

ECI Book Discussion Program Application

Full Name: _____ Birth Date: _____

Local Phone Number: _____

Email Address: _____

1. Why are you interested in volunteering to lead a discussion group at ECI?

2. What is your impression of the commitment involved in volunteering? Are you prepared to make such a commitment?

3. Please read the student-authored mission statement for the program:

The purpose of the EC/ Book Discussion Program is to provoke self-reflection, bring to light and eradicate prejudices, and come to make judgements which are derived from reason through open discourse based upon mutual respect and consideration. The principle of this program is not one in which visiting students attempt to teach inmates involved in the group, but rather act as guides with tolerant and open-minded attitudes, a willingness to learn from their group members including inmates, and an aspiration to see truth. As one inmate poignantly stated, "We must enter into this conversation acknowledging the possibility of being wrong." We hope that the maintenance of such an open discussion with inmates will facilitate the learning process and help to make us more responsible people as well as direct us in our pursuit of the good.

How do you feel about approaching the discussions from such a perspective?

4. Please provide the names and email addresses or phone numbers of 1-2 professors who know you well and would be in a position to recommend you for this volunteer service.

5. What times are you available to volunteer?

Please pick at least 2 time slots (it does not matter if it is East and/or West side)

- Book Discussion

West Side

Mon	Tues	Weds	Thurs	Fri
8:30 – 11:30am 1 – 2:30pm	8:30 – 11:30am 1 – 2:30pm	1 – 2:30pm	8:30 – 11:30am 1 – 2:30pm	

East Side

Mon	Tues	Weds	Thurs	Fri
8:30 – 10:30am 12– 1:45pm	8:30 – 10:30am 12 – 1:45pm	12–1:45pm	12–1:45pm	12– 1:45pm

- Ethics

West Side

Mon	Tues	Weds	Thurs	Fri
8:30 – 11:30am 1 – 2:30pm	8:30 – 11:30am 1 – 2:30pm	8:30 – 11:30am	8:30 – 11:30am 1 – 2:30pm	8:30 – 11:30am

East Side

Mon	Tues	Weds	Thurs	Fri
	8–10:30am	8–10:30am	8–10:30am	

ECI Book Discussion Program

The Basics:

- In groups of three students, students plan and lead discussion groups to be held with inmates at Eastern Correctional Institution (near Princess Anne, MD).
- There are approximately ten male inmates in each group.
- Groups should plan to meet for at least three weeks. If group members then want to extend the meetings for up to six weeks, that-can be arranged.
- Each group will choose texts and a theme in consultation with Dr. Stock.
- Each group must have at least one male student.
- We have a limited collection of books and readings available for use. See the book list for both the east and west side.
- ECI has a dress code that is strictly enforced. You are expected to wear business casual clothing; you may not wear jeans, shorts, form-fitting or revealing clothing.
- If you are accepted into the program, you must attend an orientation session at ECI to be held on a weekday (TBD). Then you must sign and turn in the "Acknowledgement of Risk and Training" form.

Release Agreement for ECI Book Discussion Program

I am a student at Salisbury University ("SU"). I agree to participate in a voluntary Book Discussion Program at Eastern Correctional Institution ("ECI") in Westover, Maryland in _____(semester, year). SU will not transport me to ECI; I will make my own arrangements to travel to ECI. ECI is a medium-security prison with male inmates. In the Book Discussion Program, a group of approximately three SU students meets with approximately ten inmates in a classroom or the library of the school within the prison, typically two hours per week over a period of 3-6 weeks. Students participating in the program are provided orientation information by SU faculty and by ECI staff members: The SU Program Director, Grace Clement of the Philosophy Department, provides students specific instructions on the pedagogy of leading a book discussion and on the challenges associated with working in a prison environment; ECI staff members provide students with an orientation training to familiarize students with prison life, the potential risks associated with doing work in the prison, the standards of behavior to which inmates are expected to adhere, the standards of behavior that visitors to the prison must follow, and the appropriate courses of action to be taken in the event of an emergency. ECI has policies and procedures in place to safeguard the security of participants, including having security staff monitor book discussion groups. Students entering the prison are required to go through security screening and may be patted down by ECI staff. Students have the opportunity to remove themselves from a group and from the prison if they feel unsafe or uncomfortable at any time.

Despite the best reasonable efforts of SU and ECI staff, I understand that there are potential and unavoidable risks associated with entering and working in a prison environment. Possible events include hostage-taking or mass disturbance, and possible injuries include personal injury, theft of or damage to personal property, illness or death. I understand that SU will not provide accident or health insurance for any Participants. Participants are strongly encouraged to acquire their own insurance in the event of injury, illness or damages. In the event of my incapacitation, I hereby authorize SU or ECI staff to provide consent on my behalf for any necessary emergency medical attention at my sole expense.

I represent that my participation in this activity is wholly voluntary, in spite of, and with full knowledge of, the potential risks. I further represent that my agreement to the provisions herein is wholly voluntary. I understand that I have the right to consult with an attorney of my choice prior to signing this Agreement. I hereby release, indemnify, forever discharge and hold harmless the State of Maryland, USM, its Board of Regents, SU, its trustees, officers, employees and agents, and all successors of the above named entities, from any claims, actions, causes of action, demands, rights, damages, costs, sums of money, accounts, covenants, contracts, promises, attorneys' fees and all liabilities or obligations of any kind or nature whatsoever at law, in equity, or otherwise, which I may have including, but not limited to, medical care, travel or accommodation expenses; damages to property, personal injury, or death caused by, deriving from, or associated with my participation in the Program. SU accepts responsibility for the tortious acts of its agents and employees to the extent permitted by the Maryland Tort Claims Act and without waiving sovereign immunity. I agree that, should any provision or aspect of this Agreement be found to be unenforceable, all remaining provisions will remain in full force and effect. I agree that this Agreement shall be interpreted and enforced under Maryland law and any dispute shall be adjudicated in a court of competent jurisdiction in Wicomico County, Maryland. This Agreement represents my complete understanding regarding SU's responsibility and liability for my participation in the Program, supersedes any previous or contemporaneous understandings I may have had with SU, whether written or oral, and cannot be changed or amended in any way without the prior written consent of SU. I have read, understood and accepted the terms and conditions stated herein and acknowledge that this Agreement shall be effective and binding upon me, my heirs, assigns, personal representative, estate and all members of my family. I certify that I am at least 18 years of age, have read this Agreement and fully understand that I may be giving up legal rights and/or remedies to which I may otherwise be entitled. I understand that this form is a condition of participation in this Program.

Participant Signature

Print Name

Date



Department of Public Safety and Correctional Services Volunteer Program Application

Personal and Contact Information

Name: _____
Last First Middle

Address: _____
Number, Street and Apt.

City: _____ County: _____ State: _____ Zip: _____

Telephone: _____
Home Work Mobile

Email Address:

How do you prefer to be contacted? _____ Are messages OK? _____

First and last name at birth, nicknames or any other names you have been known by:

How did you hear about the Volunteer Program? _____

What made you want to apply to be a volunteer? _____

Are you receiving class credit for volunteer activity Yes No

If so, name of the College/University: _____

Course Name Major _____

Advisor/Counselor: Phone:

Volunteer Status

Have you ever volunteered for the Department of Public Safety and Correctional Services or the State of Maryland No__ Yes__ Dates _____

Will volunteer service be in addition to current employment? Yes No

Hours of Volunteer Service

What days and hours are you available to Volunteer? _____

Volunteer Program Application

How long are you willing to commit to the Volunteer Program? Years _____ Months _____

What type of volunteer service are you interested in providing? _____

Do you have a valid Driver's license? Yes _____ No _____

Do you have a means of travel for the purpose of volunteer service? Yes _____ No _____

Are you willing to travel in relation to volunteer service assignments? Yes _____ No _____

Volunteer Locations

In which jurisdictions (counties) are you willing to provide volunteer services? _____

Are you willing and able to work from home (if appropriate for position)? Yes _____ No _____

Veteran's Information

Have you ever been in the armed services? Yes _____ No _____

Education and Training

Do you have a high school diploma or GED? Yes _____ No _____ If no, highest grade completed: _____

Do you have a college degree? Yes _____ No _____ If No, college credits completed: _____

If you attended a College/University: School: _____

Dates Attended: From: From _____ To _____ Major Course of Study: _____

Did you perform post college/graduate work? Yes _____ No _____

If "Yes", do you have a graduate degree? Yes _____ No _____ If "Yes", Dates Attended: From: _____

To: _____ Major Course of Study: _____

Have you participated in specialized training relevant to the position? Yes _____ No _____

If "Yes" please explain:

Please submit a copy of any relevant professional or trade licenses, or certificates.

What language(s), other than English, do you:

Speak: _____ Write: _____ Read: _____

Volunteer Program Application

Work Experience

Occupation: _____ Current or Last Place of Employment: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Supervisor: _____ Phone: _____

Organization Affiliation

If you are affiliated with an organization, please provide the following information:

Name of the organization: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Contact Person: _____ Phone: _____

If your volunteer service is faith-based, provide an ecclesiastical endorsement letter from your faith based organization or, if applicable, ordination certificate.

Volunteer Experience

Location: Correctional Facility Jail Other
(explain) _____

Name of Site: _____

Supervisor: _____ Phone: _____

Length of Service _____ Position/Capacity _____

Location: Correctional Facility Jail Other
(explain) _____

Name of Site: _____

Supervisor: _____ Phone: _____

Length of Service _____ Position/Capacity _____

Volunteer Program Application

References: If you have received substance abuse treatment, please use a counselor as a reference; no more than one reference may be a DPSCS volunteer.

May your employer be contacted as a reference? _____

Other references:

1. Name: _____ Relationship: _____

Street Address: _____

City, State, and Zip: _____ Phone: _____

2. Name: _____ Relationship: _____

Street Address: _____

City, State, and Zip: _____ Phone: _____

Background Information (Please respond to the following questions)

If you have been convicted of a violation of law other than a minor traffic violation, provide the date, place of conviction, charge and disposition of each case. Note: A conviction record will not necessarily bar you from being a volunteer. Other information that you feel relevant to a response to any of the following items should be provided as part of this application. This information will be used in conjunction with other elements of the application process to determine suitability for participation in the Volunteer Program. (Please use additional sheets of paper to provide additional information or requested explanations and submit as part of the application. Please identify by the item number)

(1) Are you: Between 18 and 20 years old _____ or 21 years old or older _____

(2) Are you a: US Citizen _____ Legal Alien _____ Other _____?

(3) Are you currently addicted to: Alcohol _____ Illegal Drugs _____ Legal Prescription medication? _____ N/A _____

(4) Are there open arrest warrants or detainers on file for you? Yes No

If Yes, explain:

(5) Are there unresolved criminal charges against you? Yes No

If Yes, explain:

(6) Have you been convicted of a crime involving

Sexual abuse _____ Sexual harassment _____ Physical force or violence _____ N/A _____

If Yes, explain:

(7) Are you associated with a gang or security threat group? Yes No

If Yes, explain:

(8) Are you currently under an active restraining, protective or peace order? Yes No

If Yes, explain:

Volunteer Program Application (cont.)

(9) Are you currently involved in civil litigation involving the federal, state or local government?

Yes No If Yes, explain:

(10) Are you currently under supervision by a federal, state, or local criminal justice agency? Yes No If Yes, explain providing supervising agency, reason for supervision, conditions of supervision, dates supervision began and ends:

(11) Are you a fugitive from a federal, state, or local government? Yes No

If Yes, explain:

(12) Have you been incarcerated in a federal state, or local government correctional facility? Yes No

If Yes, explain:

(13) Do you have a family member, friend, or other relationship with an individual is currently incarcerated under the authority of a federal, state, or local criminal justice agency? Yes No

If Yes, explain providing the relationship and the location where the individual is incarcerated):

(14) Are you on an offender's visiting card or list? Yes No

If Yes, what is the offender's name and what correctional facility is the offender housed?

(15) Are you living in a household with an individual in a home detention program? Yes No

(16) Do you have limitations that may prevent you from safely performing as a volunteer? Yes No

If Yes, explain:

I understand that the Department is under no obligation to accept me into the Volunteer Program and, if accepted, my participation in the Volunteer Program may be terminated for any reason.

I agree to hold harmless the Department of Public Safety and Correctional Services and officials and employees for any claims arising from the course of my provision of volunteer services to the Department.

Date

Applicant's Signature

I hereby affirm that this application contains no willful misrepresentation or falsification and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application will be disapproved and that I will not be approved for placement in the Volunteer Program. I am aware that a false statement is punishable under law by fine or imprisonment or both.

Date of Application

Applicant's Signature

CONFIDENTIAL

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

SECURITY CLEARANCE INFORMATION

Prior to any individual being permitted into/or on Institutional property, a security background clearance check must be completed.

The following information will be necessary to perform the security check:

1. Full Name: _____
2. Date of Birth: _____
(Month/Day/Year- XX/XX/XXXX)
3. Race: _____ Sex: _____
4. Social Security#: _____
5. Driver's License/State ID #: _____
(Driver's License# - State of Issue)
6. Address: _____
7. City/State/Zip: _____

My electronic signature constitutes my authorization for the Staff of ECI to conduct a clearance on me for my personal entry into Eastern Correctional Institution.

Signature-----

When this form is completed, please email back to:

keisha.gibbs@maryland.gov

**This information is private and is used by the staff of ECI to clear an individual for entry into the facility.