions, as needed.
15. Volunteers may not bring in or take anything out of the jail given to you by an inmate. Inmates have regular access to the telephone, so it is not necessary for volunteers to become involved in contacting friends and relatives of inmates, their lawyers, probation officers or judges.
16. You as a volunteer must not give any inmate your full name, address or telephone number, place of employment or any other personal information.
17. In case of an emergency, volunteers should contact the jail central control office by pressing the silver intercom button on the call box next to the door.
18. It is the volunteer's responsibility to inform the Programs Director if he/she has a new criminal charge filed against him/her. The volunteer's services to the jail will be suspended during the court proceedings.
19. Volunteers who have a family member, friend, former boyfriend, girlfriend, spouse, etc., that is in jail should inform the Program Director or Sergeant on duty immediately. The volunteer will not be allowed to work at the jail while the person is incarcerated.
20. The Barron County Jail reserves the right **at all times and without prior notification** to refuse the admittance of any volunteer.

21. All volunteers should understand that a violation of any condition of this Handbook may cause your services to the jail to be postponed or discontinued.

DISCRIMINATION, HARASSMENT & RETALIATION-FREE WORKPLACE POLICY

It is the policy of the Barron County Jail to maintain a safe workplace environment that is free from discrimination, harassment and retaliation. State and Federal law prohibits discrimination and harassment based on any protected class including, but not limited to, age, color, creed, disability, religion, sex, national origin, ancestry, arrest record, conviction record, marital status or sexual orientation. Investigation could lead up to termination of volunteer status and subject to criminal prosecution under 940.225, a class C felony. Every volunteer has a personal responsibility to help maintain a safe and healthy workplace environment.

Sexual harassment will not be tolerated by Volunteers or toward Volunteers. Sexual harassment is unwelcome verbal or physical conduct of a sexual nature. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature. Examples of sexual harassment include sexual propositions, sexual innuendo, suggestive comments, sexually orientated "jokes" or teasing, displays of explicit pictures or cartoons, leering, whistling, making obscene gestures and physical contact such as touching, pinching, brushing against another's body, coercing sexual intercourse, continuous requests for dates after the recipient states he or she is not interested, or name calling.

Volunteers should report to the Jail Captain any and all health and safety issues and discriminatory, harassing or retaliatory conduct that relates to their volunteering at the jail. Upon receiving a volunteer report of harassment, discrimination or retaliation, the County will take appropriate steps to investigate. Such reports shall be kept confidential to the maximum extent possible.

INMATE CONTACT

There shall be NO hugging between inmates and volunteers. Volunteers and inmate may shake hands, and that is all the contact that should be made.

CONTROL OF CONTRABAND

The control of contraband is one of the most important areas of jail security. As a broad definition, contraband can be defined as “anything in possession of a person that is contrary to the rules and regulations of the institution.” **IF YOU DON’T NEED IT, DON’T BRING IT IN!** To define it more specifically:

No person shall introduce any of the following into the facility:

1. Any beverages or food items.
2. Any prescription or non-prescription drug(s).
3. Any instrument that may be used as an aide in attempting to escape.
4. Any firearm or instrument customarily used as, or intended as a weapon.
5. Any other articles, instruments, or substances specifically prohibited by the jail.
6. Any item for an inmate for personal, religious or physical use that is not issued by the facility.
7. Do not give any literature to the inmate unless cleared in advance by the Corrections Staff.

DRESS CODE

All volunteers are to dress appropriately. The following guidelines should be adhered to for your safety:

1. Limit jewelry to a minimum and necklaces tucked inside shirt, if worn.
2. No shorts, cut off jeans or jeans with holes in them.
3. Leave purses in your car or give to jail staff to secure.

CONFIDENTIALITY

Do not violate the inmates’ confidence. Never repeat what has been told to you in confidence to someone else outside the facility. If you need outside help about a problem, relate the facts of the situation without identifying the inmate(s) involved. The exceptions are:

1. Violations of jail rules, regulations or policies.
2. Escape plans or attempts.
3. Harmful behavior to one’s self or others.
4. Criminal matters.
5. Inmate progress.

Notify staff immediately if one of these situations occurs.

PROCEDURE TO ENTER JAIL & CONDUCT OF PROGRAM

1. When you arrive at the jail for your program – state your name and why you are here. For security reasons the jail staff may request to see a picture ID and check to make sure you are on the approved volunteer list. Only those registered with the Jail Programs will be on the approved list.
2. Before entering the jail, you will be asked to sign in on the visitor log – put your name, the date and time and what program you are with. You will then be asked if you have any sharp objects or keys in your possession. If so, you will be asked to place them in the pass through and you will get them back when you leave the facility.
3. Jail staff may search your person at this time for contraband.
4. Once you are in the program area, the inmates will be brought to the room. There is an intercom on the wall next to the door for the purpose of communication with the jail central control office. Please keep all communication limited to essentials.

Always inform the jail central control office when any of the following occur:

- a. Inmate requests to leave the program area.
 - b. Inmate is asked to leave by the instructor due to behavior problems.
 - c. Inmate requests to use the restroom.
 - d. When the program is complete and inmates are ready to return to their blocks.
 - e. Emergencies
5. Please notify the Programs Director or Corrections Staff of any inappropriate behavior on the part of any inmate during your program. Our programs are for those inmates that are on good behavior only. You have the authority to ask any inmate to leave your program based on disruptive behavior.
 6. Meetings must stick to the theme of the specified program. Inmates are not authorized to use meetings for individual grievances or soapbox orations.
 7. Do not bring in additional people as observers, as they will not be admitted. **NO ONE** will be allowed to come into the jail unless they have completed the orientation program.
 8. Avoid personal testimonies that give explicit details of your past.

EMERGENCY PROCEDURES

In case of an emergency, volunteers should contact the jail central control office via the intercom button or the nearest Corrections Staff as soon as possible.

PROMPTNESS

Please report as scheduled and leave within the allotted time. The jail operates on tight security and one of the facility's needs is to be able to count on volunteers not to cause disruption of normal schedules. If you are unable to attend due to weather conditions or family emergencies, please notify the jail as soon as possible.

GENERAL INFORMATION

Do not make promises that you cannot keep. Many inmates are lax about promises made to others but they can be unforgiving if someone they trust lets them down. Openness and honesty will go a long way toward winning an inmate's respect. These characteristics will also set an excellent example of how to a happy productive person when an inmate gets released back into society.

Do not expect instant results. Working with inmates is slow, difficult and often exasperating work. Many inmates have spent a lifetime in irresponsible and antisocial behavior patterns. Do not expect them to turn into model citizens after a few visits. Remember your main motivation for entering the jail is to be helpful. Expect progress to be slow.

Do not over-identify. Remember to keep your boundaries, do not sympathize with an inmate so much that you lose objectivity. Remember that an offender's problems are uniquely theirs. Be supportive but if you feel yourself beginning to over-identify with an inmate's situation, talk it over with the Jail Program Staff. We will help you gain your objectivity.

SUMMARY

Ensuring the safety and security of the Barron County Jail is no part-time venture. The men and women that make up this jail's uniformed staff must be in total control of this facility's operation. It needs to be stressed to each and every one of you how important it is to maintain a good working relationship with the Correctional Staff.

The staff and administration of the Barron County Jail will make every effort to ensure the safety of our volunteers; volunteers shall be aware of the nature of the institution and take due caution in performance of their duties.

**PLEASE KNOW THAT YOUR WILLINGNESS TO SHARE YOUR TIME IS
GREATLY APPRECIATED.**

GUIDELINES FOR VOLUNTEERS

1. Potential volunteers must appear at the Barron County Jail to complete the application process.
2. All volunteers must be at least eighteen (18) years of age.
3. Prior criminal record shall be a determining factor in an applicant's acceptance; however, each application will be reviewed on its own merit.
4. No person shall be accepted as a volunteer if he/she had been confined in the County Jail or any other correctional facility within the preceding twelve (12) months.
5. No volunteer may fraternize with inmates including business transactions, friendships, loaning money, romantic involvement, ect. This includes any inmate booked into the jail in the past 12 months.
6. Any applicant currently on probation or parole shall provide a letter from his/her probation or parole agent detailing compliance with conditions of probation and parole. The probation or parole agent shall mail or personally deliver a written recommendation to the Jail Captain or designee regarding the application.
7. Relatives or friends of a current inmate shall not serve as a volunteer during the period of that inmate's confinement.
8. All selected applicants will participate in and complete orientation arranged by Corrections Staff.
9. Volunteers will agree to abide by all jail policies, rules and regulations and adhere to the regulations contained in the Volunteer Agreement. Failure to do so shall result in immediate termination of volunteer status.
10. Volunteers shall follow the instructions of the Corrections Staff at all times.

What do Law Enforcement Chaplains Do?

- Council Law Enforcement Officer
- Council other members of the Law Enforcement community
- Council the families of Law Enforcement Officers
- Personal Prayer for Officers (Romans 13:1-7)
- Assist in death notifications
- Train officers in stress management, ethics, family life, etc
- Serve as liaison with other Clergy in the community
- Officer assistance and prayer at special events
- Provide assistance to transients and the homeless
- Provide counseling and ministering to inmates at the County Jail
- Provide addictive counseling through 12-Step Program and Bible Study
- Offer life-changing hope to the inmates of the Jail from the Word of God
- Law Enforcement Officer Bible Study program

If you are interested in getting involved in the Barron County Chaplaincy Program, please fill out a Volunteer Form and return it to either the Programs Director or Jail Captain at the Barron County Sheriff's Department.

Barron County Sheriff's Department
Barron County Justice Center Room 1000
Barron, WI 54812
715-537-5559 Ext 6734 (Programs Director)

THANK YOU FOR YOUR INTEREST IN THE CHAPLAINCY PROGRAM

BARRON COUNTY JAIL VOLUNTEER AGREEMENT

1. By signing this agreement, I consent to the Barron County Jail conducting a background investigation on me including a criminal history record check. The extent of this investigation will be based on the volunteer position applied for.
2. I agree to participate in and satisfactory complete orientation and training arranged by the Barron County Jail before I will be allowed to participate in any volunteer activities.
3. I agree to follow and abide by all jail policies, rules and regulations.
4. I agree to follow the instructions given by Corrections Staff.
5. I will never leave inmates unsupervised.
6. I will read and familiarize myself with inmate rules of conduct contained in the Jail Rules.
7. I will require all inmates to follow rules for inmate behavior and immediately report any inappropriate or disruptive behavior to Corrections Staff.
8. I will not voluntarily give testimony on behalf of inmates at any court proceedings including sentencing and release hearings.
9. 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.
10. I will inform Corrections Staff of any requests or other solicitations from inmates.
11. For my own safety and protection, I shall refrain from giving inmates identifying information about myself such as last name, address, personal telephone number and place of employment.
12. I will not bring any personal property or medication into the secure perimeter of the jail.
13. I will contact Corrections Staff about any supplies or materials needed.
14. If I have a medical condition which requires carrying medications at all time, arrangements must be made in advance with Corrections Staff.

15. I understand that I may 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.
16. I will not take any property, equipment or supplies out of the jail.
17. I agree to contact the Corrections Staff with as much advance notice as possible if I cannot fulfill my commitment.
18. I understand that conditions within the jail may make it necessary to cancel volunteer programs with very short notice.
19. I understand that I will not be allowed entrance to the jail to perform volunteer service if I am intoxicated or under the influence of any controlled substance.
20. I agree to take a breath or urine test upon Corrections Staff request if they suspect I am under the influence of intoxicants or drugs.
21. I understand that my services as a volunteer may be terminated by the Sheriff and/or Jail Captain.

BARRON COUNTY JAIL
VOLUNTEER AGREEMENT ACKNOWLEDGEMENT

I certify that I have read and understand the contents of the Volunteer Agreement. I agree to abide by the rules of conduct for volunteers contained in this agreement. I further acknowledge that I have received a copy of the Guidelines for Volunteers.

I understand that any violation of rules set for the conduct of volunteers may result in suspension and/or termination of volunteer status.

I am aware of the nature of the jail as a correctional facility and will take due caution in the performance of my duties and will not hold the facility responsible for areas or events beyond reasonable control.

Signature of Volunteer

Date

Witnessing Staff Signature

Date

BARRON COUNTY JAIL

VOLUNTEER APPLICATION FORM

Identifying/Background Information

(Please type or use black ink and write legibly. Complete entire application. Thank you)

Name: _____
(LAST) *(FIRST)* *(MIDDLE)*

Address: _____

Home telephone: _____ Best time to call: _____

Okay to call at work? Yes No Work telephone: _____

In case of an emergency while performing volunteer work, contact:

Name: _____ Relationship: _____

Phone: _____

Indicate Formal Education

School/Name/Location	Major Course	Diploma/Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Volunteer Experience

Agency/Organization	Position	Dates Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Interest Areas

Why would you like to volunteer?

What would you like to do as a volunteer?

List any interests, knowledge, hobbies or special skills you could share as a volunteer:

If volunteering as a member of a group, please indicate:

Name of Group: _____

Volunteer Coordinator of Group: _____

References

List any individuals who can assess your employment, volunteer experience or give a character reference:

Name	Address	Telephone	Relationship
------	---------	-----------	--------------

Criminal Record/Treatment History

(The information requested is essential to conduct the record check. You are not legally required to supply this information. However, if you choose to withhold this information, a final decision on your application cannot be made.)

Date of Birth: Month _____ Day _____ Year _____

Gender: Male Female

Have you ever experienced drug/alcohol or mental health problems and/or received counseling or treatment for any of these problems? Yes No

(You may want to discuss details in a private interview.)

Acknowledgement and Permission to Conduct 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 if discovered at a later date.

I hereby give my permission for the Barron County Jail to conduct a criminal record check on me and to obtain other reference information necessary for the purpose of assessing my volunteer application.

Signature of Applicant

Date

Deputy Reviewing CHRI

Date

Date CHRI Disposed of: _____

Barron County Jail
CONFIDENTIALITY AGREEMENT

It is a right of all individuals to have their medical/health information kept confidential. This agreement pertains to all Barron County Jail staff and Sheriff's Office staff who become aware of inmate health information. It includes volunteers or visitors that may be in areas where medical/health information may be observed or overheard. Except as otherwise designated by law, all aspects of inmates' medical/health information will be kept confidential. Specific aspects of this agreement include, but are not limited to, the following.

1. Not to divulge to anyone outside of Jail staff the names or other identifying information of inmate medical/health information that they have seen at the Jail or Sheriff's Office while working on behalf of the Barron County Sheriff's Department.
2. Not to divulge to anyone outside of Jail staff medical/health information that they hear regarding an inmate.
3. Not to repeat information within the Jail or Sheriff's Office regarding inmates' medical/health information to anyone who does not require that information in the performance of their job duties.
4. Not to seek out medical/health information regarding inmates unless they have a required role in the health care of that individual.
5. Not to divulge any information from medical records, logs or other written documentation to anyone outside Jail staff who is not required to have the information for health-related activities.
6. Discussions among staff about medical/health information of inmates will be done in private so the information cannot be overheard by passersby or those in adjoining office areas.
7. Records storage for written medical/health information will be kept separate from the inmate's jail file and will be kept in locked files.

Any questions regarding this agreement should be addressed with your immediate supervisor.

I have read and understand the above information. I understand that if I violate this agreement, I may be subject to civil and/or criminal penalties.

Printed Name

Signature

Date

09/17/2013

VOLUNTEER PROCEDURES

HIRING PROCESS:

- Give applicant a copy of "Guidelines for Volunteers".
- Give applicant a copy of "Volunteer Application Form".
- Give applicant a copy of the "Volunteer Agreement" to read and sign.
*** After it is signed, the applicant should retain the first two pages, the jail will keep the signed back page. ***
- Application to be reviewed by Programs Director and/or Jail Captain.

AFTER APPROVED VOLUNTEER STATUS:

- Give volunteer "Volunteer Manual" and "Barron County Jail Rules & Regulations".
- Take photo** and fill out "**Volunteer Information Sheet**".
Copies go to:
 - Programs Director.
- Orientation.**

VOLUNTEER ORIENTATION

- Identify yourself at dispatch window

- Sign visitor log

- Take coats and purses

- Search from jailer

- Photo

- Show where central control is and classroom locations

- Show where intercom is and how to use

- Explain fire routes

- Any questions????????????????

VOLUNTEER INFORMATION SHEET

Barron County Jail

NAME: _____
(LAST) (FIRST) (MIDDLE)

DOB: _____ SEX: MALE FEMALE

ORGANIZATION VOLUNTEERING FOR: _____

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCIES:

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Relationship: _____

Volunteer Photo:

