

Ohio Department of Rehabilitation and Correction
Authority for Release of Information

Last Name:	First Name:	Middle Name:	Maiden/Alias Name:	Last Four (4) Digits of SSN:	
Street Address:		City:	County:	State:	Zip Code:
Driver's License No.:		State of Issue.:	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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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.

Name _____ Job Title _____

Your OAKS Number: _____

Your Current Work Location: _____

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 Officer/ APA Regional Administrator the next business day.

II NEXUS - REQUESTING NO CONTACT *(Select one of the 2 options below and explain below)*

I do have a nexus I am required to report, but I do not wish to correspond, visit, send funds/packages or communicate with them while they are incarcerated or on under community supervision.

Offender Name: _____

Offender Number: _____

I do not anticipate professional conflict if the individual remains in the same prison/APA region.

I anticipate a professional conflict if the individual remains in the same prison/APA region

Please Note: In some cases, inmates with certain medical, mental health, classification, security, supervision or other needs will required the inmate to be kept in a certain prison/region. In situations where inmates cannot be moved for these reasons, requests to not work in the same facility/region with the inmate cannot be accommodated.

Please describe your relationship and the reason you anticipate a professional conflict:

III NEXUS - REQUESTING CONTACT

I have a nexus with the inmate/offender listed below who is currently incarcerated in the ODRC or under the supervision of the APA and I wish to maintain contact with them.

Offender Name: _____

Offender Number: _____

Please describe your relationship and the purpose and extent of the contact:

Staff

Print Name:	Signature:	Date:
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Managing Officer Action: Approve No Contact - Transfer Approve Contact
 Approve Professional Contact Only - No Transfer Disapprove Contact

Print Name:	Signature:	Date:
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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 no, write 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 no, write 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 no, write 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 no, write 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 no, write 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 no, write 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 <hr/> Age: _____	<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"/> Other: _____	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College <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):		<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> 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):
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:

Volunteer Approved: Yes No

Warden / DPCS Designee:	Date:
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Ohio Department of Rehabilitation and Correction

Volunteer Regions

NW Region

- Allen Oakwood Correctional Institution - Lima, Ohio
- Dayton Adult Parole Authority Dayton, Ohio
- Dayton Correctional Institution - Dayton, Ohio
- Lima Adult Parole Authority Lima, Ohio
- Marion Correctional Institution - Marion, Ohio
- Mansfield Correctional Institution - Mansfield, Ohio
- North Central Correctional Institution - Marion, Ohio
- Ohio Reformatory for Women - Marysville, Ohio
- Richland Correctional Institution - Mansfield, Ohio
- Toledo Correctional Institution - Toledo, Ohio

NE Region

- Akron Adult Parole Authority Akron, Ohio
- Cleveland Adult Parole Authority Cleveland, Ohio
- Grafton Correctional Institution - Grafton, Ohio
- Lake Erie Correctional Institution - Conneaut, Ohio
- Lorain Correctional Institution - Grafton, Ohio
- Northeast Reintegration Center - Cleveland, Ohio
- Ohio State Penitentiary - Youngstown, Ohio
- Trumbull Correctional Institution - Leavittsburg, Ohio

SW Region

- Cincinnati Adult Parole Authority Cincinnati, Ohio
- Chillicothe Correctional Institution - Chillicothe, Ohio
- Lebanon Correctional Institution - Lebanon, Ohio
- London Correctional Institution - London, Ohio
- Madison Correctional Institution - London, Ohio
- Ross Correctional Institution - Chillicothe, Ohio
- Warren Correctional Institution - Lebanon, Ohio

SE Region

- Belmont Correctional Institution - St. Clairsville, Ohio
- Correctional Reception Center - Orient, Ohio
- Columbus Adult Parole Authority Columbus, Ohio
- Franklin Medical Center - Columbus, Ohio
- Noble Correctional Institution - Caldwell, Ohio
- Pickaway Correctional Institution - Orient, Ohio
- Southeastern Correctional Complex - Lancaster, Ohio
- Southern Ohio Correctional Facility - Lucasville, Ohio

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)