



# MIDDLESEX COUNTY DEPARTMENT OF CORRECTIONS

Revised  
7/12/2021  
ERK02

## SECURITY CLEARANCE FORM

Please Print or Type

PARTS I,II AND III MUST BE FILLED OUT BY VOLUNTEERS, OUTSIDE VENDORS AND EMPLOYEES

### PART I

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Initial Maiden Name

Address: \_\_\_\_\_  
Street City State Zip

Previous Address: \_\_\_\_\_  
Street City State Zip

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
MM / DD / YYYY City State Country

Sex:  Female  Male Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

U.S. Citizen:  Yes  No Race: \_\_\_\_\_ Years of residence in NJ: \_\_\_\_\_

Car License Plate Number: \_\_\_\_\_ State of issue: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of issue: \_\_\_\_\_

Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

### PART II Employer(s) / Organization(s) to which you belong:

Agency name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

1. Have you ever been arrested or issued a summons for any criminal act or misdemeanor offense?  
 Yes  No  
If yes, please give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Do you have any relatives (by blood or marriage) incarcerated in any New Jersey correctional facility?  
 Yes  No

3. Are you currently an approved visitor or currently on the visit list of any inmate incarcerated in any New Jersey correctional facility?  
 Yes  No

4. If you answered yes to questions 2 or 3 above, please provide name(s), state number(s), and correctional facilities.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any physical limitations?  Yes  No  
If yes, please give details.

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**PART III**

Prior to being approved as a volunteer / vendor, photographs shall be taken for identification purposes, and a State Police Bureau of Identification (S.B.I.) check shall be made by this correctional facility. Fingerprints may also be taken.

I hereby waive my right to privacy of records and allow a check on my background to be made with law enforcement authorities. I further understand that all information will be kept confidential, and I certify that the information contained in this application is true and accurate. If I am approved as a volunteer, I will abide by all rules and regulations governing this program.

\_\_\_\_\_  
Signature of volunteer / vendor

\_\_\_\_\_  
Date

**BOTTOM PORTION TO BE FILLED BY VOLUNTEERS ONLY**

Person to notify in case of an emergency:

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

Address: \_\_\_\_\_  
Street City State Zip

Education:

Completed High School:  Yes  No G.E.D. Completed  Yes  No

Highest grade completed: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

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

Special Training: \_\_\_\_\_

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

List skills, interests, hobbies: \_\_\_\_\_

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**MIDDLESEX COUNTY ADULT CORRECTIONS CENTER  
VOLUNTEER RULES AND RESPONSIBILITIES**

The following rules and regulations apply to you as a volunteer at the Middlesex County  
Department of Corrections:

1. I agree that I shall abide by all rules and regulations set forth by the institution and shall not engage in any activities which threaten the order and security of the institution.
2. I agree that my services shall be on a strictly volunteer basis for which I shall not receive any money, gifts or compensation.
3. I understand that my attendance shall be as scheduled.
4. I understand that all information relative to institution affairs and individual inmates must be given out through the Warden's office and shall not be discussed outside the institution or the Department of Correction.
5. I understand that section 2C:29-6, New Jersey Code of Criminal Justice makes it a crime to traffic in unauthorized goods, convey unauthorized letters or information or to visit without authorization, an institution where offenders are serving sentences.
6. I understand that I shall not exchange any gifts, monies, personal services or other favors with any inmates or any inmate's friend or representative.
7. I agree that I shall notify institution authorities of any unusual situations, gatherings, conversations or events that may occur.
8. I agree that I shall not enter the institution while under the influence of alcohol, narcotic or illicit drugs.
9. I agree that I shall not give any type of medication (over the counter prescription) to any inmate.
10. I agree that I shall not indulge familiarity with inmates or permit inmates to be unduly familiar with me.
11. I understand that I shall wear my Visitors I.D. card at all times while in the institution.
12. I agree that I shall not extend the period of volunteer services without the approval of the Coordinator of Volunteer Services.
13. I understand that I shall keep confidential information regarding inmates.
14. I understand that I must not take out the institution mail or other material for inmates.
15. I understand that I shall immediately report any problems to M.C.D.O.C. staff.

I certify that I have read and understand the rules and responsibilities governing my participation as a volunteer. I understand that if I violate any of these rules and responsibilities, I may be removed from the volunteer program. I also acknowledge receipt of a copy of these rules and responsibilities.

Please sign and return

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have reviewed all rules and responsibilities with the above volunteer

\_\_\_\_\_  
Signature of Department Supervisor

\_\_\_\_\_  
Date

Middlesex County Office of Adult Corrections and Youth Services

Contract Staff and Volunteer PREA Training

**POLICY STATEMENT**

This Department has a zero tolerance policy concerning sexual abuse/assault, and sexual harassment, and is committed to the prevention and elimination of sexual abuse/assault and sexual harassment within its adult and juvenile facilities through the compliance of the Prison Rape Elimination Act (PREA) of 2003. Contract staff and volunteers must be aware that unprofessional relationships will not be tolerated, and violations of this policy may result in disciplinary sanctions and/or criminal prosecution.

**DEFINITIONS**

**Sexual Abuse-** Subjecting another person to sexual contact without their consent, either directly or indirectly; indecent exposure, and voyeurism. Solicitations of inmates/residents to engage in sexual contact or penetration constitute attempted sexual abuse.

**Sexual Assault-** Sexual intercourse, anal sexual conduct, or oral sex acts; by means of coercion.

**Sexual Contact-** Defined as any touching of the sexual or other intimate parts of a person, either by direct contact or through clothing, for the purpose of gratifying the sexual desire of either party.

**Sexual Harassment-** Repeated, unwelcome, or unsolicited sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

**PROHIBITIONS**

There is no such thing as consensual sex between staff, contractor or volunteer, and inmate or resident. Therefore it is a criminal offense for any employee, contractor or volunteer to engage in any form of sexual activity with any person in custody.

**REPORTING REQUIREMENTS**

All Department employees, contractors, and volunteers are required to report knowledge of any alleged, threatened or actual violations of this policy to their supervisor, the PREA Coordinator, or the facility director i.e. Warden/Superintendent. You also have the ability to privately or anonymously report. Failure to report may result in administrative, criminal or disciplinary sanctions appropriate to individual status.

**ACKNOWLEDGEMENT**

My Signature acknowledges that I understand the above information and I agree to comply with the provisions contained herein.

ORGANIZATION: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Staff Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_