



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

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Phone: 505.827.8645 Fax: 505.827.8533 www.cd.nm.gov

Volunteer Application Packet

Please note: Volunteers must complete an application annually. After completing the initial training, volunteers must attend a NMCD Volunteer training session every third year. Failure to follow this process may result in suspension of your volunteer privileges.

VOLUNTEER TRAINING MUST BE COMPLETED BEFORE YOU WILL BE APPROVED

Please Print Legibly or Type

_____	_____	_____	_____
Last	First	Middle	Maiden Name or other Names Known by
_____		_____	_____
Address		City	State Zip Code
_____	_____ @ _____		
Phone	Email Address: Please ensure this can be easily read.		

Driver's License or State ID Card Information – Please provide a copy of your driver's license

Age	Date of Birth (Month, Day, Year)	Race	Gender	ID Type
_____	____/____/____	_____	____	____
_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
Issuing State	ID Number		SSN	

Motor Vehicle Insurance Information

This is to certify that I have adequate motor vehicle liability insurance. My motor vehicle is insured according to the New Mexico Mandatory Financial Responsibility Act with:

Company name: _____ Policy number: _____

Medical Information

Do you have any allergies or medical conditions that may cause a medical alert? Yes ___ No ___

If yes, and you wish to disclose the information, please list the allergy or medical condition.

Application Questions

Do you have a relationship (e.g. parent, spouse, friend, etc.) with or are you on the visiting list of any person currently in NMCD custody and/or on probation and/or parole supervision. **Yes** _____ **No** _____

If yes, please explain the nature of the relationship, give the name of the person, inmate number, and assigned location.

Have you ever been arrested, incarcerated or on probation and/or parole supervision? **Yes** _____ **No** _____

If yes, please explain the arrest, incarceration and/or supervision and provide dates and locations. Please note omissions may be cause for denial or termination. **(Former offenders are not necessarily excluded from participating as volunteers.)**

Are you currently volunteering with any correctional agency (e.g. NMCD, county jail, federal prison, etc.)?

Yes _____ **No** _____

Supervisor _____

Provide a summary of your interests and desired outcome as a volunteer with the New Mexico Corrections Department. (What do you see as your role?) What is the nature of your program?

Select which correctional facility/recovery academy would you prefer to volunteer?

- | | |
|--|--|
| <input type="checkbox"/> Central New Mexico Correctional Facility (CNMCF) | <input type="checkbox"/> Springer Correctional Center (SCC) |
| <input type="checkbox"/> Southern New Mexico Correctional Facility (SNMCF) | <input type="checkbox"/> Roswell Correctional Center (RCC) |
| <input type="checkbox"/> Western New Mexico Correctional Facility (WNMCF) | <input type="checkbox"/> Penitentiary of New Mexico (PNM) |
| <input type="checkbox"/> Northeastern New Mexico Detention Facility (NENMDF) | <input type="checkbox"/> Otero County Prison Facility (OCPF) |
| <input type="checkbox"/> Northwestern New Mexico Correctional Center (NNMCC) | <input type="checkbox"/> Lea County Correctional Facility (LCCF) |
| <input type="checkbox"/> Guadalupe County Correctional Facility (GCCF) | <input type="checkbox"/> New Mexico Men's Recovery Academy |
| <input type="checkbox"/> New Mexico Women's Recovery Academy (NMWRA) | <input type="checkbox"/> The Pavilions |

Qualified applicants receive consideration without discrimination based on marital status, race, color, religion, sex, sexual orientation, gender identity, national origin, age, or disability.

PLEASE NOTE: In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

- A. Be 18 years of age or older and submit proof of age, if required.
- B. Your service must be as part of a community-based organization.
- C. Submit proof of credentials when providing professional services.
- D. Meet attendance and performance commitments.
- E. Receive no monetary compensation for their services, except as provided for selected programs and services.
- F. Complete mandatory volunteer and site-specific orientation, and/or other training as required.
- G. Conform to other New Mexico Corrections Department policies, regulations, and instructions.

Please read carefully before you sign this application. False statements on this application shall be sufficient cause for termination.

Applicant's Signature

Date

NEW MEXICO CORRECTIONS DEPARTMENT
Guidelines for Volunteers

1. You are working in a department facility program to provide the service specified in your Volunteer Agreement and program documentation if provided. Do not do anything else. Do not make phone calls, give or lend money or do favors for inmates or residents. Do not mail anything for inmates or residents. There are Department policies governing inmate mail, phone calls, and possession of money.
2. Since you are to provide a specific service, you will not be helping if you get involved in the internal affairs of the institution.
3. You are not an advocate for the inmates or residents. It is better for them to learn to work through administrative procedures for grievances and complaints.
4. Do not provide professional counseling or legal advice unless you are contracting for that service. These kinds of services require professional credentials.
5. At no time shall a volunteer transport anything from the outside to the inside of a facility without prior written authorization from the Warden or designee. If you need supplies or equipment transported for a class, ask for staff assistance.
6. Leave all cell phones, purses, bags, and money in your car and always have your car locked.
7. At no time shall a volunteer transport anything from the inside of the facility to the outside for any reason without prior written authorization from the Warden or designee. Even if you are asked to take notes out, or anything that appears insignificant, it could be counter-productive to rehabilitation.
8. If for any reason you cannot be available at the time expected, please let your contact person at the institution know.
9. Do not bring in friends or other volunteers to help you without prior approval.
10. You are responsible for complying with the rules and regulations of the institution in which you work.
11. You are required to respect the confidentiality of records and privileged information you may have access to as a volunteer. You have an obligation to report any information you may obtain relating to the life and safety of inmates or staff to the Coordinator of Volunteer Program and Services.
12. You are expected to always conduct yourself in a professional and proper manner: intimate contact and gestures are prohibited, i.e., embracing and kissing.

ACA CODE OF ETHICS

AMERICAN CORRECTIONAL ASSOCIATION

Relationships with clients/colleagues/other professions/the public -- Members will respect and protect the civil and legal rights of all clients.

Members will serve each case with appropriate concern for the client's welfare and with no purpose of personal gain.

Relationships with colleagues will be of such character as to promote mutual respect within the profession and improvement of its quality of service.

Statements critical of colleagues or their agencies will be made only as these are verifiable and constructive in purpose.

Members will respect the importance of all elements of the criminal justice system and cultivate a professional cooperation with each segment.

Subject to client's rights of privacy, members will respect the public's right to know, and will share information with the public with openness and candor.

Members will respect and protect the rights of the public to be safeguarded from criminal activity.

Professional conduct/practices --

No member will use his/her official position to secure special privileges or advantages.

No member, while acting in an official capacity, will allow personal interest to impair objectivity in the performance of duty.

No member will use his/her official position to promote any partisan political purposes.

No member will accept any gift or favor of such nature to imply an obligation that is inconsistent with the free and objective exercise of professional responsibilities.

In any public statement, members will clearly distinguish between those that are personal views and those that are statements and positions on behalf of the agency.

Members will be diligent in their responsibility to record and make available for review all case information that could contribute to sound decisions affecting a client or public safety.

Each member will report, without reservation, any corrupt or unethical behavior which could affect either a client or public safety.

Members will not discriminate against any client, employee, or prospective employee on the basis of race, sex, creed, religion or national origin.

Members will maintain the integrity of private information; they will neither seek personal data beyond that needed to perform their responsibilities, nor reveal case information to anyone not having proper professional use for such.

Any member who is responsible for agency actions will make all appointments, promotions, or dismissals only on the basis of merit and not in the furtherance of partisan political interests.

I acknowledge that I have read, or had read to me, and understand all of the above.

Volunteer: _____ / _____
(Print) (Sign) Date



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Cabinet Secretary
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Volunteer/Vendor Virtual Program/Service Acknowledgement

All Volunteers/Vendors must review and comply with all NMCD policies and procedures for volunteers and vendors.

The Volunteer/Vendor must be trained by an NMCD authorized volunteer/vendor trainer. All required documentation must be signed and submitted to the facility Chaplain/volunteer coordinator and approved by the Warden.

Volunteer/Vendor agrees to the following when providing virtual program/service for NMCD:

1. Volunteer/Vendor will conduct themselves in a professional manner.
2. The virtual space designated by the Volunteer/Vendor should be treated as if the Volunteer/Vendor is inside an NMCD facility, as much as possible. This means:
 - The space should be safe and appropriate for all NMCD inmates with no distractions – it should be as plain as possible. Spaces may also use virtual backgrounds, as available and appropriate, for privacy concerns and to limit distractions. Virtual spaces are subject to review by NMCD staff to ensure compliance with these requirements.
 - NMCD credentials should be available upon request.
 - Appropriate attire is always required.
 - Personal items or objects that a volunteer/vendor would not bring into the facility (e.g., family pictures, political posters, etc.) should not be visible.
 - No unauthorized participants (e.g., spouses, children, pets, family members, etc.) should be present in the room.
 - No items or objects promoting political affiliation, gang or illegal activity, or drug and alcohol use should be visible to attendees.
 - No items or objects of a religious nature when providing a non-religious program/service should be visible.
 - No eating during the program/service.
 - No smoking, vaping or drinking alcoholic beverages.
 - No unauthorized or inappropriate audio.
 - No screen sharing.
3. Volunteer/Vendor will respect time allotted for program and service and will not start early or late or end early or late to model accountability. Time is valuable and should be honored. For safety and security reasons, Volunteer/Vendor will not pan camera to share their location with attendees and will take all necessary precautions in protecting their whereabouts and any personal information potentially revealed on camera. NMCD is not liable for Volunteer/Vendor carelessness.
4. It is strictly prohibited to record virtual meetings, take screenshots, or capture media content from any virtual meeting without prior approval from the NMCD Public Information Officer.
5. The Volunteer/Vendor should contact the facility Chaplain/volunteer coordinator with any questions or concerns related to virtual programming/services.

Acknowledgement

I acknowledge that I have read, or have had read to me, and understand all of the above.

Volunteer: _____ / _____
(Print) (Sign)

Date: _____