

RAPPAHANNOCK REGIONAL JAIL  
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Stafford, Virginia 22555

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**Volunteer / Internship Application**

Date of Application: \_\_\_\_\_

**Volunteers**

Name of Program or Activity you are applying for: (circle applicable programs)

Church Service Bible Study Gideons Islamic Study AA Group NA Group

Name of Church or Group Affiliation: \_\_\_\_\_

**Interns**

Name of Program or Activity you are applying for: (circle applicable programs)

PreTrial CBP Drug Court EIP Work Release

**Demographic Information:** (Please print information)

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

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

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

Social Security Number: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

How long at above address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Current Employment**

Profession: \_\_\_\_\_

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

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

City/State/Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**Education**

Highest Grade Completed: \_\_\_\_\_ Graduate: ( ) Yes ( ) No

Last School Attended: \_\_\_\_\_ Final Year: \_\_\_\_\_

Degree(s) Held: \_\_\_\_\_

Certificate(s) or License(s): \_\_\_\_\_

**College Information and Job Experience (Interns Only)**

Name of College / University: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you a current student? ( ) Yes ( ) No How many credit have you earned? \_\_\_\_\_

What is your GPA? \_\_\_\_\_

Job Title: \_\_\_\_\_

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

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

City/State/Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

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

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

City/State/Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills.

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**Criminal History**

Have you ever been convicted of a crime or traffic offense? ( ) Yes ( ) No

If yes, please give details: \_\_\_\_\_

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Did you plead guilty or were you convicted on any of the above charges?( ) Yes ( ) No

Have your ever been incarcerated in this facility? ( ) Yes ( ) No

If yes, please give details: \_\_\_\_\_

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**Alcohol and/or Drug Use**

Have you used any illegal or controlled substances in an illegal manner within the last five years? ( ) Yes ( ) No

If yes, please give details: (Substance, Approximate Dates) \_\_\_\_\_

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**Military**

Have you ever been, or are you now, a member of the Armed Services? ( ) Yes ( ) No

Branch: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Rank: \_\_\_\_\_

Job Assignment: \_\_\_\_\_

**Miscellaneous**

Do you have or have had any friends or family members currently or previously incarcerated in this facility? ( ) Yes ( ) No

If yes, please give details: (names, approximate dates) \_\_\_\_\_

Are any members of your immediate family (including in-laws) presently employed by this facility? ( ) Yes ( ) No

If yes, please give details: \_\_\_\_\_

**Emergency Medical Information**

Do you have any medical condition that we should know about in the event you may require emergency medical attention? ( ) Yes ( ) No

If you answered yes to the above question, please give full details below including the doctor's name, and any medications he/she prescribed (also, please state any medicine that you are allergic to):

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

**In Case of an Emergency, notify:**

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

Relationship: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**References:**

1. Name: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

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

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

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Relationship: \_\_\_\_\_

(All Bible Study and/or Church Service Volunteers must attach a copy of an Ordination Certificate or Letter of Recommendation from their minister to be considered)

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I understand that any statement on this application, which has not been truthfully answered, is grounds for denial of my application, and may result in the removal from the Volunteer or Intern Program.

I voluntarily agree to give the Rappahannock Regional Jail Authorities permission to conduct a background check, including obtaining my criminal history. All information received from this background check will be used to determine my volunteer eligibility and will not be released for any reason without my prior approval.

I consent to references and former employers and educational institutions listed on this application being contacted regarding this application.

I understand that I will not be compensated in any way for my services. I knowingly agree to release Rappahannock Regional Jail and its staff from any personal liability resulting from my injury or death.

I agree to abide by all facility policies, particularly those relating to security and confidential information.

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

\_\_\_\_\_  
Witness Signature Date

**Notice:**

All volunteers and interns will be given a volunteer handbook with which the volunteer should become familiar.

If you have any questions regarding this form, the handbook, or anything related to your assignment, please contact the Inmate Services Manager, the Inmate Services Coordinator, or the Director of Programs.

\*\*\*\*\* For Purposes of Conducting a Criminal Background Investigation \*\*\*\*\*

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Other Names Used: \_\_\_\_\_

\*\*\*\*\* DO NOT WRITE IN SPACE BELOW \*\*\*\*\*

NCIC: \_\_\_\_\_

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Orientation/ Training Completed: \_\_\_\_\_

Volunteer Handbook Issued: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RAPPAHANNOCK REGIONAL JAIL  
Programs Department**

**Receipt of Volunteer Handbook**

I, \_\_\_\_\_, have received a copy of the  
Volunteer Handbook and:

- I understand that I am expected to follow the rules for volunteers as outlined in the Volunteer Handbook.
- I understand that I and/or my belongings may be searched at any time upon entering the facility.
- I understand that the security of the facility is of the utmost importance and that I must follow any directions given to me by the Security staff.
- I understand that my program may be cancelled at any time in the interest of maintaining the security of the facility.
- I understand that any questions or problems are to be directed to the Inmate Services Manager for answers or resolutions.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

**RAPPAHANNOCK REGIONAL JAIL  
Volunteer Program**

**Release of Liability**

I, the undersigned, have been advised and understand the risk of bodily harm that is associated with working within a correctional environment. Therefore, I release the Rappahannock Regional Jail of any liability and agree to hold them harmless from any and all claims, demands, suites, actions, and proceedings of any kind or nature by or in favor of myself, my heirs or devisees, who may claim damages resulting from or in connection with loss of my life or bodily and personal injury arising, directly or indirectly, out of or from any occurrence in, upon or at the Rappahannock Regional Jail.

Further, I agree to abide by all facility policies, particularly those relating to security and confidential information.

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

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



**RAPPAHANNOCK REGIONAL JAIL**

**Sexual Misconduct / Prison Rape Elimination Act (PREA) Orientation Form**

*(To be disseminated to inmates, staff, contractors, vendors, visitors, volunteers, and any other government employee)*

In accordance with the Prison Rape Elimination Act (PREA) and the policies and procedures of this facility, the Rappahannock Regional Jail prohibits any acts of sexual misconduct, sexual violence and sexual abuse by inmates, staff, contractors, vendors, visitors, volunteers or any other government employee. Offenders alleging victimization of a sexual nature are provided the same level of law enforcement service, treatment and care as non-offenders.

1. **Sexual Misconduct** is any behavior or act of a sexual nature directed toward an inmate by inmates, staff, contractors, vendors, visitors, volunteers or any other government employee whether consensual or non-consensual acts or attempts to commit such acts including but not limited to sexual assault, sexual harassment, sexual violence, sexual contact, conduct of a sexual nature or implication, sexual gratification, obscenity and unreasonable invasion of privacy or voyeurism. Sexual misconduct also includes but is not limited to conversation or correspondence, which suggests a romantic or sexual relationship between an inmate and any party mentioned above:
  - a. Any sexual advances
  - b. Requests for sexual favors
  - c. Threats for refusing sexual advances
  - d. Verbal or physical conduct/contact including but not limited to touching/horseplay of a sexual nature towards an offender
  - e. Invasion of privacy beyond what is reasonably necessary for safety and security
  - f. A person is guilty of sexual misconduct as defined in VA Code sections § 18.2-67.2, 18.2-67.4 or 18.2-67.10
2. **Sexual Contact** includes but is not limited to: all forms of sexual contact. Intentional sexual touching or physical contact in a sexual manner, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh, buttocks, with or without consent of the person; or any unwanted touching with intent to arouse, humiliate, harass, degrade or gratify the sexual desire of any person.
3. **Sexual Assault** is any contact between the sex organ of one person and sex organ, mouth or anus of another person or object, by the use of force or threat of force. (This includes: complainant touching themselves, the accused or another person.)
4. **Unauthorized Relationship** is a relationship with any inmate under the supervision of RRJ to include inmates, staff, contractors/vendors, visitors, volunteers, or any other government employee other than a business/professional relationship. Sexual acts or sexual contacts between an offender and any other inmates, staff, contractors/vendors, visitors, volunteers, or any other government employee, even if the offender consents, initiates or proposes, are always prohibited and always illegal.
5. **Code of Virginia: (reference the codes)**
  - a. §18.2-67.10 Sexual abuse is an act committed with the intent to sexually molest, arouse or gratify a person.
  - b. §18.2-64.2 Carnal knowledge: For the purposes of this section is an inmate, parolee, probationer or pretrial or post trial offender or any persons under the jurisdiction of the Department of Corrections, work program, a local community-based probation services agency, a pretrial services agency or a local or regional jail are considered persons who are unable to consent or refuse. Violation occurs even without the use of force, threat or intimidation. Such offense is Class 6 felony. "Carnal knowledge" includes the acts of sexual intercourse, cunnilingus, fellatio, anilingus, anal intercourse and animate or inanimate object sexual penetration.
  - c. §18.2-67.4 Sexual battery: An accused is guilty of sexual battery if he sexually abuses, as defined in § 18.2-67.10, (1) the complaining witness against the will of the complaining witness, by force, threat, intimidation or ruse. This is a Class 1 misdemeanor.
6. **Exempted Processes**
  - a. Jail activities or actions taken by RRJ, which are supported by RRJ's Policies and Procedures, and deemed necessary for the safety and security of the facility, will not be defined as staff sexual harassment, misconduct, assault or rape. These Policies and Procedures include, but are not limited to the taking of photographs, pat or strip searches, and medical exams.
7. **Prevention of Sexual Misconduct**
  - a. Do not make sexual comments to other persons.
  - b. Do not engage in conversations of a sexual nature with other persons.
  - c. Do not expose your self to others in a sexual manner.
  - d. Do not participate in any acts of sexual misconduct with any person.
  - e. If someone makes sexual comments or exposes themselves to you, do report it immediately.
8. **Reporting and Procedures for Dealing with Sexual Misconduct**
  - i. Staff, contractors, vendors, visitors, volunteers, or any other government employee who becomes aware of or reasonably suspects that an inmate, staff, contractor, vendor, visitor, volunteer or any other government employee are involved in an unauthorized relationship has an affirmative duty to immediately report any such knowledge or suspicion to a supervisor or higher authority, to the Superintendent by way of chain-of-command. Failure to report the information/incident shall subject the individual to disciplinary action, up to and including dismissal, revocation, or termination.
    - I. Non-staff shall report this information to a staff member immediately, who shall then communicate this information and any other knowledge regarding misconduct of any kind to the Superintendent by way of chain-of-command.
    - II. Inmates and their families/associates may report any knowledge or suspicion of an unauthorized relationship, allegations of sexual harassment, misconduct, assault and/or rape between inmates, staff, contractors, vendors, visitors, volunteers or any other government employee. Ways to communicate this information will be provided in the Inmate Handbook and/or other RRJ distributed material.
      - I. Inmates do not have to name other inmates to receive assistance, but specific information may make it easier for staff to help.
      - II. The report may be made verbally or in writing to any staff member the victim is comfortable reporting it to.
    - III. Inmates are subject to being sanctioned for not reporting sexual misconduct that they witness.
  - ii. Victims of sexual violence will be provided medical assessment, medical treatment and counseling as necessary.
  - iii. Victims of sexual violence and perpetrators of sexual violence may be tested for communicable diseases.
  - iv. Individuals will be subject to disciplinary action, up to and including administrative, criminal prosecution and/or civil action if charges are filed falsely or frivolously.
  - v. All reports of sexual assault shall be forwarded directly to Command Staff immediately.

I have read or had read to me the information contained on this form which was explained to me by an RRJ staff member and I understand the information. I have received instructions for preventing and reporting sexual misconduct, sexual violence and sexual abuse.

Name (Print): \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Orientation conducted by Staff: (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff must witness if individual refuses to sign. (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

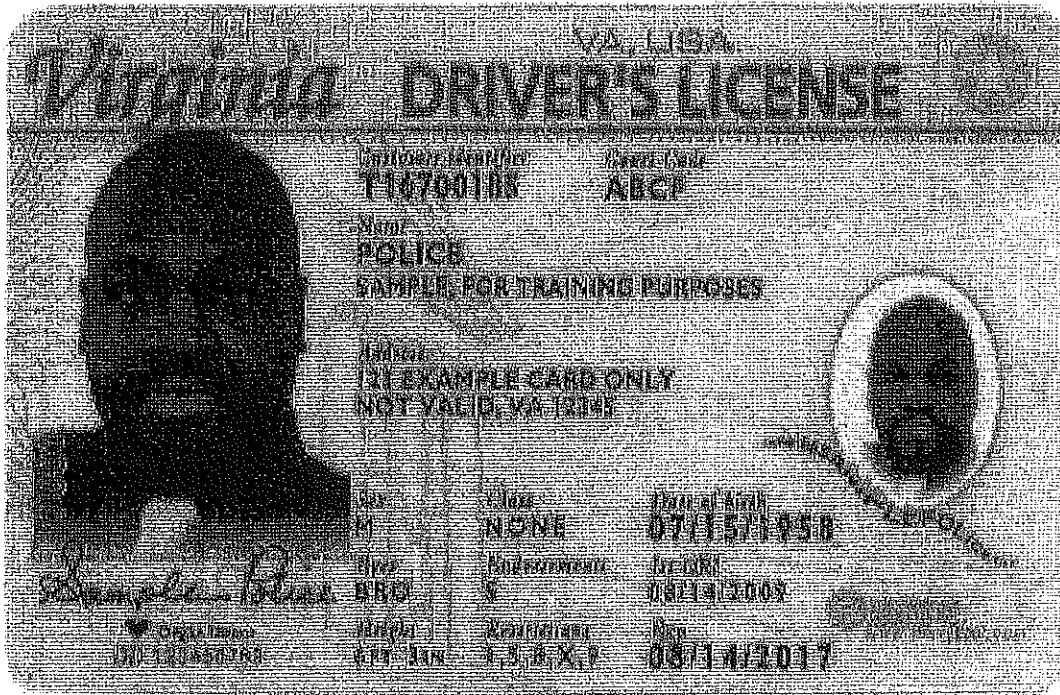


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