

NORTHPOINT TRAINING CENTER  
Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Civil or Fraternal Organizations you belong to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you had volunteer experience: \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

How much time can you give weekly or monthly specify Day and Times: \_\_\_\_\_

Can you make a weekly or monthly commitment for one year: \_\_\_\_\_

If not, how long: \_\_\_\_\_

If you are a student, are you available during the summer: \_\_\_\_\_

Write a short statement as to your interest in volunteering and your purpose in offering your services as a volunteer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the area or areas you are interested in providing services: \_\_\_\_\_

Examples: arts and crafts, clerical, library, recreation, athletics, and religious.

Character References:

Name	Address	Phone

How did you learn about being a Volunteer at Northpoint? \_\_\_\_\_

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

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

<u>OFFICE USE ONLY</u>	
Received: _____	Reviewed By: _____
LINKS: _____	References: (1) _____ (2) _____ (3) _____ (4) _____
Training (NTC) _____	(Corrections Basic Academy) _____
(On The Job Training) _____	(Identification) _____
Assignment: _____	Staff Supervisor: _____
Waiver: _____	ORION Reviewed: _____
Rules Agreement: _____	Witness: _____
Comments: _____	

**NORTHPOINT TRAINING CENTER**  
**Individual Visitors Information Form**

Northpoint Training Center shall be committed to utilizing members in good standing of their Church, Synagogue, Masjid, or faith Group to assist in ministering to the inmate population. As one of the conditions for attending religious services, the guest shall be required to complete and sign the following form. **You shall need to complete the entire form and Waiver and Release.**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_  
(Please Print) MM/DD/YY M/FM

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

Maiden Name: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Social security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ If Yes Explain, use additional Paper if necessary: \_\_\_\_\_

Have you ever served time for a Criminal conviction? \_\_\_\_\_

If so where and when? \_\_\_\_\_

Are you on Probation or Parole? \_\_\_\_\_ If so Name of court and officer: \_\_\_\_\_

Do you have a family member or friend who is serving time at Northpoint: \_\_\_\_\_

If so, Name and Number: \_\_\_\_\_ # \_\_\_\_\_

Do you personally know anyone serving time at Northpoint? \_\_\_\_\_

If so, Name and Number: \_\_\_\_\_ # \_\_\_\_\_

Are you now, or have you, visited anyone during regular visitation at Northpoint? \_\_\_\_\_

If so, Name and Number: \_\_\_\_\_ # \_\_\_\_\_

What Church/Faith Group Do you Represent? \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Pastor or Leader: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_

Have you ministered in prison before? \_\_\_\_\_ If yes, when and were? \_\_\_\_\_

Name of Church/Faith Group: \_\_\_\_\_

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

**Institutional Rules for the Institutional Religious Center  
Of Northpoint Training Center**

In order to accomplish our tasks in a safe and orderly manner, the following rules have been established and must be adhered to. Thank you for being interested in becoming a visitor to our Chapel program

1. If granted visitor status your involvement will have the goal to enhance the inmate's opportunity for worship. Please ensure that your involvement and association with the inmates are consistent with this goal.  
(No personal relationships)
2. You shall immediately follow the instructions of any Correctional Officer without question.
3. A volunteer who has been a convicted felon shall be off parole and permission must be obtained from the Warden.
4. You will need valid picture identification in order to enter the premises.
5. You shall stay in the assigned areas for your visit.
6. A visitor may not be related to an inmate in the institution without prior approval from the Warden.
7. A Chapel visitor will not enter into a romantic relationship with an inmate.
8. A female visitor shall not be permitted to lay hands on an inmate. A brief handshake is permissible.
9. A female visitor shall dress neatly and appropriately. Provocative dress shall not be permitted at any time.
10. Guests shall dress neat and their appearance shall be professional and clean. (No Shorts)
11. Do not argue with an Inmate. If inmate does not wish to talk with you it is his choice. If you experience any abuse from an inmate or improper conduct do not try to correct them. Report it to the Chaplain.
12. You shall not bring any items into the Institution without prior approval. You shall not take anything from or give anything to an inmate. You shall not send an inmate any messages or relay outside third party information. Pre-approved literature may be distributed.
13. You are to no bring any form of intoxicants, drugs, candy, cough drops or butane lighters onto the compound, Money is contraband to the inmates in any form. I.e. change bills etc. If an item becomes a question ask the Chaplain before bringing it on the compound.
14. Medication is prohibited on the yard, unless medically required. Only the required dosage will be permitted for the length of the visit. This shall be reported to the Chaplain and the Control Center Officer prior to entering the compound.
15. Do not take sides in inmate disputes. Remain neutral.
16. If you witness any illegal activity on the part of a visitor, an inmate or staff, you will be obligated to report the activity to security or the Chaplain as soon as reasonable.
17. If you observe a life-threatening situation, such as an inmate with a weapon, remain calm and report this to the nearest staff member immediately.
18. You shall abide by policy and the rule of the institution at all times. If doubt arises about an issue, consult with the Chaplain.
19. Cameras, Video equipment, recording devices. Cell phones and pagers are not permitted without prior approval from the Warden or his designee.
20. A visitor shall not be permitted to engage in a personal relationship with an inmate. This is to include but not limited to writing letters, receiving phone calls and giving personal information such as your phone number or address.

Signature \_\_\_\_\_

Date \_\_\_\_\_

WAIVER AND RELEASE

I, \_\_\_\_\_, am an adult over the age of 18 and a resident of \_\_\_\_\_. By my signature to this document, I certify that I have read and understand the "Institutional Religious Center Visitors Regulations" for Northpoint Training Center and agree to abide by them. I also understand that failure to abide shall result in disciplinary action including dismissal from the Institution.

I further agree that when I voluntarily enter the facility and premises of Northpoint Training Center and I am fully aware of the potential risks involved.

I hereby absolve and release Northpoint Training Center, the Commonwealth of Kentucky, its employees and agents from any liability or injury or damage I may suffer, either accidentally or willfully, caused by the actions of any person living or working in or on the premises of Northpoint Training Center.

I further understand that Northpoint Training Center reserves the right to conduct a search of my person and personal property at any time during my visit and I agree to this procedure.

Date \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

**Return Completes Forms**

1. Visitors Information
2. Waiver and Release
3. Institutional Rules

Signed dated and witnessed to:

Chaplain  
Northpoint Training Center  
P.O. Box 479  
Burgin, KY 40310

## VOLUNTEER CONFIDENTIALITY AND CONDUCT AGREEMENT

PRINT: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

I understand and agree that I shall abide by the volunteer standards of conduct found in Corrections Policy and Procedure 26.1 – “Citizen Involvement and Volunteer Service Programs”. I have been given a copy of this policy.

I understand that I may be allowed access to confidential information or records in order that I may perform my specific duties as a volunteer. I further understand and agree that I shall not disclose confidential information or records without the prior written consent of the appropriate authority in the Department of Corrections.

I understand that accessing or releasing confidential information or records of the Department of Corrections concerning myself, other individuals, offenders, or relatives, or causing confidential information or records of the Department of Corrections concerning myself, other individuals, offenders, or relatives to be accessed or released, outside the scope of my assigned duties constitutes a violation of this agreement and may result in my termination as a volunteer and legal action against me.

By affixing my signature to this document, I acknowledge that I have been apprised of the relevant laws, regulations, and policies concerning access, use, maintenance, and disclosure of confidential information or records that shall be made available to me through my volunteer activities with the Department of Corrections. I further agree that it is my responsibility to assure the confidentiality of all information that has been issued to me in confidence, even after my employment with the agency ends.

Pursuant to this agreement, I certify that I have read and understand the laws, policies, and regulations concerning confidentiality of information or records.

I also certify by my signature that I have been given a copy of this statement and have been notified that a copy of this statement shall be placed in my agency personnel file.

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

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

\_\_\_\_\_  
Warden or Designee Signature/Date