



Lancaster County Youth Intervention Center Volunteer Application Packet

Please feel free to return your application packet in person or mail it to:
Lancaster County Youth Intervention Center
C/O Bryan Hubbard, Program Coordinator
235 Circle Avenue
Lancaster, PA 17602

(717)299-7821
(717)209-3314, fax
www.lcyic.com



LCYIC Volunteer Application Instructions

Before you can enter the Youth Intervention Center as a volunteer, you must complete this packet and submit to a Criminal History background check and a Child Abuse History Clearance. The following forms will give us as much information as we need to complete proper background checks.

The Youth Intervention Center will be conducting an investigation for local, state, and FBI criminal history, as well as outstanding warrants (by us completing this, it is a \$10.00 savings to you). All information will be held in confidence, but will be used to make as complete a check as possible. No information on these forms leaves the Youth Intervention Center. With that in mind, please be careful in filling out the forms and include **ALL** information as it is asked.

Name

When filling out the name field, make sure that you fill in your entire name. Do not use nicknames. If your birth name is William, do not put Bill or Billy.

Aliases

Enter any and all former names. If you were adopted, enter your birth name and your adopted name. Include any and all former married names. Enter the names completely.

Signature of County Employee Witness

This signature is important. The County Employee Witness must also enter the date it was signed. The witness shall also print his/her name *legibly* beneath the witness' signature. This will most likely be signed after you return all the forms to the Youth Intervention Center.

Child Protective Services Law and Confidentiality Acknowledgement

(must be downloaded separately from www.lcyic.com)

Read the information provided on the Child Protective Services Law and Confidentiality and then sign off that you have read them.

Child Abuse History Clearance

(must be downloaded separately from www.lcyic.com)

Follow the directions in the upper left hand corner of this form very closely. This form is to be completed and sent by **YOU**, along with a \$10.00 money order, to the Department of Public Welfare. When filling out this form in the section marked Purpose of Clearance please check the **CHILD CARE** box. When the form is returned to you please bring or send the original copy to us at the Youth Intervention Center so we can have it for our records. This form alone can take up to three weeks to be processed and returned to you.

Completion of All Forms

When all forms are completed and ready for return to the Youth Intervention Center please place all of the forms together and send it to the Lancaster County Youth Intervention Center, Attn: Program Coordinator 235 Circle Ave. Lancaster, Pa 17602. If you are part of a large group please give the forms directly to your group leader to hand in all together.

Guidelines for Volunteers

These pages are for you to keep. Read and refer to them whenever you have any questions as to what you can and cannot do in relations to volunteering at LCYIC.

EMPLOYMENT APPLICATION

County of Lancaster

150 N. Queen Street, Suite 312
Lancaster, Pennsylvania 17603
Phone: 717.299.8310 / Fax: 717.293.7269

| PERSONAL INFORMATION | |
|------------------------|---------------------|
| Name: Last | Name: First, Middle |
| Address: Street | |
| City, State, Zip Code: | |
| Home Phone: | Alternate Phone: |
| Email Address: | Today's Date: |

| ADDITIONAL INFORMATION | |
|--|---|
| Position Applying For: | Position Number: |
| Desired Salary: | Shifts Preference: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Any <input type="checkbox"/> |
| Desired Work Schedule: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Occasional/Seasonal <input type="checkbox"/> | Date Available to Start: _____/_____/_____ |
| Military Service? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____ Dates: From _____ to _____ Honorable Discharge? Yes <input type="checkbox"/> No <input type="checkbox"/> | Do you currently have relatives who work for the County of Lancaster? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes" name of relative: _____ Relationship: _____ |
| Have you previously been employed by the County of Lancaster? Yes <input type="checkbox"/> No <input type="checkbox"/> | If you are under 18 years of age, can you provide proof of eligibility to work? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Can you provide documentation of eligibility to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> | Has your Drivers License ever been suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> Why? _____ |
| Have you ever plead "no contest", plead "guilty", or been found guilty of a misdemeanor or felony offense? Yes <input type="checkbox"/> No <input type="checkbox"/> Date(s): _____ What was the result or disposition of the case? _____ _____ | |

| EDUCATION | | |
|--|--------------------|--|
| High School: | Diploma: | Major: |
| Address: | # Years Completed: | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| College or University: | Diploma: | Major: |
| Address: | # Years Completed: | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Other Education (Technical, Business, Graduate, Military etc.) | Diploma: | Major: |
| Address: | # Years Completed: | Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> |

EMPLOYMENT HISTORY
(List most recent employer first)

| | | | |
|----------------------------------|----------------------|--------------------|--|
| Employer: | From (mo/yr) | To (mo/yr) | Job Title: |
| Address: | Phone: | Alternate: | Supervisor: |
| Reason for Leaving: | Start Salary: | End Salary: | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Primary Responsibilities: | | | |

| | | | |
|----------------------------------|----------------------|--------------------|--|
| Employer: | From (mo/yr) | To (mo/yr) | Job Title: |
| Address: | Phone: | Alternate: | Supervisor: |
| Reason for Leaving: | Start Salary: | End Salary: | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Primary Responsibilities: | | | |

| | | | |
|----------------------------------|----------------------|--------------------|--|
| Employer: | From (mo/yr) | To (mo/yr) | Job Title: |
| Address: | Phone: | Alternate: | Supervisor: |
| Reason for Leaving: | Start Salary: | End Salary: | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Primary Responsibilities: | | | |

| | | | |
|----------------------------------|----------------------|--------------------|--|
| Employer: | From (mo/yr) | To (mo/yr) | Job Title: |
| Address: | Phone: | Alternate: | Supervisor: |
| Reason for Leaving: | Start Salary: | End Salary: | May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Primary Responsibilities: | | | |

PROFESSIONAL REFERENCES

| Name | Address | Phone | Business | Title |
|-------------|----------------|--------------|-----------------|--------------|
| | | | | |
| | | | | |
| | | | | |

DESCRIBE HOW YOUR QUALIFICATIONS ARE APPROPRIATE FOR THIS POSITION

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all of the information provided in this document and any accompanying documents is accurate, correct, and complete. I understand that falsification or misrepresentation or omission of any facts in said documents will be cause for denial of employment or termination of employment regardless of timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that employment obtained with the County of Lancaster is employment at will, for no specified duration and may be terminated either by the County of Lancaster or myself at anytime, with or without notice. I understand that none of the documents, policies, procedures, actions, statements of the County of Lancaster representatives used during the employment process is deemed a contract of employment, real or implied. If hired, I understand there shall be a probationary employment period.

In consideration for employment with the County of Lancaster; if employed, I agree to conform to the rules, regulations, policies, and procedures of the County of Lancaster. I understand that should a position be offered to me with the County of Lancaster, I may be required to submit to a pre-employment medical examination, drug screening, and/or other background checks as a condition of employment. I understand that unsatisfactory results obtained from these pre-employment checks will result in my withdrawal of any employment offer or termination of employment if already employed.

I authorize all schools, former employers, references, courts, and any others who have information about me to provide such information to the County of Lancaster and/or any of its representatives, agents, or vendors. I release all parties involved with providing information from any liability for any and all damage that may result from providing such information.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

SIGNATURE _____ DATE _____

The County of Lancaster is an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, gender, age, marital status, veteran eligibility, disability, national origin, or any other legally protected status. No question on this application is asked for the purpose of disclosing any applicant's legally protected status. Applicants who require an accommodation in the application or hiring process may contact the Office of Human Resources for assistance.

LCYIC Volunteer Application

Full Name: _____ Date: _____

Volunteer Program/Group Name: _____

Age: _____ Date of Birth: _____ Gender (*circle one*): M F

Address: _____

E-Mail Address: _____ Home/School Phone Number: _____

Cell Phone Number: _____ Work Phone Number: _____

What are your hobbies, interests and special skills?

What are your previous volunteer experiences?

Why would you like to volunteer with the Lancaster County Youth Intervention Center?

What type of program commitment are you interested in? Check all that apply.

Once a Month Once a Week Religious Clergy Visitation

Educational Internship/Service Learning Hours

Other (Please specify): _____

Please indicate your availability with an "X" in the appropriate boxes:

| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------------|---------------|---------------|---------------|---------------|---------------|----------|--------|
| 10:00am-12:00pm | <i>School</i> | <i>School</i> | <i>School</i> | <i>School</i> | <i>School</i> | | |
| 12:00pm-2:00pm | <i>School</i> | <i>School</i> | <i>School</i> | <i>School</i> | <i>School</i> | | |
| 3:30pm-4:30pm | | | | | | | |
| 6:00pm-8:00pm | | | | | | | |

Please list an emergency contact below:

Name: _____ Relation: _____

Daytime Phone Number: _____ Evening Phone Number: _____



Lancaster County Youth Intervention Center



Liability Release Form

WHEREAS the undersigned has requested permission from Lancaster County Youth Intervention Center to enter areas of County of Lancaster property not open to the general public in order to participate in a Volunteer/Clergy Programming at the Youth Intervention Center;

AND WHEREAS the undersigned is aware that by entering areas of Youth Intervention Center not open to the general public, that they subject themselves to possible bodily injury and life threatening situations that may result from the actions and activities of certain Youth Intervention Center residents; in that it is impossible at all times and places to see that the undersigned is sufficiently protected by employees of Youth Intervention Center from potentially dangerous actions and activities of such residents;

AND WHEREAS the undersigned recognizes that the Youth Intervention Center houses, at all times, some potentially dangerous residents;

NOW, THEREFORE for and in consideration of the permission granted to me by the County of Lancaster to enter areas of Youth Intervention Center not open to the general public and to participate in a Volunteer/Clergy Program of the Youth Intervention Center, I hereby release Lancaster County Youth Intervention Center, Lancaster, Pennsylvania, and their agents and employees of and from any and all claims, causes of actions, damages or demands that may arise from any bodily injury to my person inflicted by a resident at the Youth Intervention Center while I am present in areas of the Youth Intervention Center not open to the general public.

I have read and I understand the terms of this release and I sign it voluntarily and with full knowledge of its significance and legal meaning and effect.

Name: _____
(Please Print Full Name)

Signature: _____
(If under 18 must be signed by parent of legal guardian)

Date: _____

Witness Signature: _____

County of Lancaster
Pre-Employment Criminal History Information
Consent and Release

My full name is: _____

I reside at: _____

City of: _____

I am possessed of sound and am legally competent to execute this consent and release. I hereby give consent and authorize the Pennsylvania State Police Department to release any and all criminal history information on me to the Lancaster County Youth Intervention Center and the County of Lancaster Human Resources Department.

For:

Employment Volunteer Home Study

If Volunteer, include Program Group/Institution Name below:

I do hereby, for myself, executors, and administrators, release and forever discharge the County of Lancaster and it's officers, agents, or employees from any and all claims, actions, or causes of actions which may arise as a consequence so the release of this criminal history information. I understand that I will have the opportunity to review a copy of the criminal history report from the Human Resources Department. I further understand that I have the right to challenge the accuracy of the criminal history report with the Pennsylvania State Police Department, not in the connection with the County of Lancaster.

I certify that I have read this consent and release and I understand the significance of the same, and in witness thereof I have voluntarily signed my name on this the _____ day of _____ 20_____.

Applicant's Signature: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____ Race _____ Sex _____

Alias/Maiden Name/Other Names: _____

County Employee Witness: _____ Title: _____

§ 3800.20. Confidentiality of records.

(a) The facility shall comply with the following statutes and regulations relating to confidentiality of records, to the extent applicable:

- (1) 23 Pa.C.S. §§ 6301—6385 (relating to the Child Protective Service Law).
- (2) 23 Pa.C.S. §§ 2101—2910 (relating to Adoption Act).
- (3) The Mental Health Procedures Act (50 P. S. §§ 7101—7503).
- (4) Section 602(d) of the Mental Health and Mental Retardation Act (50P. S. § 4602(d)).
- (5) The Confidentiality of HIV-Related Information Act (35 P. S. §§ 7601—7612).
- (6) Sections 5100.31—5100.39 (relating to confidentiality of mental health records).
- (7) Sections 3490.91—3490.95 (relating to confidentiality).
- (8) Other applicable statutes and regulations.

(b) The following confidentiality requirements apply unless in conflict with the requirements of applicable statutes and regulations specified in subsection (a):

- (1) A child's record, information concerning a child or family, and information that may identify a child or family by name or address, is confidential and may not be disclosed or used other than in the course of official facility duties.
- (2) Information specified in paragraph (1) shall be released upon request only to the child's parent, the child's guardian or custodian, If applicable, the child's and parent's attorney, the Court and court services, including probation staff, County government agencies, authorized agents of the Department and to the child if the child is 14 years of age or older. Information may be withheld from a child if the information may be harmful to the child. Documentation of the harm to be prevented by withholding of information shall be kept in the child's record.
- (3) Information specified in paragraph (1) may be released to other providers of service to the child if the information is necessary for the provider to carry out its responsibilities. Documentation of the need for release of the information shall be kept in the child's record.
- (4) Information specified in paragraph (1) may not be used for teaching or research purposes unless the information released does not contain information which would identify the child or family.
- (5) Information specified in paragraph (1) may not be released to anyone not specified in paragraphs (2)–(4), without written authorization from the Court, if applicable, and the child's parent and, if applicable, the child's guardian or custodian.
- (6) Release of information specified in paragraph (1) may not violate the confidentiality of another child.

Lancaster County Youth Intervention Center

235 Circle Avenue
Lancaster, PA 17602
717-299-7821
717-209-3314 (fax)

Child Protective Services Law and Confidentiality Acknowledgement

Date: _____

I, _____, hereby acknowledge that I have read and understand The
(printed name)
reporting procedures and criteria of the Child Protective Services Law (23 Pa.C.S. 6301-6385) and Pa. Code Chapter 3490 (relating to protective services). I further understand my responsibilities in regards to said reporting/ notification procedures.

I, _____, also acknowledge that I have read and understand PA
(printed name)
Title 55, Chapter 3800, Section 3800.20 Confidentiality.

Applicant's Signature

Witness Signature

Title

LCYIC Volunteer Agreement

We, the Lancaster County Youth Intervention Center, agree to accept the services from the following volunteer:

_____.

We commit to the following:

1. Providing assistance and information for the volunteer to meet the responsibilities of their job as a volunteer.
2. To respect the skills, dignity and individual needs of the volunteer, and to do our best to meet or adjust to these needs required by the individual.
3. To be more receptive to any comments or questions that the volunteer might have in accomplishing their tasks more effectively.
4. To treat the volunteer as an equal working with the institution to accomplish their goals as long as they do not interfere with or contradict fulfilling our mission as a facility.

As a volunteer at the Lancaster County Youth Intervention Center, I agree to work as a volunteer and will do the following:

1. To perform my volunteer duties to the best of my abilities.
2. To follow the facility's rules and regulations laid out in the Guidelines for Volunteers document.
3. To meet my time and duty commitments at all times, except in exceptional circumstances, or I will provide the facility with adequate notice so an alternative arrangement can be made.
4. Agree to complete a Criminal History Check, Release Form, and a Child Abuse History Clearance.

If the volunteer does not commit to these rules they can lose their right to work as a volunteer at the Lancaster County Youth Intervention Center.

Volunteer's Signature: _____

Date: _____

Program Coordinator's Signature: _____

Date: _____

Lancaster County Youth Intervention Center

Volunteer PREA Acknowledgement

The County of Lancaster has zero tolerance toward all forms of sexual abuse and sexual harassment of all residents at the Lancaster County Youth Intervention Center. Residents of the Youth Intervention Center cannot give consent to engage in any sexual activity, regardless of age. Accordingly, it is the Youth Intervention Center's policy to ensure that any form of sexual activity between residents or between residents and staff, volunteers, or contract employees, regardless of consent, is strictly prohibited. Such conduct is subject to administrative disciplinary sanctions and may result in criminal prosecution.

Definitions: Sexual abuse includes sexually abusive contact, sexually abusive penetration, indecent exposure, voyeurism and sexual harassment.

- Sexually Abusive Contact: Touching without penetration of the genitalia, anus, groin, breast, inner thigh, or buttocks, either directly or through the clothing, of another person.
- Sexually Abusive Penetration: Contact between the penis and vagina or the penis and anus; contact between the mouth and the penis, vagina, or anus; or penetration of the anal or genital opening of another person by hand, finger, or other object.
- Indecent Exposure: The display by a person of his/her genitalia, buttocks, or breast in the presence of a resident.
- Voyeurism: An invasion of a resident's privacy by a person unrelated to official duties, such as watching a resident who is showering or undressing in his or her room or requiring a resident to expose himself or herself for reasons unrelated to official duties.
- Sexual Harassment: Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature by another individual.

Third Party Reporting: Third party reports of sexual abuse and sexual harassment can be made to the Supervisor On-Duty or the facility's Director, Drew Fredericks (717-299-7821, frederid@co.lancaster.pa.us) Third party reports can also be made to the following entities:

- Lancaster County Detectives or the Lancaster City Police;
- PrimeCare Medical staff;
- YWCA of Lancaster – 24-Hour Sexual Assault Hotline (717-392-7273).

I have reviewed the above guidelines and understand my reporting responsibilities. I have also viewed the National Institute of Corrections video "Keeping Our Kids Safe" and received the "PREA Brochure for Volunteers".

Volunteer's Printed Name

Volunteer's Signature

Date

Program Coordinator's Signature

Date



How to Maintain Appropriate Boundaries:

- Coming to work early/staying late
- Flirting with a resident
- Standing too close to a resident
- Taking up a resident's cause or grievance
- Changing duty assignments of a particular resident
- Getting into conflicts with co-workers over a resident
- Bringing things into the facility for the resident
- Doing favors for a resident's family
- Feeling the effects of major life changes (divorce, etc)
- Believing a resident is indispensable

Your personal and professional reputation may be jeopardized because of unprofessional conduct. Your career, and even your family can also be negatively impacted or destroyed.

Some Other Things to Consider

Amorous or sexual relationships with a resident are seldom a secret. Such behavior will subject you to disrespect and manipulation from other residents that may be aware of your situation.

Once in a relationship, professional judgment becomes clouded and the normal defenses that exist to protect you will be compromised. When acting on emotions, you may take actions that would otherwise be considered inappropriate in a correctional environment (either in custody or in the community).

Amorous or sexual relationships are inappropriate and illegal when they occur between a resident and any staff member, contractor, vendor or volunteer. Residents depend upon staff to provide for their care, ensure their safety, address their health care needs, supervise their interactions and conduct, and act as role models for socially-acceptable conduct.

Your conduct and the decisions you make reflect not only on your own reputation, but also on that of your peers and the agency you represent.

Most staff/resident sexual misconduct occurs only after seemingly innocent professional boundaries have been crossed. The following behaviors will assist you in maintaining appropriate boundaries:

- Maintain professional distance
- Focus behavior on duties and assignments
- Do not become overly close with any particular residents
- Do not share your own or other staff person's personal information with or around residents
- When speaking to residents about other staff refer to the staff by their title or as Ms. or Mr.
- Do not accept gifts or favors from residents
- Be knowledgeable of County and facility policy and procedure, rules of conduct and laws regarding sexual misconduct and sexual harassment.

A Duty to Report

Staff must report any inappropriate staff/resident behavior immediately. The presence of illegal and unethical behavior by staff compromises the security and safety of the facility. Staff that fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member.

You must file a report to the appropriate personnel (per policy) if you see or know of any staff, contract staff, vendor or volunteer sexually involved with or sexually harassing a resident.

If you have questions, please call 717-299-7821.



A Guide to the Prevention and Reporting of Sexual Misconduct with Residents

**For Contractors, Vendors,
and Volunteers of the
Lancaster County
Youth Intervention Center
Confidential Reporting Hotline
717-392-7273**

Staff Sexual Misconduct

The Lancaster County Youth Intervention Center's (YIC) Prison Rape Elimination Act Policy (Policy 500) specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between residents and staff. In this definition, "staff" includes: contractors, vendors and volunteers of the facility. A "resident" means someone who is being housed at the Youth Intervention Center and is under staff supervision.

YIC Policies 500 contains detailed descriptions of what constitutes sexual misconduct and staff misconduct of a sexual nature. Forms of sexual misconduct include, but are not limited to:

1. Any behavior of a sexual nature directed toward a resident by facility staff, contract staff, or volunteer.
2. Inappropriate touching between residents and staff.
3. All completed, attempted, threatened, or requested sexual acts between facility staff and a resident.
4. Sexual comments and conversations with sexually suggestive innuendos or double meanings.
5. Display or transmittal of sexually suggestive posters, objects, or messages.

Depending on the investigation findings of an alleged incident, the outcome may result in the loss of your job/assignment and the possibility of criminal charges. In addition, persons accused of sexual harassment in civil or criminal proceedings may be held personally liable for damages to the person harassed.

An Abuse of Power

Due to the imbalance of power between residents and staff in correctional settings, sexual interactions between staff (who have power) and residents (who lack power) are unprofessional, unethical and illegal.

Some residents who lack power may become sexually involved with staff in an effort to equalize the imbalance of power. Occasionally a resident may try to use sex to improve his/her standing or circumstances (e.g., better job, avoid disciplinary action, gain privileges, etc.).

As a YIC contractor, vendor or volunteer, your designated assignments place you in a position of authority over the residents with whom you interact in a professional capacity. It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect release dates, return to prison, or other sanctions.

Because of the imbalance of power between residents and staff, vendors, contractors and volunteers, there can never be a consensual relationship between staff and residents. In fact, the law states "consent" is not a defense to prosecution. Here are some factors to consider:

History of Victimization

Some people don't think of residents as 'victims' of staff sexual misconduct, especially when the resident appears to be a willing participant or even initiated the sexual or 'romantic' interactions with a staff member. The resident is always the victim because of the imbalance of power. The consent or willingness of an resident to participate may be a survival strategy or a learned response to previous or current victimization.

Many residents have a history of victimization (physical and/or sexual abuse), which may make them especially vulnerable to the sexual overtures of persons in positions of authority. Their perception of affection/love may be skewed by this background of abuse, making it impossible for them to refuse advances of a staff member. In some instances, particularly for female offenders, their survival in the community has been directly related to using their sexuality to obtain the means to survive. Coupled with low self-esteem, this carries over into their conduct while in a correctional setting.

As the person in authority, it is your responsibility to discourage, refuse and report any overtures as well as maintain professional boundaries **at all times**.

Boundaries in relationships can be difficult. If you question your professional boundaries with a resident or feel uncomfortable with his/her actions or advances toward you, bring this matter to the Supervisor On-Duty immediately before it gets out of control.

Red Flags:

The following are behaviors or 'red flags' that may signal you or someone you work with is in danger of engaging in sexual misconduct with a resident:

- Spending a lot of time with a particular resident
- Change in appearance of a resident or staff member
- Deviating from facility policy for the benefit of a particular resident
- Sharing personal information with a resident
- Horseplay
- Overlooking infractions of a particular resident
- Doing favors for a resident
- Consistently volunteering for a particular assignment or shift

Guidelines for Volunteers

Prior to Volunteering

1. All volunteers must have completed the Volunteer Application Packet in full. A security check must be successfully completed for all volunteers prior to working with residents.
2. Scheduled appointments should be kept, and promptness is a necessity due to the highly structured environment of the facility. Aim to get here early so that you can sign in, get through security and get back to the programming area to set up so you are ready to go as soon as the group arrives. If you are unable to come or will be late for any reason, please call (717) 299-7821 and let a Detention or Shelter Supervisor know why.
3. You must maintain a neat appearance. Dress relatively conservatively, but neatly. Very often, your physical appearance will help establish a good working relationship with the residents. Shorts, not above mid-thigh, are permitted during the summer months. Short shorts, see-through apparel, hooded sweatshirts, tank shirts, halter-tops, and tee shirts with inappropriate writings or logos are not permitted. Closed toe shoes must also be worn- no open toed sandals.
4. Do not bring anything into the institution for a resident, no matter how harmless or trivial it may seem at the time. Many things appear harmless, but could also be considered as contraband for a particular reason. Contraband means anything that residents should not have, such as food, chewing gum, candy, cell phones, etc. If in doubt, ASK. It is advisable for you to adopt a policy of saying 'NO' to any request such as this. Items such as cigarettes, magazines, newspapers, books, etc. are NOT permitted to be brought into the facility by you. Mail may not be taken out of or brought into the facility for any resident.
5. **INDIVIDUALS AND THEIR PROPERTY MAY BE SUBJECT TO SEARCH UPON ENTERING AND/OR LEAVING THE FACILITY, AS WELL AS WITHIN THE FACILITY.** Refusal to submit to this search will result in an immediate termination of the visit, as well as jeopardize future access to the institution.
6. ALL individuals working with residents may be subjected to legal implications. Illegal acts, such as bringing in contraband, may result in criminal charges. All individuals are open to potential civil lawsuits, as well.
7. ALL VOLUNTEERS are responsible for signing in and out at the Security Desk, located at the right side of the lobby.
8. Nobody that is under the age of eighteen will be permitted into the facility unless prior arrangements have been made with the administration. All those who have been detained here before are prohibited from entering our facility unless otherwise approved by an administrator.
9. No individual will be allowed access to the institution if he or she appears to be under the influence of any drug or alcoholic beverages.
10. All keys, purses, wallets, cameras, personal items, and money etc., are not permitted within the facility, and may be secured in lockers provided in the lobby area. The Youth Intervention Center assumes no liability for any personal property. However, it is strongly urged that all visitors come to the Center with only the minimum amount of items. **ANY ITEMS LEFT IN THE YOUTH INTERVENTION CENTER LOCKERS, ON THE COAT RACKS, OR ELSEWHERE ARE LEFT AT THE VISITOR'S OWN RISK.**
11. When coming in to conduct a program, bring only the necessities; i.e. Bible, a plastic pen, paper, etc. (*example: when bringing in a guitar, it may be in a case, but no extra strings*). If giving handouts, DO NOT use paper clips or staples. Musical instruments, food and beverage and other accessories of this nature must be pre-approved by the Program Coordinator or Chaplain before admittance.

While Volunteering

ALL VISITORS ARE REQUIRED TO FOLLOW ALL DIRECTIONS AND REQUESTS OF THE LANCASTER COUNTY YOUTH INTERVENTION CENTER STAFF WHILE ON THE YOUTH INTERVENTION CENTER PROPERTY. Failure to do so may result in a termination of visiting privileges and/or more serious consequences. This regulation is to be strictly observed, as it exists for the orderly operation of the facility and the safety of all visitors, residents, and staff.

1. When being escorted to and from the designated program area, stay close to your escort, stay together as a group, do not wander around. Stay alert to what is happening around you.
2. Schedules must be adhered to, both beginning and ending times. PROMPTNESS IS A NECESSITY. If a service starts late, regardless of the reason, does not mean it can run later than the time scheduled (*Detention Only*).
3. The Supervisor On-Duty is responsible for the facility and you are expected to abide by his or her decisions. You may discuss issues with higher authorities later. Do not argue in front of the residents.
4. Do not do anything that would compromise the security of the facility. Any unusual situation or information received or overheard, which could threaten the security of the facility or may constitute danger to the residents or staff members, must be reported immediately.
5. No resident is permitted in any office or classroom unsupervised.
6. Role model appropriate behavior through your words and actions.
7. Do not assume everything a resident tells you is true. Occasionally residents will attempt to manipulate you into a compromising situation.
8. All information concerning the affairs of the facility and residents is confidential and can be released only by the Supervisory or Administrative Staff. Do not discuss the resident's charges, etc., with anyone outside of the institution.
9. Keep personal information to yourself. It is in your best interest not to share home addresses, phone numbers, etc., with residents.
10. All church programs must complete a Church Service Evaluation Form prior to leaving the facility. These forms are located at the Main Lobby Security desk.

Leaving the Facility

1. DO NOT TAKE ANYTHING OUT OF THE FACILITY FOR RESIDENTS, no matter how trivial or innocent it may seem at the time. For instance, letters must be mailed from the facility, not from outside of the facility.
2. REMEMBER: A visitation is a privilege, not a right, and may be revoked when the privilege is abused. The residents look forward to your visits. Do not disappoint them by acting in a foolish manner, whereby your visiting privileges may be revoked.

I, _____ agree to abide by the above guidelines while volunteering at the
(Printed Name)
Lancaster County Youth Intervention Center.

Volunteer's Signature

Program Coordinator's Signature

