



Corrections & Detention ®

Bay Correctional Facility

Program Volunteers

Name of Person: _____

Date of Request: _____

Occasional Volunteer

Representative of which programs:

- Criminal History Background Check Authorization for Release of Information
- NCIC / FCIC Ran
- GEO Confidentiality and Non-Disclosure Agreement
- Confidentiality of Medical Information (DC2-813)
- PREA Agreement
- Volunteer Application (DC5-601A)
- Regular Services Volunteer Information Sheet (DC5-601B)

**Florida and National Crime Information Centers (FCIC/NCIC)
CRIMINAL HISTORY BACKGROUND CHECK
Bay Correctional Facility**

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize a representative of the Bay Correctional Facility to obtain any information on my criminal history background. I understand that this check must be done before I am allowed to enter/serve at the facility. I also understand that refusal to provide all necessary information may result in denial of entry into the facility and or denial of volunteer or contract status.

1. Name (Last, First, Middle)

2. Address (Street address, City, State, County, Zip Code)

3. Home or Cell Phone Number

4. Aliases/Nickname

5. Citizenship

6. Social Security Number

7. Date of Birth (Month, Day, Year)

8. Sex: Race: Height: Weight:

 Eye Color: Hair Color:

9. Place of Birth (City, State, County) or (Country if outside the U.S.A.)

10. Driver's License Number:
 State of DL Issuance:

11. Do you have a relationship (ie: parent, spouse, friend, ect) or are you currently on the visitation list of anyone incarcerated in the Florida Department of Corrections?

 If yes please list inmate's Name, DOC#, and relationship:

12. The above listed information is true and correct. (Applicant's Signature & Date)

After reviewing the FCIC/NCIC record of information, as of the date listed below, the above referenced individual:

Does (see attached) Does Not have a criminal record on file.

FCIC/NCIC Operator Signature:	Date:
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Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Warden's Signature:	Date:
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Your Social Security number is being collected in order to complete an FCIC/NCIC security report so that you can be approved to enter the facility to perform a contractual service and/or serve as a volunteer. BCF will not use the social security number collected for any other purpose.



Bay Correctional Facility
5400 Bayline Drive
Panama City, FL 32406

TEL: 850 789 1455
Fax: 850 789 1942

Confidentiality and Non-Disclosure Agreement

THIS AGREEMENT is made _____ day _____, 20____, by and between The GEO Group, Inc. and Subsidiaries ("GEO"), a Corporation, having its principal place of business at One Park Place, Suite 700, 621 Northwest 53'd Street Boca Raton, Florida 33487 and _____ ("Contractor").
(Contract Position _____)

WHEREAS, Contractor may require trade secrets and other proprietary information of GEO;

WHEREAS, GEO's business interests may be materially damaged by the disclosure of its trade secrets or other propriety information;

WHEREAS, GEO wishes to ensure that its propriety information and trade secrets are not divulged, disclosed or communicated by Contractor to others, including other GEO Contractors, except as necessary for the performance of Contractors' job duties;

WHEREAS, Contractor wishes to continue Contractor's employment with GEO;

NOW, THEREFORE, in consideration of the continuation by GEO of Contractors employment with GEO, Contractor agrees as follows:

1. That the terms "trade secrets" and "information", as used herein include, but not limited to, facts or rumors pertaining to mergers, acquisitions, divestitures, contract awards, contract renewals, proposals, negotiations, public or private financings, research coverage applications, and incidents at facilities.
2. That Contractor will not, during or after the term of Contractor's employment, divulge, disclose, or communicate any information or trade secret which is communicated to or learned by Contractor in connection with Contractor's employment with The GEO Group, Inc., to any other individual, including" other GEO Contractors or employees, or to any association, partnership, trust, corporation or other entity, except as necessary for the performance of Contractor's job duties.
3. That Contractor will not, during or after the term of Contractors' employment, use any information or trade secret which is communicated to or learned by Contractor in connection with Contractors employment with GEO for the benefit of any individual, including other GEO Contractors, or for the benefit of any association, partnership, trust, corporation or other entity other than The GEO Group, Inc.
4. That Certain information acquired in the course of Contractor's employment with GEO may be considered "insider information" and that its use may be regulated by federal,



state or administrative securities law, including but not limited to laws that prohibit individuals possessing insider information from purchasing or selling securities, or communicating that information to third parties who purchase or sell securities. Contractor agrees not to use, or aid another in the use of, insider information in connection with the purchase or sale of securities.

5. That Contractor will not divulge, disclose or communicate to any other Contractor any insider information, trade secret, or information concerning important events such as those referenced in Paragraph I of this agreement, except as necessary for the performance of Contractor's job duties.
6. That any breach of this Agreement may result in the immediate termination of Contractors' employment with GEO.
7. That any breach of this Agreement will cause irreparable damage to GEO and GEO shall be entitled to all relief available under the law, including but not limited to the entry of a temporary or permanent injunction or both.
8. That the prevailing party in any suit brought with respect to any breach or threatened breach of this Agreement shall be entitled to actual court costs and all reasonable attorney's fees expended in connection with such suit.
9. That this Agreement shall continue for the duration of Contractor's employment with GEO and shall survive the termination of Contractors employment.
10. That this Agreement shall not be construed to alter Contractors status under any other contractual agreements or to interfere with GEO's right to terminate Contractor.
11. That the waiver of a claim arising out of a breach of this Agreement by any party shall not operate or be construed as a waiver of any claim arising out of any subsequent breach by any party.
12. That this Agreement shall be construed and interpreted in accordance with the laws of the State of Florida. Venue in any action related to this Agreement shall lie, if in state court, in Sarasota County, Florida, and if in Federal court, in the United States District Court for the Middle District of Florida.
13. That the language of this Agreement shall be construed according to its fair meaning and not strictly for or against either of the parties.

IN WITNESS WHEREOF, The GEO Group, Inc., has caused this confidentiality and Non-disclosure Agreement to be executed by its agent, and Contractor as set his/her hand as of this day of _____, 20_____.

Contractor Name (Print Please)

Contractor Signature

Company's Representative Signature

Title

FLORIDA DEPARTMENT OF CORRECTIONS

**ACKNOWLEDGMENT OF RESPONSIBILITY
TO MAINTAIN CONFIDENTIALITY OF MEDICAL INFORMATION**

By virtue of your employment or volunteer capacity with the Florida Department of Corrections or an entity working via a contract with the Florida Department of Corrections, you may need to know and, therefore, may be informed of certain medical/mental health information pertaining to individual inmates necessary to perform your assigned duties and/or to classify and transfer inmates to facilities appropriate for delivery of the required health care services for diagnosed medical/mental health conditions.

State law, and in some instances, federal law, mandates that medical/mental health information be kept confidential unless specific written authorization is given by the patient or unless compelled by court order or subpoena when certain conditions are met for release of the medical/mental health information.

By signing this form, you acknowledge that you must maintain as confidential all medical/mental health information regarding any inmate which you obtain in conjunction with your duties and responsibilities and you further acknowledge that you may not disseminate this medical/mental health information to or discuss the medical/mental health condition of an inmate with any person except those persons directly necessary to the performance of your duties and responsibilities. If you have been designated as a member of the department's Healthcare Transfer Team, you may not disseminate inmate medical information to or discuss the medical condition of an inmate with any person except other members of the Healthcare Transfer Team, medical staff, upper level management at the institutional/facility level, regional level, and central office level, or department attorneys. The dissemination or discussion of inmate medical information with the team members or persons enumerated herein shall only be to the extent necessary for the provision of health care to the inmate; the health and safety of others; law enforcement purposes; the administration and maintenance of safety, security and good order of the institution; and other purposes as authorized by law.

Breach of this confidentiality may result in monetary liability and/or civil or criminal penalties imposed by law, and shall subject you to discipline, up to and including dismissal, for violation of department rules.

Signature of Employee/Volunteer

Employee's/Volunteer's Printed Name

Date

Last 4 Digits of Social Security Number

**Florida Department of Corrections
Training Affidavit**

Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors

Read and Sign

The Florida Department of Corrections requires all interns, volunteers, and contractors to receive training on the **Prison Rape Elimination Act**, also known as PREA. This requirement can be fulfilled by reading the ***Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors*** and signing this form.

When the information has been read, please sign and return this affidavit to the local trainer as verification that the PREA information has been read.

"I confirm that I have read the contents of the Prison Rape Elimination Act Training for Interns, Volunteers, and Contractors and am therefore eligible to receive two (2) credits for training."

Signature

Date

Print Name

Work Location



FLORIDA DEPARTMENT OF CORRECTIONS
VOLUNTEER APPLICATION

Personal Information

Name: Last First Middle Maiden
Address: City State ZIP Code
Telephone #1 Telephone #2 E-Mail Address

Volunteer Group Name:

Security Clearance Information

Social Security #: Date of Birth:

Race/Ethnic Origin: Gender: Male Female

Drivers License #: DL State:

Hair Color: Eye Color: Height: Weight:

1. Have you ever been arrested on a misdemeanor or felony charge? Yes No
If yes, explain. (Use additional paper if necessary)

2. Have you ever been convicted on a misdemeanor or felony charge? Yes No
If yes, explain. (Use additional paper if necessary)

3. Do you have a relationship (for example parent, spouse, friend, etc) or are you currently on the
visitation list of anyone incarcerated? Yes No
If yes, give the inmate's name, DC#, and your relationship to the inmate.
Name: DC#: Relationship:

4. Have you ever worked for the Florida Department of Corrections? Yes No
If yes, please indicate where and when you were employed.

5. Do you have any relatives working for the Department of Corrections? Yes No
If yes, provide: Name: Relationship: Work Location:

In case of emergency notify: Name (area code + number)

DC5-601A (Revised 5/19/14)

In accordance with s. 119.071(5)(a)2, your social security number is being collected in order to complete an
FCIC/NCIC security report so that you can be approved as a volunteer. The Department will not use the social
security number collected for any purpose other than the purpose provided above. Qualified applicants are considered
without discrimination based upon race, color, national origin, age religious preference, or handicap. Intentionally
falsifying or omitting information may result in disapproval of your volunteer application.

IN CONSIDERATION OF THE OPPORTUNITY TO SERVE IN THE DEPARTMENT OF CORRECTIONS AS A CITIZEN VOLUNTEER:

- I acknowledge that today I have been furnished with a copy of the volunteer rules,
- I have read, understood and signed an Acknowledgement of Responsibility to Maintain Confidentiality of Medical Information, DC2-813 and the PREA training "Read and Sign" for volunteers.
- I understand that I am responsible for reading and complying with the rules.
- I will work in cooperation with staff.
- I will honor the civil and legal rights of all offenders/inmates.
- I will not use my official position to secure privileges or advantages for myself.
- I will report unethical behavior or rule violations to an appropriate Department supervisor.
- I will not discriminate against any offender/inmate, employee, or prospective employee on the basis of race, gender, creed, national origin, or religious preference.
- I acknowledge the drug-free workplace policy of the Department of Corrections and I know I am subject to random drug testing.
- I agree to abide by the policies and procedures regarding confidentiality of records and medical information.

WAIVER OF LIABILITY

I hereby waive all liability to the Department of Corrections and its employees, for any and all injuries which may occur to me during my term of service with the Department of Corrections. Volunteers and interns, when working for the department, are covered by Worker's Compensation in accordance with Chapter 440 of the Florida Statutes. I understand that I am the person responsible to ensure that I am in compliance with any and all applicable State Law, Department of Corrections Policy, or any Regulation which may affect me during this period.

I confirm that all the information on the application is correct and have read the Acknowledgement of Responsibilities, Waiver of Liability, and agree to abide by the conditions therein.

Signature: _____ **Date:** _____

For Those Completing Regular Volunteer Training: _____

Person Conducting Volunteer Training: _____

Location: _____

Official Use:

F.A.S.T. Pin #:			
Training Date:	FCIC/NCIC¹ Date:		Hits: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved:		Date:	

(Approving Authority²)

Signature of Volunteer _____ **Date:** _____ **Volunteer's Printed Name:** _____

¹ An annual background check should be done for each active regular service volunteer. The temporary volunteer badge is produced in accordance with "Identification Cards" Procedure 602.056.

² The Chaplaincy Services Administrator or institutional lead Chaplain is the approving authority when the volunteer has no previous period of incarceration or supervision. When a proposed volunteer has a previous period of incarceration or supervision, the approving authority is the Assistant Secretary for institutions or designee. ("Volunteers," Procedure 503.004).

DC5-601A (Revised 5/19/14)

In accordance with s. 119.071(5)(a)2, your social security number is being collected in order to complete an FCIC/NCIC security report so that you can be approved as a volunteer. The Department will not use the social security number collected for any purpose other than the purpose provided above. Qualified applicants are considered without discrimination based upon race, color, national origin, age religious preference, or handicap. Intentionally falsifying or omitting information may result in disapproval of your volunteer application.

Regular-Services Volunteer Information Sheet



STATE OF FLORIDA
 DEPARTMENT OF CORRECTIONS
 Bureau of Programs

F.A.S.T. Pin #: _____

Name: _____

Address: _____

City State Zip

Telephone #1: _____

Telephone #2: _____

Email: _____

SS#	Hair	Eyes	Ht	Wt	DOB	Sex	Race

(This information is confidential)

Official Use:

Facility/Department: _____

Training Date: _____ **FCIC/NCIC* Date:** _____ **Hits:** Yes No

Approved: _____ **Date:** _____
 (Approving Authority[†])

[‡] An annual background check should be done for each active regular service volunteer. The temporary volunteer badge is produced in accordance with "Identification Cards," Procedure 604.002.

[†] The Chaplaincy Services Administrator or Institutional lead Chaplain is the approving authority when the volunteer has no previous period of incarceration or supervision. When a proposed volunteer has a previous period of incarceration or supervision, the approving authority is the Assistant Secretary for Institutions or designee. ("Volunteers," Procedure 503.004).