

California Correctional Institution

Standard Gate Clearance / Visitor Approval (Part A)

Date Approved:	Duration of Clearance:	File Reference (Vendor Name, Agency, Assn., etc.):
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Affected Units: _____ Date of Visit: _____ Time of Visit: _____

Purpose of Visit: ALTERNATIVES TO VIOLENCE PROJECT WORKSHOP

Name (Last, First, M.I.)	D.O.B.	Soc. Sec. Num.	Lic. #/I.D. #	State	Bar / P.I. / Badge #

Total Visitors Approved (All Pages)

Authorization has been given to enter the institution with the following items and/or equipment:

PIO/CPM Initials

Special Instructions:

- | | |
|--|--|
| <input type="checkbox"/> AA/PIO at Ext. 3021
<input type="checkbox"/> Community Partnership Manager EXT 4928
<input type="checkbox"/> Contact Warden's Office at Ext. 4201
<input type="checkbox"/> Contact _____
<input type="checkbox"/> _____, will escort them from Reception / Information Center
(Contact Person) | <input checked="" type="checkbox"/> Permitted to drive personal vehicle
<input type="checkbox"/> Take CCI Visitor Transport to: _____
<input checked="" type="checkbox"/> Requesting Volunteer ID (Brown) card
<input type="checkbox"/> Approved (for Volunteer ID (Brown) card) _____ INT.
<input type="checkbox"/> _____ at Ext. _____ |
|--|--|

The individual(s) listed are granted permission to enter C.C.I. on the date(s) noted above. They have been advised of Institutional Procedures regarding dress code and emergency situations.

B. L. PARRIOTT _____
 Clearance Requested By Clearing Authority

Distribution: Reception/Information Center, All Affected Units, ~~Originating Entity~~, Front Gate CCI-0074(A)

California Correctional Institution
Request for Volunteer Access (CCI Form 180)

AVP

The following information is being requested in order to provide the Community Resources Office with relative statistics concerning each volunteer's tenure while assigned at this facility. This information is CONFIDENTIAL.

In order that a security clearance for a one-year term may be obtained for your attendance at a meeting of an inmate group or activity, the following information is requested:

Name Last First Middle

Drivers License # or DMV I. D. # State

Date of Birth / / Social Security # - -

Present Address Telephone

Fax # Age Sex Height Weight

Hair Color Eye Color Place of Birth

Have you served as a Volunteer at any other institution? If yes, how long and where?

Are you involved in any other inmate activity group at this institution? If yes, please name group and give status of clearance, (i.e., identification card or clearance list):

Have you ever been arrested? Yes No If yes, did this conviction result in your being incarcerated in a state prison? Yes No If yes to either question, please give details:

The name of the institution where you resided:

Offense: Approximate date Disposition (Probation, Jail, Prison, Dismissal, Etc.)

Are you currently on parole or probation? Yes-No If yes, please give details:

Do you currently visit any inmates within CDCR? Yes-No If yes, list, Institution, Name, CDCR Number, and relationship:

Do you have any inmate relatives at this institution? If yes, please provide the name(s) of the inmate(s) and CDC number(s):

Signature of Volunteer Applicant AVP Date

Requesting Employee: Sponsor/Chaplain/Teacher Ext. Date

Supervisor's signature Date Approved Disapproved

Visiting Lieutenant, Reception/Information Center Date

CLETS Cleared 200

Termination Date of Clearance: (12 month from date approved)

STATE OF CALIFORNIA
EMERGENCY NOTIFICATION INFORMATION
 CDC 894 (9/82)

DEPARTMENT OF CORRECTIONS
 DIST.
 ORIG - OFFICIAL PERSONNEL FILE
 COPY - EMPLOYEE'S SUPERVISOR

THIS INFORMATION WILL BE KEPT CONFIDENTIAL IN YOUR OFFICIAL PERSONNEL FILE AND YOUR SUPERVISOR'S EMPLOYEE RECORDS AND WILL BE USED FOR EMERGENCIES ONLY. PLEASE BE SURE TO UPDATE THIS INFORMATION SHOULD IT CHANGE.

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER (PROVISION IS VOLUNTARY REQUESTED FOR ID PURPOSES ONLY)	
HOME ADDRESS (STREET NUMBER AND NAME, CITY AND ZIP CODE)	HOME TELEPHONE NUMBER	
EMPLOYER FACILITY AND UNIT	WORK PHONE NUMBER	

PLEASE INDICATE PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY

NAME	RELATIONSHIP	
ADDRESS	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
NAME	RELATIONSHIP	
ADDRESS	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER

MEDICAL INFORMATION

PERSONAL PHYSICIAN'S NAME	TELEPHONE NUMBER
MEDICAL PLAN NAME AND CARD NUMBER (IF APPLICABLE)	MEDICAL FACILITY'S EMERGENCY PHONE NUMBER
SPECIAL MEDICAL CONDITIONS (ALLERGIES, ETC.)	
SPECIAL INSTRUCTIONS (IF APPLICABLE)	
EMPLOYEE'S SIGNATURE	DATE

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates. The following is a summation of pertinent information when non-departmental employees come in contact with prison inmates.

1. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.

SOURCE: California Penal Code (PC) Sections § 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections § 3285 and 3415

2. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, and employees shall be made aware of this.

SOURCE: PC Sections § 5054 and 5058; CCR, Title 15, Section § 3304

3. All persons entering onto institution/facility or campgrounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises.

SOURCE: PC Sections § 2601, 5054 and 5058; CCR, Title 15, Sections § 3173, 3177, and 3288

4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Director, Warden and/or Regional Parole Administrator.

SOURCE: PC Sections § 5054 and 5058; CCR, Title 15, Section § 3176(a)

5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.

SOURCE: PC Sections § 602, 4570.5 and 4571; CCR, Title 15, Sections § 3173 and 3289

6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.

SOURCE: PC Sections § 2772, 2790, 4533, 4535, 4550, 4573, 4573.5, 4573.6 and 4574

7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.

SOURCE: PC Sections § 2540, 2541 and 4570; CCR, Title 15, Sections § 3010, 3399, 3401, 3424 and 3425

8. In an emergency situation the visiting program and other program activities may be suspended.

SOURCE: PC Section § 2601; CCR, Title 15, Section § 3383

9. For security reasons, visitors must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).

SOURCE: CCR, Title 15, Section § 3171(b)(3)

10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.

SOURCE: CCR, Title 15, Sections § 3261.5, 3315(3)(W), and 3177

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH PRISON INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDCR INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

VISITOR'S NAME AND TITLE (Print)	VISITOR'S SIGNATURE	DATE SIGNED

DISTRIBUTION: Original (Assistant Director, Communications)

Copy to: Warden's Office

Copy to: Visitor

Volunteer Service Agreement

Volunteer	Supervisor
Name _____	Name _____
Address _____ _____	Address _____ _____
Phone () _____	Phone () _____
SSA No. _____	Division/Unit _____

The following are the conditions accepted under this service agreement according to current policies, rules and regulations of the department:

- 1) Comply with policies, procedures, rules and regulations of the Department of Corrections.
- 2) No salaries, wages or unemployment benefits will be received for the services rendered.
- 3) Use of state vehicle, when directed, with valid California Drivers License appropriate to the type of vehicle(s) operated. Participate in the State Defensive Training Program.
- 4) Use of state equipment and supplies, when required or directed to do so.
- 5) Employment as a volunteer is not effective until a Health Questionnaire and Volunteer Service Agreement is signed.

I understand my duties are as follows:

Period of agreement from: _____ 20 ____ to: _____ 20 ____

_____ SIGNATURE OF VOLUNTEER	_____ DATE	_____ SIGNATURE OF SUPERVISOR	_____ DATE
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Reviewed and approved by appropriate authority:

Institution - _____	_____	_____
	Community Resource Manager	Date
Central Office - _____	_____	_____
	Coordinator, Financial Resources	Date
*Paroles - _____	_____	_____
	Regional Administrator	Date

*A copy of this document should be forwarded to Central Office, Community Resources Division.

STATE OF CALIFORNIA
CERTIFICATION OF VOLUNTEER PARTICIPATION
CDC 1049 (11/95)

NAME OF INSTITUTION/REGION/PAROLE OFFICE <u>CCV - TEHAMA</u>	TELEPHONE NUMBER
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ADDRESS (Include city, State, and Zip Code)

VOLUNTEER'S NAME	TELEPHONE NUMBER
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ADDRESS (Include city, State, and Zip Code)	VOLUNTEER JOB TITLE
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DESCRIBE THE RESPONSIBILITIES OF THE JOB DETAILING THE SKILLS, KNOWLEDGE AND ABILITIES USED TO PERFORM DUTIES; INCLUDE EQUIPMENT AND TOOLS USED.

AVP WORKSHOP

DID YOU SUPERVISE WORKERS NO YES IF YES HOW MANY AND WHAT TYPE?

AMOUNT OF SERVICE

DATES OF SERVICE IN THIS JOB	LENGTH OF SERVICE IN THIS JOB	ACTUAL HOURS WORKED IN THIS JOB
FROM <u>10-1-11</u> TO <u>6-30-12</u>	YEARS <u>1</u> MONTHS _____ WEEKS _____	PER DAY _____ PER WEEK _____ PER MONTH <u>70</u> TOTAL _____

SUPERVISORS SIGNATURE	DATE SIGNED
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VOLUNTEER SERVICES SUPERVISOR'S PRINTED NAME

SUPERVISOR'S SIGNATURE	DATE SIGNED
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THIS CERTIFICATION IS YOUR RECORD OF VOLUNTEER EXPERIENCE. IT SHOULD BE RETAINED; AS YOU MIGHT WISH VERIFICATION FOR A FUTURE JOB REFERENCE

AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS

STD. 281 (REV. 3-95)

*This approval must be renewed annually.
Supervisor: Retain Original Copy*

I. CERTIFICATION

In accordance with State Policy (S.A.M. 0753 & 0754) approval is requested to use privately owned vehicles to conduct official State business.

I hereby certify that, whenever I drive a privately owned vehicle on State business I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:

1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage.) Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.
2. Adequate for the work to be performed.
3. Equipped with safety belts in operating condition.
4. To the best of my knowledge, in safe mechanical condition as required by law.

I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.

I further certify that while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).

I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.

DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED

II. APPROVAL

Use of a privately owned vehicle on State business is approved.

APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED
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III. RENEWAL

I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
----------------------	-------------------------------	---------------

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EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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I have reviewed the above certification and approval and certify that the information provided is correct and valid.

EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED
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**CALIFORNIA CORRECTIONAL INSTITUTION
TEHACHAPI CA, 93581**

Date: _____

To: **PERSONNEL OFFICE**
California Correctional Institution

Subject: **REQUEST FOR IDENTIFICATION CARD FOR NON-DEPARTMENTAL EMPLOYEE**
It is requested that an identification card be issued to the following person:

FULL NAME (Last, First Middle)		HOME ADDRESS (Street, City, State & Zip)	
TELEPHONE NUMBERS			
(H)	(W)		
BUSINESS NAME		BIRTH DATE	SOCIAL SECURITY
AVP			
CA. DR. LIC. #	EXPIRATION DATE	REASON FOR ACCESS	
		WORKSHOPS	
LOCATION (S) WHERE			
SUPERVISED BY (Name, Title, Job Location)		DURATION DATES	
		Starting: 10-1-11	Ending: 9-30-12
TYPE OF CARD REQUESTED			
<input type="checkbox"/> Blue Citizen Advisory Committee Identification Card (2 - Year Duration) <input checked="" type="checkbox"/> Volunteer Card, (1 - Year Duration) <input type="checkbox"/> Green Contract Card (1 - Year Duration) APPROVED / DISAPPROVED			
_____		_____	
<i>Administrative Assistant</i>		<i>Date</i>	
<input type="checkbox"/> White Temporary Card (GA-167) (15 days duration only) <input type="checkbox"/> Green Contract Card (1 - Year Duration) APPROVED / DISAPPROVED			
_____		_____	
<i>Operations Captain</i>		<i>Date</i>	

Submitted by:

APPROVED / DISAPPROVED

Signature of Staff Member _____ Date _____

Department Head _____

I certify that all appropriate documentation is complete

DOUBLE-SIDED

REQUEST FOR IDENTIFICATION CARD FOR NON-DEPARTMENTAL EMPLOYEE
PAGE 2

Full Name of Non-Departmental Employee

APPROVED / DISAPPROVED

Community Partnership Manager

APPROVED / DISAPPROVED

F.GONZALEZ

Date

Warden (A)

California Correctional Institution

OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA

STD. 689 (REV. 9-90)

Oath may be administered by a person having general authority by law to administer oaths--or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.

(Complete Parts 1 and 3 or Parts 2 and 3)

PART 1--OATH OF ALLEGIANCE

WHO MUST SIGN OATH--As required in Section 3 of Article XX of the Constitution of California, every State employee except legally employed noncitizens, must sign an oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

WHEN OATH MUST BE SIGNED--As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employments, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

WHERE OATHS ARE FILED--As required in Government Code Section 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council, shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record.

FAILURE TO SIGN--As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation.

PENALTIES (Government Code)

"3108. Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years."

(Type or print name of employee)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

PART 2--DECLARATION OF PERMISSION TO WORK

I am a lawful permanent resident alien of the United States: YES NO

If NO, please read the following:

I hereby certify, that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

PART 3--SIGNATURE AND CERTIFICATION (No fee may be charged for administering)

EMPLOYEE'S SIGNATURE

△

STATE DEPARTMENT OR AGENCY

DIVISION/UNIT

Taken and subscribed before me this

_____ Day of _____

AUTHORIZED OFFICIAL'S SIGNATURE

△

AUTHORIZED OFFICIAL'S TITLE

HEALTH QUESTIONNAIRE
STD. 810 HQ (REV. 5-95) (Page 1 of 2)

STATE LAW AND THE AMERICANS WITH DISABILITIES ACT REQUIRE APPLICANTS TO FILL IN QUESTIONS ON BOTH SIDES OF THIS FORM ONLY AFTER A JOB OFFER HAS BEEN MADE

SOCIAL SECURITY NUMBER (Optional - See Privacy Statement below.)

THIS AREA TO BE COMPLETED BY HIRING AGENCY - COMPLETED QUESTIONNAIRE WILL BE RETURNED TO HIRING AGENCY

APPLICANT NAME (Last) (First) (Middle) AGENCY NAME
APPLICANT ADDRESS (Number and Street) (City) (State) (ZIP Code) AGENCY ADDRESS
CLASS TITLE HIRING MANAGER'S NAME AND TELEPHONE NUMBER
APPOINTMENT TYPE: PERMANENT, TAU, LIMITED TERM, REINSTATEMENT
DESIRED APPOINTMENT DATE, CERTIFICATION NUMBER, CURRENT OCCUPATION

THIS AREA TO BE COMPLETED BY THE APPLICANT

DO NOT LEAVE YOUR PRESENT EMPLOYMENT TO ACCEPT A POSITION IN STATE SERVICE UNTIL YOU HAVE BEEN SPECIFICALLY NOTIFIED TO REPORT FOR WORK. MEDICAL CLEARANCE IS REQUIRED PRIOR TO EMPLOYMENT IN STATE SERVICE. Your answers to the following questions will be evaluated in conjunction with the essential functions of the desired position. In addition, a physical examination may be required. *YES* answers to questions 1 - 43 below must be explained in the space provided on the back of this form.

BIRTH DATE, GENDER (MALE/FEMALE), HEIGHT, WEIGHT
For questions 1-31, have you ever had or do you have the following:
ITEM YES NO
1. Lung or respiratory trouble, including bronchitis, tuberculosis, or asthma
2. Residuals of poliomyelitis
3. Hepatitis, jaundice, or other liver ailments
4. Cancer, malignant tumor, or cysts
5. Diabetes or sugar in urine
6. Pernicious anemia, leukemia, or other blood disorder or ailment
7. Mental illness or nervous breakdown
8. Any disorder of the nervous system
9. Seizure disorder or loss of consciousness
10. Severe headaches or migraine
11. Heart trouble—including circulatory disease
12. Rheumatic fever
13. Any defect of bones or joints, including amputations, dislocations, or broken bones
14. Rheumatism, arthritis, or bursitis
15. Back pain or back injury
16. Head injury
17. Any problems with hips, knees, ankles, or feet
18. Any problems with hands, elbows, or shoulders
19. Fainting spells or dizziness
20. Skin trouble
21. Allergies
22. Sensitivity to dust or smoke
23. High or low blood pressure
24. Varicose veins
25. Stomach or duodenal ulcer or other bowel problem
26. Rupture or hernia
27. Gall bladder trouble
28. Kidney or bladder trouble
29. Shortness of breath
30. Any speech impairment
31. History of addiction to drugs or alcohol
32. Do you wear or have you ever worn glasses?
33. Do you or have you ever worn contact lenses?
34. Have you had any eye injury, surgery, or disease?
35. Are you blind in one eye?
36. Are you blind in both eyes?
37. Do you wear a hearing aid or have you had at any time a problem with your hearing?
38. Do you have any existing temporary medical condition such as broken bones, recovery from surgery, pregnancy, etc.? If yes, list condition and anticipated date of recovery on Page 2.
39. Are you at present under a doctor's care for any condition? Give reason and doctor's full name and address.
40. Are you taking any medication now or in the last 12 months? If yes, what?
41. Have you ever been hospitalized? If yes, list reason and date of hospitalization?
42. a. Have you had an illness or injury which caused you to lose time from work?
b. Does this illness or injury continue to limit your ability to perform certain types of work?
43. Have you ever had any other illness, injury or physical condition not named above (exclude minor problems such as colds, flu, etc.)?

PRIVACY NOTICE

(Continue on reverse.)

Responsible: Medical Officer, State Personnel Board, P. O. Box 944201, Sacramento, CA 94244-2010; Authority: Government Code Section 18931; Purpose: The information you furnish will be used to evaluate your medical fitness to carry out the duties of the position applied for without endangering the health and safety of yourself or others; Providing Information: Medical clearance is required prior to employment in State service; Effects of Not Providing Information: Omission or misrepresentation may result in placement in a position where the duties are not commensurate with your physical condition.

CALIFORNIA CORRECTIONAL INSTITUTION

VOLUNTEER AND IDENTIFICATION CARD APPLICATION PACKAGE CHECK LIST

- Attachment A – Memorandum from volunteer outlining proposed services to be provided
- Attachment B – CCI 0074 (A) – Gate Clearance form
- Attachment C – CCI 180 - Request for Volunteer Access
- Attachment D – CDCR 894 - Emergency Notification Information
- Attachment E – CDCR 181 – Digest of Laws
- Attachment F – CDCR 966 – Volunteer Service Agreement
- Attachment G - CDCR 1049 – Certification of Volunteer Participation
- Attachment H – STD 261 – Authorization to use Privately Owned Vehicle on State Business (Only necessary if receiving a Volunteer Identification Card (VIC) or when allowed to drive onto Institutional grounds)
- Attachment I - TB Infectious Free Staff Certification (Only necessary if receiving a VIC or when entering the Institution more than once per month)
- Attachment J - Identification Card Form (Only necessary if receiving a Volunteer Identification Card (VIC))
- Attachment K – STD 689 - Oath of Allegiance
- Attachment L - STD 610 – Health Questionnaire
- Attachment M- Identification Card Application Package Check List
- Attachment N- Program Profile – Interview Questions