



**2021**

# ***Renville County Jail***

**Volunteer Application and Offender Association Form**

Return To:

***C/O, Community Reentry Specialist***

Renville County Jail

104 4<sup>th</sup> Street South

Olivia, MN 56277

320-523-3600 Jail

320-523-3808 Programming Direct

320-523-3535 Fax

*Because they matter!*

# **Renville County Jail**

**Ned G. Wohlman, Jail Administrator**

104 4th Street South

Olivia, MN 56277

320-523-3778 Direct

320-523-3600 Jail Main

320-523-3787 Fax

NedW@renvillecountymn.com



January 2, 2020

Dear Volunteer Applicant,

Thank you for taking the time to make a difference in the lives of those who's care the Renville County Jail has been entrusted. We take our role very seriously but we can't do this alone. Your willingness to donate your time and talent is also recognized by the inmates you will come in contact with.

Although you may well have been volunteering for years, we are required by law to re-run background checks every five years. We will process you application as soon as possible, however, we do our due diligence so it can take several days to complete.

Again, thank you for your willingness to serve others!

Sincerely,

A handwritten signature in black ink that reads "Ned G. Wohlman". The signature is written in a cursive style.

Ned G. Wohlman, Jail Administrator  
Renville County Sheriff's Office

**Renville County Jail  
Volunteer Application and Offender Association Form**

What are you interested in Volunteering for? \_\_\_\_\_

**Please return you fully completed form to:**

Renville County Jail  
Attn: Community Reentry Specialist  
104 4<sup>th</sup> Street South  
Olivia, MN 56277

Full Name: \_\_\_\_\_  
(Please print) LAST (MAIDEN) (FIRST) (MIDDLE)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Address (including any PO's or APT #, etc) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of group affiliation: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle type of ID used (Valid ID is required)

- |   |   |
|---|---|
| 1. Valid Driver's License from State of Residence | 3. Valid Military Photo ID (active duty only)       |
| 2. Valid Photo ID from State of residence         | 4. Valid Passport (if residence of Foreign country) |

Write your ID number here: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

Do you have any charges pending against you? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you, or have you been, on probation, parole or supervision in the last year? No \_\_\_\_\_ Yes \_\_\_\_\_

(If yes to above, you must have your Agent's approval and Signature)

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been convicted of a criminal sexual conduct crime anywhere? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you related to any inmate currently in the Renville county jail? No \_\_\_\_\_ Yes \_\_\_\_\_

Are you currently a volunteer at any other place? If Yes, Where: \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_

Has your volunteer status ever been removed from another facility? No \_\_\_\_\_ Yes \_\_\_\_\_

(If yes to the above, explain the circumstances) \_\_\_\_\_

I certify that the above information that I have provided is true and accurate to the best of my knowledge. I also give permission to the Renville County Sheriff's Department Staff to complete a background check and also agree that the Renville County Sheriff's Department has the right to dismiss my services at any time for any reason.

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

**Renville County Jail**  
**Guidelines and Restrictions**  
(Including but not limited to)

1. Volunteer applicants must be 18 years of age or older to be considered for volunteering.
2. All volunteers must sign in when entering the facility and sign out when leaving the facility.
3. Volunteers *may* be required to present valid photo identification for each admission per discretion of Correctional Staff, failure to provide proof, may result in restriction of admittance.
4. Each activity must be set up in advance through the Community Reentry Specialist. This is for scheduling purposes. At times space is limited.
5. If you cannot attend a scheduled activity, please contact the jail at 320-523-3600 as soon as possible to alert staff that you will not be attending.
6. Volunteers **MUST** cooperate at all times with all correctional staff.
7. Do not use or bring onto the jail property any alcoholic beverages, tobacco, cell phone or related devices, drugs, or other intoxicants, firearms or other weapons. Use common sense when bringing items into the jail.
8. If you have a professional necessity to carry a cell phone, please fill out the attached Cell Phone Exemption Application form. If granted, you will be given a small billfold size card with picture ID to use as needed.
9. Do not bring any beverage or food into the scheduled activity unless pre-arranged and APPROVED with the Community Reentry Specialist first. This serves for medical reasons as we can address any allergy issues before hand.
10. Keep your vehicle locked at all times. Please keep extra belongings not needed in the vehicle, coats and other items may be brought in but kept in the booking area of the jail.
11. No volunteer may engage in sexual activity with an offender (Minnesota State Statute 609.345).
12. Volunteers will NOT accept any item from an offender, offender's family or offender's friends, nor GIVE anything to an offender, offender's family or offender's friends, including sending or receiving money or correspondence.
13. The Community Reentry Specialist/Jail Administrator **MUST** approve a volunteer that is related to an offender.
14. Do not provide personal data about yourself or any staff to an offender such as addresses and telephone number.
15. All volunteers will abide by all rules, regulations and requirements of the correctional facility, particularly those relating to the security and confidentiality of information.
16. All volunteers will be re-certified annually.
17. All person(s) must submit a completed application, pass a background check and receive orientation before beginning their duties.
18. Volunteers providing professional services must produce a relevant license and/or certificate.
19. Volunteers are not permitted to pass messages from an inmate to another inmate or person outside of the jail. Or vice versa.
20. All persons and their belongings entering an institution or upon the grounds are subject to search for contraband articles at anytime. Admittance will be denied to anyone refusing to subject their person or belongings to a search.

**BY SIGNING THIS FORM I UNDERSTAND AND AGREE TO THE PREVIOUS AND FOLLOWING STATEMENTS:**

- \*A criminal history check will be conducted on me.
- \*I have been told or read the rules, regulations and requirements of the Renville County Jail and I will abide by them.
- \*I understand that violation of any of the above rules could result in termination of my authorization to enter the facility.
- \*I understand it is a **FELONY** to introduce contraband to a correctional facility.
- \*All person(s) are subject to a metal detection to enter a facility. If you have an existing medical reason (with documentation), such as a metal implant, you may be hand-held detected, if you have a Pace Maker or Defibrillator (with documentation) you will be subject to a "pat" search. If you do not have the proper medical documentation you will not be permitted to enter the facility.
- \*A successful volunteer application does not guarantee acceptance of a volunteer into a facility volunteer program.
- \*I have been given information regarding PREA (Prison Rape Elimination Act) and understand Renville County Jail is a **zero tolerance facility** for sexual harassment or sexual abuse by any staff, inmate and volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Due to COVID-19, additional procedures will be required**

# Renville County Jail Cell Phone Exemption Application

I understand that the Renville County Jail does not allow cell phones inside the jail building. Due to my profession as a \_\_\_\_\_, I am requesting a variance to carry my cell phone inside the jail secure area because:

**I understand that my cell phone cannot be used by an inmate and that NO pictures can be taken for any reason inside the jail. My cell phone would only be used for the previously stated reason.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Approved, cell phone MAY be admitted.

Rejected, cell phone may NOT be admitted.

Jail Representative Signature: \_\_\_\_\_ Badge # \_\_\_\_\_ Date: \_\_\_\_\_