

# **DUKES COUNTY SHERIFF'S OFFICE**



## **VOLUNTEER & CONTRACTOR ORIENTATION HANDBOOK**

*Updated April 2<sup>nd</sup> 2021*

## TABLE OF CONTENTS

<b>Topic</b>	<b>Page</b>
Introduction	3
Recruitment of Volunteers	3
Mission Statement	4
Overview of Dukes County Sheriff's Office	4
Volunteer's Line of Supervision & Communication	5
Offender Confidentiality/CORI	6
Entrance Procedures	7
Offender Movement	9
Emergency Procedures	10
Prison Rape Elimination Act (PREA)	10
Guidelines for Volunteers	11
Code of Ethics	12
Volunteer/Contractor Application	Attachment A
Volunteer/Contractor Agreement & Release of Liability	Attachment B
PREA Attestation	Attachment C

## **INTRODUCTION**

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Welcome to the Dukes County Sheriff's Office!

On behalf of the Sheriff and staff, we would like to thank you for your willingness to be a volunteer. We highly value the important contribution you will make in helping us fulfill our commitment to assist offenders in their reentry to our communities throughout the commonwealth.

We realize that your time is valuable and therefore appreciate your attendance at this orientation program. This training has been specifically designed to assist you in becoming familiar with the correctional environment. Through this training, you will be given the knowledge and tools you need to effectively and safely volunteer at the Dukes County Jail & House of Corrections.

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### **RECRUITMENT OF VOLUNTEERS**

It is the policy of the Dukes County Sheriff's Office to recruit volunteers from all cultural and socioeconomic segments of the community.

As a volunteer, you serve as a positive role model from whom offenders can learn to function and communicate pro-socially. You bridge the gap between offenders and the community. The value and impact you have on lives cannot be measured.

Additionally, you are of tremendous assistance to the Dukes County Sheriff's Office by supplementing the programs offered to offenders or providing new services, thereby increasing the offender's options to gain new skills.

We trust that your time as a volunteer will be a positive and rewarding experience for you.

## **MISSION STATEMENT**

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The mission of the Dukes County Office of the Sheriff is to consistently strive to improve the quality of life in the community, and to pledge and commit to work together with local and state agencies through specialized services.

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## **CORE VALUES**

### **Integrity**

The quality of being honest and having strong moral principles

### **Professionalism**

The competence or skill expected of a professional

### **Respect**

A feeling of deep admiration for someone or something elicited by their abilities, qualities, or achievements.

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## **OVERVIEW OF DUKES COUNTY SHERIFF'S OFFICE**

The Office of the Sheriff has as its head, Robert W. Ogden, Sheriff and the County's chief law enforcement officer. Sheriff Ogden is in command of the Dukes County Jail & House of Correction, the lockup, the Communication Center, the Drug Information Bureau, Transportation of Prisoners, and Civil Process.

The Office of Sheriff, with a uniformed branch of Deputy Sheriffs, is responsible for the care, custody, and control of its incarcerated population. Our main focus is to help prepare these individuals for reintegration into society through programming and reentry initiatives.

Employees, under the Office of the Sheriff, perform a variety of functions. Some of these include involvement in the Drug Task Force, the Honor Guard, the service of

civil process, the Department of Public Works Anti-Litter Program, and community Service details. Deputy Sheriffs also participate in their association, The Dukes County Deputy Sheriff's Association, which raises considerable amounts of money each year for donations to numerous island youth programs.

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## **THE VOLUNTEER'S LINE OF SUPERVISION AND COMMUNICATION**

Volunteering in a correctional environment is a unique experience. Since this environment is unfamiliar to most people, a line of supervision and communication has been established to help you function in your new role.

**Director of Human Services** – The individual designated by the Sheriff to coordinate and supervise all programming services and volunteer services at the institution.

**Security Staff** – The individuals responsible for the orderly running of the institution under the supervision of the Shift Commander. They may prohibit entry, temporarily cancel a program or discontinue a volunteer's participation if it interferes with the ability to maintain control of the population or affects the safety of the institution. They are responsible for your safety as well.

**Superintendent or Deputy Superintendent** – The Chief Administrative Officer of the institution and his/her Deputies. These individuals are responsible for the operations of security and treatment in all Department facilities.

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## OFFENDER CONFIDENTIALITY/CORI

Massachusetts General Laws and a number of policies protect offenders' right to confidentiality. As staff members for the Dukes County Sheriff's Office, we are required to protect their rights and require the same from you.

**Definition of Criminal Offender Record Information (CORI):** "Records and data" in any communicable form compiled by a criminal justice agency which concerns an identifiable individual and relates to the nature or disposition of a Criminal charge, arrest, a pretrial proceeding, other judicial proceeding sentencing, incarceration, rehabilitation or release.

"Records and data" include name, location, picture and fingerprints.

"Communicable form" includes verbal or written. "Identifiable individuals" includes name, alias, picture and nature of the crime and nickname (such as the Boston Strangler).

**Purpose of CORI:** The purpose of the CORI laws is to protect those who become involved in the criminal justice process from the distribution of information concerning their cases. This provides not only for their safety but also for the protection of victims, family and friends.

**Information protected by CORI:** Information protected by CORI is records and data that set forth facts and results of movement through the criminal justice process. Photographs and identifying information are also protected. Information not protected by CORI includes that information which is covered by public record statutes.

**Penalties for CORI Violations:** Any person who willfully violates the provision of the CORI laws will be subject to a fine of not more than \$5,000.00 for each offense or imprisonment in a jail or House of Correction for not more than one year for each offense or both. Through experience, we have discovered that the less information you have concerning an individual the more effectively you can interact with them as a volunteer. This has proven true in part because the facts of the case will not then prejudice your involvement. If you have a need to access information concerning an offender, you should do so through the Director of Human Services.

## **Cases Where Confidentiality Does Not Apply:**

Volunteers are not ordinarily utilized to gather information about offenders. This would hamper your efforts and ours to communicate with the offender population. There are some areas, however, where confidentiality does not apply and we would expect you to notify us. These areas are:

1. An offender indicates that he/she is a threat to his/her own life or someone else's.
2. An offender is planning an escape, disturbance or commission of a crime.
3. Suspicion of child abuse.
4. Specific knowledge of details of a crime for which the offender was never prosecuted.
5. Allegations of sexual abuse or sexual harassment.

**You should discuss these matters with the  
Director of Human Services.**

**In the first two cases where an offender poses an  
immediate threat, you should not wait but notify the  
nearest correctional staff member immediately.**

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## **ENTRANCE PROCEDURES**

The Dukes County Sheriff's Office is charged not only with public safety, but also with the safety of the offenders in our care. In order to maintain the orderly running of the institution and to facilitate volunteer participation, it is necessary that all rules and regulations be followed:

### **All Volunteers Shall:**

1. Be at least 18 years of age and present themselves at the control center for identification and sign-in purposes. Information provided when signing in shall include: (1) full name, (2) residence, (3) reason for visit [name of program, (4) and answer to "Have you been convicted of a felony?"

2. Valid identification shall include: (1) full name, (2) photograph, (3) date of birth, (4) Identification Number w/ expiration date, (4) social security (optional). A current driver's license or passport will be sufficient. The shift commander in Control has the right to deny any individual entry who cannot produce sufficient identification or whose purpose for entry may be suspect.

The only personal items allowed into the institution are a medical bracelet, religious medallion and wedding ring. Prior written authorization from the Superintendent, Deputy Superintendent, or Assistant Deputy Superintendent is necessary for any other items.

While on the property, your vehicle must be locked. Refrain from carrying into the institution unnecessary, unapproved or illicit items - known as "Contraband" i.e., pens, books, paperwork, etc., that have not been previously approved. Cellular phones and other devices cannot be brought into the institution. Please secure all items not essential for your program in a locker provided. The security staff will inspect all items brought into the institution. The introduction of any item (contraband) into the institution without prior written authorization, or removal of same from the institution is a felony and punishable under statute MGL, C. 268, Section 26 and 28.

Prescribed medication should not be brought into the institution. If you have a condition that requires the regular taking of medication, you should keep your medication locked in your car. If you have medication that requires it be kept on your person (such as nitroglycerin plus, sugar tablets and inhalers), you must notify the Director of Human Services so that he/she can obtain prior written approval from authorized staff.

At any time that the correctional staff suspects that you may be under the influence of drugs or alcohol, your entry into the institution may be suspended.



**Program Materials:**

All materials being brought into the institution for programming must be pre-approved inducting, but not limited to videos, audio CD's, books, writing materials and handouts. The Director of Human Services will make the necessary arrangements for their clearance into the institution. If your program requires distribution of materials to offenders, they must be pre-approved by the Director of Treatment.

**Searches:**

Upon entry to a correctional institution, both you and your vehicle may be subject to being searched. This may include the use of a handheld security wand and/or a metal detector. These are all considered normal correctional procedures. All volunteers must successfully pass through the metal detector before being allowed to enter the institution. Upon entering, each volunteer will be asked to remove his/her outerwear (i.e., coats, sweaters, etc.) If you are unwilling to allow a search to take place, you will be asked to leave the property and your continued participation as a volunteer may be affected.

Please remember that these search procedures are to protect you, correctional staff and the offenders from harm.

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**OFFENDER MOVEMENT**

The amount of time in which offenders are allowed to enter and exit controlled area within the facility are strictly adhered to. Each movement period will coincide with the work and program schedule.

All offenders must have a DCSO issued picture I.D. Any offender who does not have a DCSO issued picture I.D. will not be allowed to leave his unit.

Offenders are to retain their picture I.D. on their person at all times. Picture I.D.'s are to be worn below the shoulders and above the waist on the exterior of clothing, visible to staff at all times.

Officers are required to view each offender's picture I.D. prior to allowing access to any building or area.

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## EMERGENCY PROCEDURES

Staff members are trained to deal with emergencies ranging from fires to medical problems, physical altercations, escapes, etc. Volunteers **MUST NOT** interfere with our implementation of emergency procedures.

**Your first step in an emergency is to notify the nearest correctional staff member. He/She will instruct you from there.**

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## PRISON RAPE ELIMINATION ACT (PREA)

The Prison Rape Elimination Act (PREA) was signed into law in 2003. PREA is a national law that addresses sexual abuse. PREA also calls for “zero tolerance” of all forms of sexual abuse and sexual harassment.

PREA applies to all correctional settings.

What does “zero tolerance” mean?

At the Dukes County Sheriff's Office (DCSO), we do not allow any forms of sexual abuse or sexual harassment. We investigate all reports of sexual abuse and sexual harassment. The DCSO refers all substantiated cases of sexual assault against inmates/detainees for discipline, and when appropriate, for prosecution. The DCSO also takes disciplinary action when an investigation reveals that an inmate/detainee knowingly made a false allegation. The DCSO views all sexual contact between inmates/detainees or between inmates/detainees and staff, volunteers, or contractors as coercive and NEVER consensual.

What is sexual abuse?

- Any attempt or, threat to engage in sexual acts
- Any touching between the genitals, anus, or mouth

- Penetration or insertion by a finger, object, or another method
- Any other intentional touching of the genitals, anus, groin “crotch”, breast, inner thigh, or butt, unless it is part of official duties
- Indecent exposure (showing genitals on purpose), invasion of privacy, or staff voyeurism (spying or watching) for sexual pleasure

What is sexual harassment?

- Repeated attempts or pressure to have sexual activity
- Requests for sexual favors
- Repeated negative sexual talk
- Sexual actions or gestures (acting out sexual acts)
- Negative comments about gender
- Negative comments about body or clothing

What should I do if I am made aware that an inmate has been sexually assaulted by an inmate or staff person?

- You **MUST** report it immediately
  - You can report the to any staff person you feel comfortable telling
  - You can also call the PREA Manager to report (774)549-6093
  - You can also report by calling the external Mass PREA 24-hour hotline (508)422-3481
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## **GUIDELINES FOR VOLUNTEERS**

### **Dress Code**

Your clothing should be neat, clean, and in good repair. Do not wear shower shoes, shorts, overalls, camouflage clothing, miniskirts, mini dresses, half-shirts, halter-tops, midriff type tops, or see through material. Clothing that depicts violence, gang affiliation, alcohol, drugs, or could be construed as sexual in nature is not authorized.

### **Relationships/Contact with Offenders**

Dukes County Sheriff’s Office policy governs the conduct of volunteers and contractual personnel with offenders, specifically when dealing with offender relationships and proper conduct in contacting offenders. Offender also means

family members, friends and known associates. Your interactions must be professional and consistent with State law at all times.

Please review the following key rules when interacting with offenders in your position as a volunteer:

- Do not allow physical contact other than the shaking of hands.
- Do not share personal information with any offender
- Use caution when you deal with offenders and be careful to avoid any appearance of improper association with an offender.
- Do not have any communication with any offenders outside of your volunteer role.
- Do not let stereotypes, biases and other prejudices affect your work.
- Do not have any financial dealings with offenders, or accept gifts, no matter how small.
- Do not assist offenders in filing legal papers or appeals. You may refer offenders to the Director of Human Services for assistance.

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### **VOLUNTEER CODE OF ETHICS**

- Volunteers shall dress in appropriate, professional attire.
- Volunteers shall not do personal favors or errands for any offender.
- Volunteers shall not discuss staff, other offenders or institutional issues with offenders, staff or others.
- Volunteers shall not converse with offenders about their personal lives.
- Volunteers shall bring to the attention of Dukes County Sheriff's Office staff any information or questions that arise of a legal nature.
- Volunteers shall recognize that any and all information shared with me as

part of my duties, as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.

- Volunteers shall treat all clients professionally, with courtesy and respect.
  - Volunteers shall not solicit business from clients they assist or use knowledge gained about them for any direct or indirect personal benefit for themselves or any other specific individual.
  - Volunteers shall not accept payment from clients for the services provided.
  - Volunteers shall not handle institutional keys.
  - Volunteers shall exercise reasonable care in the use and protection of equipment and supplies.
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**Dukes County Sheriff's Office**  
**Volunteer and Contractual Personnel Application**

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

Full Name: \_\_\_\_\_  
(Last) (First) (MI)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Race: \_\_\_\_ American Indian/Native Alaskan \_\_\_\_ Asian \_\_\_\_ Black  
\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_ Hispanic \_\_\_\_ White

Gender: \_\_\_\_ Male \_\_\_\_ Female

Home Address:

\_\_\_\_\_  
(Street) (Apt #) (P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip)

Phone: Home/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Address:

\_\_\_\_\_  
(Street) (Apt #) (P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip)

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

Have you ever worked with inmates before? \_\_\_\_ Yes \_\_\_\_ No

Are you visiting, have you visited, or are you corresponding with an inmate confined in any institution of Massachusetts? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain and identify the inmate(s)

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Please list any known family, friends, or associates who are currently confined in the Dukes County Correctional Facility:

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Have you ever been employed by the Dukes County Sheriff's Office? \_\_\_\_ Yes \_\_\_\_ No

Do you have any lifesaving medications that you will need to keep on your person while in the facility? \_\_\_\_ Yes \_\_\_\_\_ List medications \_\_\_\_ No

Program(s) applying to volunteer with: \_\_\_\_\_

Will you be volunteering regularly or on a one-time basis? \_\_\_\_\_

I understand that at any point I decide to discontinue my role as a volunteer with the Dukes County Sheriff's Office I must notify the facility: \_\_\_\_ Yes \_\_\_\_ No

If only for certain dates what will they be? \_\_\_\_\_

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I hereby certify that the information on this application is accurate to the best of my knowledge. I understand that all information on the application is subject to verification and I consent to such verification as may be necessary in reference to my work.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Dukes County Sheriff's Office

### Volunteer/Contractor Agreement

I hereby release and agree to hold harmless Dukes County Sheriff's Office, its members, affiliates, and employees of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer/contractor for Dukes County Sheriff's Office.

I further release and hold harmless Dukes County Sheriff's Office, its members, affiliates, and employees of all liability with regard to any physical or emotional harm that I may sustain during the time I am at the Dukes County Sheriff's Office, or as a result of my participation as a volunteer/contractor in authorized programming, or in any other activity sanctioned by Dukes County Sheriff's Office.

Additionally I agree to the following:

- I have completed the required training and have been made aware of the assigned duties.
- I will bring to the attention of Dukes County Sheriff's Office staff any information or questions that arise of a legal nature.
- I recognize that any and all information shared with me as part of my duties, as a volunteer/contractor is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.
- I will treat all clients professionally, with courtesy and respect.
- I will not solicit business from clients I assist or use knowledge I have gained about them for any direct or indirect personal benefit for me or any other specific individual.
- I will not accept payment from clients for the services I provide.
- I will exercise reasonable care in the use and protection of equipment and supplies.
- I will notify the Dukes County Sheriff's Office if a friend, neighbor, relative, significant other or acquaintance becomes incarcerated.
- I understand that I must not personally intercede for an offender regarding release or outside employment, nor endorse a petition for granting parole, pardon, commutation, or judicial matters, without the permission of the Sheriff or his designee.
- I understand that I must treat all offenders impartially and should not grant special privileges to any offender.
- I understand that I must not utilize the internet and/or other social media networks to publicize or post my experience as a volunteer.
- I understand that I must not post or comment on any materials written by or about an inmate.

☐ I have had the opportunity to read and understand the Volunteer/Contractor Handbook, this Volunteer/Contractor Agreement and acknowledge that BY CHECKING THE BOX, I accept and agree to the terms contained above.

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Signature

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Date





## Dukes County Sheriff's Office Prison Rape Elimination Act

In accordance with the Prison Rape Elimination Act (28 C.F.R. §115) all prospective employees/contractors/volunteers must answer the following questions.

Have you previously engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?

\_\_\_\_ Yes      \_\_\_\_ No      If yes, please explain: \_\_\_\_\_

Have you ever been 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      If yes, please explain: \_\_\_\_\_

Have you ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?

\_\_\_\_ Yes      \_\_\_\_ No      If yes, please explain: \_\_\_\_\_

I have been informed of the Dukes County Sheriff's Office "zero tolerance" policy for sexual abuse and sexual harassment: \_\_\_\_ Yes      \_\_\_\_ No

I have been informed of my duty to report any allegations of sexual abuse or sexual harassment that are brought to my attention: \_\_\_\_ Yes      \_\_\_\_ No

I have been informed how to report such incidents: \_\_\_\_ Yes      \_\_\_\_ No

I understand that if at any time I have questions regarding the facilities "zero tolerance" policy I may contact the PREA manager at (774)549-6093: \_\_\_\_ Yes      \_\_\_\_ No

I hereby certify that I have answered the above questions honestly and accurately. I understand that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination/dismissal. I further understand and acknowledge that I have a continuing, affirmative duty to immediately report any such misconduct during the time I am employed by, contract with, or volunteer for the Dukes County Sheriff's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date