

# CHESTER COUNTY ZONE

- PRISON CLEARANCE FORM
- PRISON GUIDELINES
- ZONE INFORMATION FORM
- PRISON PREA INFO AND SIGNATURE FORM

IF YOU NEED HELP IN COMPLETING THESE FORMS PLEASE CONTACT THE FOLLOWING

Mark A.	Men's CCZ Prison Coordinator	484-639-9104	<a href="mailto:cczpcord@gmail.com">cczpcord@gmail.com</a>
Tim S.	Men's Asst Prison Coordinator	484-645-0065	<a href="mailto:tmsarea59@gmail.com">tmsarea59@gmail.com</a>
Gwen B.	Women's Coordinator	717-875-3477	<a href="mailto:RebosChescoWomen@gmail.com">RebosChescoWomen@gmail.com</a>
Susan C.	Women's Asst Coordinator	484-888-6168	<a href="mailto:suechicoski@gmail.com">suechicoski@gmail.com</a>

NOTE:

**On the Chester County Prison Form, All spaces must be filled. Use "NONE" if needed. Keep the copy of the Guidelines.**

Return the Clearance form and Information form to: Your Intergroup Rep, or, your Chester County Zone Coordinator or mail to:

**Chester County Zone Prison Committee  
PO Box 443  
West Chester, Pa. 19381-0443**

***Include a copy of your driver's license with the Clearance Form.***

**NOTE: On the Chester County Prison Form, All spaces must be filled. Use "NONE" if needed. Keep the copy of the Guidelines.**



## Chester County Prison Community Volunteer Application

**General Information:**

Full Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\* Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_ Spouses Name: \_\_\_\_\_

Children Names & Ages: \_\_\_\_\_

**\* A copy of your driver's license must be attached to this application.**

**Education Information:**

High School Graduate Yes/Year: \_\_\_\_\_ School: \_\_\_\_\_

No  Grade Completed: \_\_\_\_\_ Ged? Yes  No

College: Yes  No  Degree: Yes: \_\_\_\_\_ No

College/Univ. Name: \_\_\_\_\_

**Employment Information:**

Present Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

**Organization Affiliated With:**

Name: \_\_\_\_\_

Group Leader: \_\_\_\_\_ Group Phone Number: \_\_\_\_\_

**References: (Please Provide us with a non-family member reference)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Background Questionnaires:**

Have you ever been arrested? No  Yes   
If yes, provide when, where, reason and duration. \_\_\_\_\_  
Currently on probation or parole? \_\_\_\_\_

Have you ever worked with inmates at other Correctional Facilities? No Yes    
If yes, provide when, where, reason and duration. \_\_\_\_\_

Do you now or in the past, have any friends or relatives incarcerated? No Yes    
If yes, provide when, where, reason, name, relationship and duration. \_\_\_\_\_

Do you have now or in the past had any friends or relatives who are/were victims of an inmate incarcerated at CCP? No Yes  
If yes, provide when, name of individual as well as inmate. \_\_\_\_\_

What do you hope to achieve by volunteering your time and services to the inmate population at Chester County Prison?  
\_\_\_\_\_  
\_\_\_\_\_

**Failure to complete any portion of this application and/ or the supplying of any false inaccurate information may result in denial of this application.**

I hereby agree to abide to all rules and regulations governing my service as a volunteer at the Chester County Prison. I have read and fully understand all sections of the Volunteer Guidelines Handbook. I also understand that volunteers are not permitted to perform professional services unless certified or licensed to do so.

The responsibility of volunteers to conduct themselves as a positive role model has been explained. I agree with the Chester County Prison Policy of discontinuing and immediate termination of participation by any volunteer whose direct or perceived behavior is determined to be harmful to the Volunteer Program and or the Institution.

\_\_\_\_\_  
Print Name Signature

FOR OFFICIAL USE ONLY

COAST \_\_\_\_\_ NCIC \_\_\_\_\_ HIST \_\_\_\_\_

Treatment: \_\_\_\_\_  
Approved / Disapproved

Security: \_\_\_\_\_  
Approved / Disapproved

## GUIDELINES FOR CORRECTIONAL FACILITIES

1. This is not a group commitment. An individual accepting an assignment is solely responsible in carrying our message to the correctional facility. Notify the Director, Assistant Director, or Host, as soon as possible, if the assignment cannot be kept.
2. Individuals accepting assignments should make sure that speakers he/she take are familiar with these rules.
3. When representing this committee inside the walls, we must always remember to identify ourselves as alcoholic and alcoholic only.
4. A minimum of one year continuous sobriety to chair a meeting and no less than six months to speak. Members under eighteen years old are ineligible.
5. Make a sincere effort to attend all monthly meetings and accept committee assignments.
6. We must cooperate with the officials and see to it that our conduct is such that A.A. will always be welcome in their institutions; become familiar with and abide by Correction Facilities' regulations.
7. We must always remember that we carry nothing in or out of any Correctional Facility except the A.A. message – No letters or notes. Personal articles should be left outside. Contraband such as:
  - a. Weapons; knives (pocket or otherwise), scissors, or guns.
  - b. Money.
  - c. Chewing gum or candy. Food including coffee, sodas, etc.
  - d. Prescription medication.
  - e. Literature, other than A.A. literature is prohibited.
8. We must always be mindful of principles before personalities. Keeping in mind, we do not give inmates our home address, P.O. Box number, or telephone number, but rather, refer all communications to Phones 1-877-9dialAA, or 215-923-7900 and mail to SEPIA, 444 North Third St., Suite 3-D-B, Box A2, Philadelphia, PA 19123-4179.
9. Correctional Facilities have regulations regarding attire. The following dress is considered inappropriate: jewelry (other than watch or wedding band), T-shirts, shorts, halters, mini-skirts, tight-fitting or see through clothing. Note: khaki colors are prohibited in Federal Institutions.
10. No member of this committee, or its speakers, will involve themselves with any other activity at an Correctional Facility we serve, at any time, in order to avoid possible conflict resulting in damage to:
  - a. The inmates we serve
  - b. The working ability of the committee
11. It is the responsibility of the person taking the commitment to insure that the A.A. meeting is not used as a guide for visiting purposes or other inappropriate reasons. Anyone having a personal affiliation with an inmate should exclude themselves from that particular institution: i.e., family members, lovers, close personal friends, etc.

12. Correctional Facilities supply cigarettes to inmates. Do not give out cigarettes, even if asked.
13. Any member is automatically disqualified from further Correctional facility activity of any nature upon the loss of his/her sobriety, but may again become eligible when he/she meets the requirements of guideline 4.
14. In general, it is recommended that males be accompanied by a female at women's facilities and vice versa.
15. Former inmates or persons currently on parole or probation are required to attain written approval of that particular Correctional Facility.
16. If you are late for a meeting and the Host has started the meeting, it is the host's meeting unless he/she decides to turn the meeting over.
17. All contact with Correctional facilities, except to call in for a clearance or for directions shall be made by the Director or the Asst. Director of the committee. No other exceptions

#### ADDED INFORMATION

- A. Chairperson and speakers should carry driver's license or picture identification to verify identity if required by the correctional facility.
- B. A.A. does not provide letters of reference to parole boards, lawyers or court officials, nor do we provide money, housing, jobs, clothes, legal, or marital advice.

# Chester County Prison Volunteer Information Form

## CONFIDENTIAL

The following information is requested in order to maintain an accurate phone list  
to be used by the Chester Co. Zone Prison Committee.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Primary Phone No: \_\_\_\_\_ Time: \_\_\_\_\_

(The number you will be reached on) (Best time to reach you)

Alternate Phone: \_\_\_\_\_

Home Group: \_\_\_\_\_

E-Mail: \_\_\_\_\_

May we pass your first name and phone number to other AA's on the clearance list  
for the purpose of assisting in fulfilling a commitment? \_\_\_ Yes, \_\_\_ No

May we leave a message on your answering machine that may  
disclose your involvement with the Prison Committee in AA

Example: Prison Committee Calling, please contact us at XXX-XXX-XXXX \_\_\_ Yes, \_\_\_ No

Prison Meetings are as follows, please check if you have a preference.

Tuesday:      Men Pre-Release      8:00pm to 9:00pm  
                    Women Pre-Release 7:00pm to 8:00pm

Saturday:      Men Main Prison:      6:00pm to 7:00pm  
                    Women Main Prison: 7:00pm to 8:00pm

Return the Clearance form and Information for to: Zone Prison Coordinator, or mail to:

Chester County Zone Prison Committee or CCZPC  
PO Box 443  
West Chester, Pa. 19381-0443

Chester County Prison  
VOLUNTEERS/CONTRACTORS/INTERNS  
PREA Training

POLICY STATEMENT

The Prison Rape Elimination Act (PREA) standards were enacted into law in 2003 to study and address prison sexual violence. Sexual abuse is against the law. The concept of "zero tolerance" is at the foundation of the PREA standards. Every provision of the standards is rooted in the notion that even one incident of sexual abuse or sexual harassment in prison settings is too many. Zero tolerance means that no sexual abuse or sexual harassment is tolerated, including abuse by inmates and by staff.

- Anyone who engages in, fails to report, or knowingly condones sexual abuse or sexual harassment of an inmate shall be subject to disciplinary action and may be subject to criminal prosecution.
- An inmate, employee, contract service provider, volunteer, intern, and/or any individual who has business with or uses the resources of the Prison is subject to disciplinary action and/or sanctions, including possible dismissal and termination of contracts and/or services, if he/she is found to have engaged in sexual harassment or sexual contact with an inmate.
- A claim of consent will not be accepted as an affirmative defense for engaging in sexual abuse or sexual harassment of an inmate.

DEFINITIONS

**Sexual abuse of an inmate by a staff member, contractor, volunteer, intern, or individual who has business with or uses the resources of the Prison includes any of the following acts, with or without the consent of the inmate:**

- 1) Contact between the penis and the vulva or the penis and the anus, including penetration, however, slight;
- 2) Contact between the mouth and the penis, vulva, or anus;
- 3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4) Penetration of the anal or genital opening, however, slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraph (1) through (5) of this definition;
- 7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- 8) Voyeurism by a staff member, contractor, or volunteer. Voyeurism means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to

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expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

**Sexual Harassment:**

- 1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.
- 2) Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- 3) Sexual harassment also includes making rude or insulting comments about another person because they are, or are perceived to be, LGBTI.

**PROHIBITIONS**

Volunteers or Interns who conduct business with the Chester County Prison are violating the Prison's policy when they engage in sexual misconduct with an inmate. The Chester County Prison has zero tolerance for sexual abuse or sexual harassment and violation of this policy will result in termination of services and may be referred for criminal prosecution.

Contractors, who work as agents of the Chester County Prison, can be criminally charged for violating Pennsylvania State Law 18 PA. CONS. STAT. §3124.2 defines Institutional Sexual Assault as a felony of the third degree when that person engages in sexual intercourse, deviate sexual intercourse, or indecent contact with an inmate, detainee, patient or resident.

**REPORTING REQUIREMENTS**

A staff member, contract service provider, volunteer, intern or an individual who has business with or uses the resources of the Prison, must contact the security department to report any incident of sexual abuse or sexual harassment to the Security Captain or Shift Commander. They also have the ability to privately report abuse and sexual harassment via the toll-free anonymous PREA tip Reporting Phone Line at 1-866-823-6703.





**CHESTER COUNTY PRISON  
Prison Rape Elimination Act (PREA)  
Contractors and volunteers Acknowledgement**

Contractor / Volunteer: \_\_\_\_\_

Organization: \_\_\_\_\_

I acknowledge I have been educated on Chester County Prison's zero tolerance policy regarding sexual abuse and sexual harassment.

I have received, reviewed and have been trained in the Chester County Prison's safety procedures and policies on the dynamics of sexual abuse and sexual harassment in the prison.

By signing this form, I acknowledge my understanding of The Chester County Prison's zero tolerance policy standards for The Prison Rape Elimination Act.

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

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

By initialing here I acknowledge that I have received Chester County Prison's Sexual Assault & Harassment Prison Rape Elimination (PREA) handout.