

Ohio Department of Rehabilitation and Correction  
**Authority for Release of Information**

Last Name:		First Name:		Middle Name:		Last Four (4) Digits of Social Security No.:		
Street Address:			City:		County:		State: Zip Code:	
Driver's License No.:				Place of Birth (county or city, state, country):				
Sex:	Race:	State of Ohio User ID Number: (If applicable)				Date of Birth (m/d/y):		

I, authorize a review and full disclosure of all records, or any part thereof, concerning myself, by and to **any** duly authorized agent of the Ohio Department of Rehabilitation and Correction, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of all educational institutions, courts, police agencies, present and previous employment to include pre-employment records, background reports, efficiency ratings, discipline records, termination records, complaints or grievances filed by or against me, and salary records.

The intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Ohio Department of Rehabilitation and Correction to consider in determining my suitability for worksite entry to provide contracted services, volunteer services, or for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for worksite entry to provide contracted services, volunteer services, or for employment by the Ohio Department of Rehabilitation and Correction. I understand that all materials pertaining to this background investigation become the property of the Ohio Department of Rehabilitation and Correction and will not be returned to me.

I hereby give permission and waive all provisions of company policy and law forbidding any school, court, police agency, employer, firm or person, from disclosing any knowledge or information they have concerning me. I agree to indemnify and hold harmless the person to whom this request is presented and his or her agents and employees, for and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. (see ORC 4113.71, Employer immunity as to job performance information disclosures, on the reverse of this form.) I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Signature:	Date:
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## § 4113.71

### Employer immunity as to job performance information disclosures.

(A) As used in this section:

(1) “Employee” means an individual currently or formerly employed by an employer.

(2) “Employer” means the state, any political subdivision of the state, any person employing one or more individuals in this state, and any person directly or indirectly acting in the interest of the state, political subdivision, or such person.

(3) “Political subdivision” and “state” have the same meanings as in section 2744.01 of the Revised Code.

(B) An employer who is requested by an employee or a prospective employer of an employee to disclose to a prospective employer of that employee information pertaining to the job performance of that employee for the employer and who discloses the requested information to the prospective employer is not liable in damages in a civil action to that employee, the prospective employer, or any other employer is not liable in damages in a civil action to that employee, the prospective employer, or any other person for any harm sustained as approximate result of making the disclosure or of any information disclosed, unless the plaintiff in a civil action establishes, either or both of the following:

(1) By a preponderance of the evidence that the employer disclosed particular information with the knowledge that it was false, with the deliberate intent to mislead the prospective employer or another person, in bad faith, or with malicious purpose;

(2) By a preponderance of the evidence that the disclosure of particular information by the employer constitutes an unlawful discriminatory practice described in section 4112.02, 4112.021 [4112.02.1], or [4112.02.2] of the Revised Code.

(C) If the court finds that the verdict of the jury was in favor of the defendant, the court shall determine whether the lawsuit brought under division (B) of this section constituted frivolous conduct as defined in division (A) of section 2323.51 of the Revised Code. If the court finds by a preponderance of the evidence that the lawsuit constituted frivolous conduct, it may order the plaintiff to pay reasonable attorney’s fees and court costs of the defendant.

(D)(1) This section does not create a new cause of action or substantive legal right against an employer.

(2) This section does not affect any immunities from civil liability or defenses established by another section of the Revised Code or available at common law to which an employer may be entitled under circumstances not covered by this section.

HISTORY: 146 v H 44. Eff 7-3-96.

The provisions of § 2 of HB 44 (146 v --) read as follows:

SECTION 2. Section 4113.71 of the Revised Code, as enacted by this act, shall apply only to cause of action against employers, as defined in the section, for harm that allegedly arises from the disclosure of job performance information pertaining to an employee, as defined in that section, which occurs on or after the effective date of this act. With respect to causes of action against employers for harm that allegedly arose from a disclosure of job performance information pertaining to an employee prior to the effective date of this act, the liability or immunity from liability of an employer and the defenses available to an employer shall be determined as if section 4113.71 of the Revised Code has not been enacted.



# Staff Nexus

Definition of Staff Nexus - An employee, volunteer or contractor who has any contact and/or relationship with an inmate or offender who is currently under supervision of DRC.

**Notice:** If the relationship changes you are required to complete a new nexus form immediately.

## COMPLETE ONLY ONE SECTION BELOW (I, II OR III)

### I NO NEXUS

I state that, to the best of my knowledge, I have no nexus connection, affiliation, or relationship to any inmate/offender currently under the supervision of the the Ohio Department of Rehabilitation and Correction. I understand that should I become aware of such a relationship I am required to notify my Managing Office/APA Regional Administrator the next business day.

### II NEXUS - REQUESTING NO CONTACT

I have a nexus with \_\_\_\_\_ who is currently incarcerated at the \_\_\_\_\_  
(name of inmate/offender) (number)  
\_\_\_\_\_  
(Institution or under the supervision of the APA)

Please describe your relationship:

I do not wish to maintain contact with the individual

### III NEXUS - REQUESTING CONTACT

I have a nexus with \_\_\_\_\_ who is currently incarcerated at the \_\_\_\_\_  
(name of inmate/offender) (number)  
\_\_\_\_\_. Please describe your relationship:  
(Institution or under the supervision of the APA)

(family, significant other, friend, neighbor, acquaintance)

Please describe the type, duration and purpose:

Print Name:	Signature:	Date:
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Approved:   
Disapproved:

Managing Officer/APA:	Date:
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Comments:

Appeal Process: Within 5 business days of the receipt of this approval/disapproval, the employee has the right to appeal the decision in writing to the next level of supervision.

# Ohio Department of Rehabilitation and Correction

## Contractor/Volunteer/Intern Supplemental Questionnaire

Applicant Name: \_\_\_\_\_ Last Four (4) Digits of Social Security No.: \_\_\_\_\_

- \*1. Have you ever been convicted of O.R.C. 2909.22, 2909.24, and/or 2909.29; Soliciting or providing support for an act of terrorism, Terrorism, or money laundering in support of terrorism?
- Yes  
 No
- \*2. Have you ever been accused of an inappropriate or unauthorized relationship in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
- Yes  
 No
- \*3. If you answered yes to the above question, please indicate the Employer, Dates of employment, Allegation, and Outcome. If you answered no, please type N/A.
- \*4. Have you ever been accused of sexual abuse or resigned from employment during a pending investigation of an allegation of sexual abuse?
- Yes  
 No
- \*5. If you answered yes to the above question please indicate the Employer, Dates of employment, Allegation, and Outcome. If you answered no please type N/A.
- \*6. Have you ever been accused of sexual harassment?
- Yes  
 No
- \*7. If you answered yes to the above question please indicate the Employer, Dates of employment, Allegation, and Outcome. If you answered no please type N/A.
- \*8. Have you ever been civilly or administratively adjudicated or convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Yes  
 No
- \*9. If you answered yes to the above question please indicate the Location of adjudication or conviction, Date of adjudication and/or conviction, Allegation, and Outcome. If you answered no please type N/A.
- \*10. Have you ever been accused of or been convicted of O.R.C. 2921.36; Illegal conveyance of weapons, drugs, or other prohibited items onto the grounds of a detention facility or institution?
- Yes  
 No
- \*11. If you answered yes to the above question please indicate the Employer, Date of employment, Allegation and Outcome. If you answered no please type N/A.
- \*12. Have you ever knowingly accessed confidential personal information in violation of a rule of a state agency; or knowingly used or disclosed confidential personal information in a manner prohibited by law?
- Yes  
 No
- \*13. If you answered yes to the above question please indicate the Employer and/or location, Location, Date, and Outcome. If you answered no please type N/A.

Applicant Signature: _____	Date: _____
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Ohio Department of Rehabilitation and Correction

# Individual Application for Volunteer/Intern Services

Date Application Submitted:

Last Name:	First Name:	MI:	Date of Birth:	Last 4 Digits of Driver's License #:
Other names you have used or been known by:				
Current Residence:		Apt #:	Area Code/Phone Number:	
City:		State:	Zip Code:	
E-mail Address:		Occupation:		

**Please list all former residences during the last (5) years (list nothing prior to your 15th birthday).**

Address of Residence	City, State & Zip Code	Dates	

**Please list three (3) personal and/or professional references that are knowledgeable of you.**

Name	Home & Work Area Code/Phone Numbers	Relationship

**EMERGENCY CONTACT - In case of emergency, please contact:**

Name:	Area Code/Phone Number:
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Name of Organization sponsoring you as a volunteer/intern with our agency. If not applicable, please indicate N/A.

Address of Organization (including City, State & Zip):

Site/Facility Location you prefer to volunteer/intern:	Address:
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**For purposes of data gathering we would appreciate you checking the following as it applies to you:**

Gender	Race	Education
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> Asian/Pacific Islanders	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College
Age	<input type="checkbox"/> Other: _____ <input type="checkbox"/> College Degree: _____	

**BACKGROUND INFORMATION**

**Have you ever been employed by the Department of Rehabilitation and Correction?**     Yes     No

If YES, please list dates of service, position(s) held and location(s):

**Have you ever been a temporary employee, volunteer or intern for the Department of Rehabilitation and Correction?**     Yes     No

If YES, please list dates of service, location(s) and supervisor(s):

**Have you ever been dismissed from any organization as a volunteer/intern?**     Yes     No

If YES, please list date, location and explain why:

**CRIMINAL HISTORY**

**Have you ever been convicted of a criminal offense?**     Yes     No    If yes, what State: \_\_\_\_\_

If YES, list offense(s):

Misdemeanor     Felony

Location of Conviction:

Date of Conviction:

**Have you ever been incarcerated?**     Yes     No

If YES, list date(s) of incarceration:

If YES, list previous Offender Number(s):

**Are you currently on probation with any city, county or state law enforcement agency? If YES, please list the following:**     Yes     No

Conviction	Agency	Date of Conviction	Conviction Location (City & State)	Length of Probation

**Are you related to or associated with any offender presently incarcerated or under the supervision of the Ohio Department of Rehabilitation and Correction?**     Yes     No

If YES, list offender name(s):

If YES, have you notified Institution by completing DRC Form 1500 - Nexus?

Yes     No

**Have you ever been a victim of crime?**     Yes     No

If YES, is the offender currently confined or under supervision of the Ohio Department of Rehabilitation and Correction?

Yes     No     Unknown

If YES, please list offender's name and location:

# Declaration of Understanding

The Ohio Department of Rehabilitation and Correction has a zero tolerance for the conveyance of drugs, alcohol, and weapons into its correctional institutions or community facilities. Any such act will constitute a violation of section 2921.36 of the Ohio Revised Code which states in part that "No person shall knowingly convey, or attempt to convey, onto the grounds of a detention facility or of an institution that is under the control of the department of mental health or the department of mental retardation and developmental disabilities any of the following items:

- (1) Any deadly weapon or dangerous ordnance, or any part of or ammunition for use in such deadly weapon or dangerous ordnance;
- (2) Any drug of abuse, as defined in section 3719.011 of the Revised Code;
- (3) Any intoxicating liquor, as defined in section 4301.01 of the Revised Code;
- (4) Cash, in excess of \$10.00 (ten dollars);
- (5) Cellular telephone, two-way radio, or other electronic communications device;
- (6) Any product that contains tobacco including but not be limited to cigarettes, loose tobacco, cigar, snuff, chewing tobacco, or any other preparation of tobacco, tobacco substitutes, smoking paraphernalia (i.e., matches, lighter, cigarette papers, and rolling machine).

Every effort will be made to prosecute to the fullest extent of the law any person found to be in violation of this section of the Ohio Revised Code.

I have read or it has been read to me, and I understand the above declaration. I will not bring any weapon, ammunition, drug or alcohol into the prison or community facility operated by the Department of Rehabilitation and Correction.

**I understand that I may be subject to a LEADS and or Driver's License check to be conducted by the Ohio Department of Rehabilitation and Correction, per DRC Policy 34-PRO-07.**

By signing below, the applicant agrees to abide by all agency policies, particularly those relating to confidentiality of information and security practices.

***Falsification will result in disapproval of this application and/or removal from the program.***

Name (Print):	
Signature:	Date:
Witness:	Date:

Program Coordinator:	Date:
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Comments:

Volunteer/Intern Coordinator:	Date:
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Comments:

LEADS Criminal Check completed:  Yes  No

Warden / DPCS Designee:	Date:
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Comments:

Ohio Department of Rehabilitation and Correction

# Volunteer Clusters

## Cluster 1

- Lake Erie Correctional Institution - Conneaut, Ohio
- Ohio State Penitentiary - Youngstown, Ohio
- Trumbull Correctional Institution - Leavittsburg, Ohio
- APA/Akron Region

## Cluster 2

- Grafton Correctional Institution - Grafton, Ohio
- Lorain Correctional Institution - Grafton, Ohio
- North Coast Correctional Trt. Facility - Grafton, Ohio
- Northeast Pre-Release Center - Cleveland, Ohio
- APA/Cleveland Region

## Cluster 3

- Allen Correctional Institution - Lima, Ohio
- Oakwood Correctional Facility - Lima, Ohio
- Toledo Correctional Institution - Toledo, Ohio
- APA/Lima Region

## Cluster 4

- Mansfield Correctional Institution - Mansfield, Ohio
- Marion Correctional Institution - Marion, Ohio
- North Central Correctional Institution - Marion, Ohio
- Ohio Reformatory for Women - Marysville, Ohio
- Richland Correctional Institution - Mansfield, Ohio
- APA/Mansfield Region

## Cluster 5

- Dayton Correctional Institution - Dayton, Ohio
- Montgomery Education and Pre-Release Center - Dayton, Ohio
- APA/Cincinnati Region

## Cluster 6

- Corrections Medical Center - Columbus, Ohio
- Correctional Reception Center - Orient, Ohio
- Franklin Pre-Release Center - Columbus, Ohio
- London Correctional Institution - London, Ohio
- Madison Correctional Institution - London, Ohio
- Pickaway Correctional Institution - Orient, Ohio
- Southeastern Correctional Institution - Lancaster, Ohio
- APA/Columbus Region

## Cluster 7

- Lebanon Correctional Institution - Lebanon, Ohio
- Warren Correctional Institution - Lebanon, Ohio
- APA/Chillicothe Region

## Cluster 8

- Chillicothe Correctional Institution - Chillicothe, Ohio
- Ross Correctional Institution - Chillicothe, Ohio
- Hocking Correctional Facility - Nelsonville, Ohio
- Southern Ohio Correctional Facility - Lucasville, Ohio
- APA/Chillicothe Region

## Cluster 9

- Belmont Correctional Institution - St. Clairsville, Ohio
- Noble Correctional Institution - Caldwell, Ohio
- APA/Chillicothe Region

## Category of Volunteer Service *(check all that apply)*

- Spiritual:** Religious study & group worship
- Education:** Academic Tutor, Literacy, Health & Nutrition
- Substance Abuse Recovery**
  - Alcoholics Anonymous
  - Narcotics Anonymous
- Occupational:** Workforce Guidance & Readiness
- Professional-Technical Skill:** *please specify*
- Recreation:** Fitness/Crafts/Arts/Hobbies/Sports
- Social Dynamics:** Cultural Awareness, Diversity, Parenting, Communication Skills, Strengthening Marriage, Motivational Speakers
- Support:** Advisory Board, Family Service, Victim Service, Life Coach
- Aftercare:** Mentoring, Re-entry support
- Other:** *please specify*

*(if applying for position requiring license or certificate, attach current document photocopy & liability rider)*



# Ohio Department of Rehabilitation and Correction

## Volunteer/Intern Application

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