

Photo and Visual Images Notice and Consent

Photographs are considered private data under the Minnesota Governmental Data Practices Act (MGDPA), Minnesota Statutes Chapter 13. The DOC is providing you with the following notice regarding photographs and visual images collected by DOC representatives.

Identification Card/Photos: The purpose of your photograph on your identification card and/or its retention within an access control system is so, contractors, volunteers, interns, and visitors may be visually identified in order to enhance facility safety and security. Your photo is electronically stored and is accessible by those who have a business need to access it. While you may refuse to be photographed for your identification card and/or the access control system, facility security requires the use of photo ID's and the access system and the consequences of refusal may result in denied access to DOC facilities and/or Central Office.

Informed Consent to Release Private and Confidential Data

I _____, (print name), a (please check appropriate box) contractor, volunteer, intern, or visitor, have read and understand the above Tennessee Warning Notice. I hereby authorize and release representatives of the DOC to use my photograph consistent with the information above. This photograph is related to my access and security while on DOC or State premises. This release has no expiration date.

Signature: _____ Date: _____
Requested – Not Required



Application for Access to Minnesota Correctional Facilities/Sites for Non-DOC Personnel

Renewal

DOC Staff Contact: _____ Activity: _____

NAME OF GROUP OR ORGANIZATION: _____

Full name: _____

Please print (LAST), (FIRST) (MIDDLE) (MAIDEN)

Date of birth: ___/___/___ Male: ___ Female: ___ Race/Ethnicity: _____
Month / Day / Year

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address (Optional): _____

Address: _____

IMPORTANT: Include permanent address AND mailing address, if different. Permanent address needs to match address on valid ID.

City/State: _____ Zip Code: _____

Circle type of ID used (Proper photo ID is required)

- 1. Valid Driver's License from State of Residence
- 2. Valid ID Card from State of Residence
- 3. Valid Tribal ID (As detailed in M.S. §171.072(b)(c))
- 4. Valid Military ID (Active Duty only)
- 5. Valid Passport (If resident of foreign country)
- 6. Other Valid photo ID

Write the ID number here: _____ State: _____

Have you ever worked for the State of Minnesota? No ___ Yes ___

If yes, when and in what capacity? _____

Have you **EVER** been convicted of a felony? No__ Yes__

Have you **EVER** served time in a MN DOC facility? No__ Yes__

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__

Agent Name: _____ Agent Phone: (____) _____

Agent Signature: _____

Are you communicating with an offender at **ANY** facility? No__ Yes__

Are you related to or acquainted with an offender at **ANY** facility? No__ Yes__

Are you currently volunteering at another facility? (If yes, list facility below) No__ Yes__

Are you applying for admittance to more than one facility? (If yes, check all facilities below) No__ Yes__

Are you, or have you been, on an offender's visiting list at **ANY** facility? No__ Yes__

(If yes, please provide offender name, OID number, and date of last visit below.)

Offender Name: _____ OID: _____ Date of last visit: _____

Reason for offender association: _____

Emergency Contact

Name: _____ Phone: _____

Please place an X next to all facilities you are requesting to enter, and/or provide professional services at:

<input type="checkbox"/> MCF-Faribault	<input type="checkbox"/> MCF-Lino Lakes	<input type="checkbox"/> MCF-Moose Lake	<input type="checkbox"/> MCF-Oak Park Heights	<input type="checkbox"/> MCF-Red Wing	<input type="checkbox"/> MCF-Rush City
1101 Linden Lane	7525 4 th Ave.	1000 Lake Shore Dr.	5329 Osgood Ave. N.	1079 Highway 292	7600-525 th St.
Faribault, MN	Lino Lakes, MN	Moose Lake, MN	Stillwater, MN	Red Wing, MN	Rush City, MN
55021	55014	55767	55082	55066	55069
<input type="checkbox"/> MCF-Shakopee	<input type="checkbox"/> MCF-St. Cloud	<input type="checkbox"/> MCF-Stillwater	<input type="checkbox"/> MCF-Willow River (CIP)	<input type="checkbox"/> MCF-Togo	<input type="checkbox"/> Central Office
1010 W. 6 th Ave.	2305 Minnesota Blvd. S.E	970 Pickett St. N.	86032 County Hwy. 61	62741 County Rd. 551	1450 Energy Park Dr. #200
Shakopee, MN	St. Cloud, MN	Bayport, MN	Willow River, MN	Togo, MN	St. Paul, MN
55379	56304	55003	55795	55723	55108

Guidelines

1. All persons must be at least 18 years old to enter adult facilities, and at least 21 years old to enter juvenile facilities.
2. All person(s) must submit a completed application, pass a background check, and receive orientation before beginning their duties. This process is repeated on an annual basis.
3. All persons must present valid photo identification for each admission to the correctional facility.
4. All person(s) are subject to metal detection to enter a facility. If you have an existing medical reason (with documentation), such as a metal implant, you will be hand-held detected, if you have a Pace Maker or Defibrillator (with documentation) you will be pat searched. If you do not have medical documentation you may not enter the facility.
5. No person can be on an offender's visiting list in the MN Dept. of Corrections unless approved by the warden or designee.
6. A successful application does not guarantee acceptance into a facility.

Prison Rape Elimination Act

A prior criminal conviction will not automatically remove you from consideration to enter a Facility, However, the MN Dept. of Corrections shall not enlist the services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has 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; or has been civilly or administratively adjudicated to have engaged in the activities described previously. (Per PREA 28 C.F.R Part 115.17)

Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or 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; or has been civilly or administratively adjudicated to have engaged in the activities described previously?

Yes _____ No _____ Initial _____

Tennessee Notice/Permission to Do Criminal History Check

During the process of applying to a facility, you will be asked to provide information that may be private under the Minnesota Government Data Practices law. This data will be used to verify and evaluate the information you provide and to ensure the security of the facility. Individuals who have access to this information include any staff who are assisting with applicant background investigations and Office of Special investigations staff. Providing this information is voluntary; however, refusal to provide, failure to disclose, or attempts to withhold this information will be grounds to disqualify you from further consideration for providing services.

An applicant being considered for participation in the Minnesota Department of Corrections will have their criminal history checked. We need your consent and certain private information in order to do a criminal history check.

By providing this information I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to the Minnesota Department of Corrections any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile, and information in other BCA systems.

I hereby release the Minnesota Bureau of Criminal Apprehension and the Minnesota Department of Corrections from any and all actions and causes of action, of any kind and nature whatsoever, past, present, and future, arising out of the release of information obtained with this consent. This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: _____

Date: _____

Return completed application to the facility address on the front of the form.

Official Use Only

BCA/QWI check: ____/____ Clear
Staff initials / Date

Visiting check: ____/____ Clear
Staff initials / Date

ID check: ____/____ Clear
Staff initials / Date

Checks completed by: _____
Print name Signature Date

Reviewing Authority/Designee: Approved: _____ Denied: _____

Print name: _____ Signature: _____ Date: _____

Mantoux test required? Yes ___ No ___

Orientation completion date: _____ Staff Signature: _____

DISCLOSURE OF OFFENDER ASSOCIATION

All employees, student workers, volunteers, interns, and contractors are required to disclose any personal or professional association(s) they have or have had with current offenders, offenders whose sentences were discharged within two years, or family (spouse, child, grandparents, or siblings) of current or former offenders. DOC Policy 103.223. If you are unsure of the need to disclose, complete a form or ask for clarification from Human Resource Management personnel.

Date: _____

Name: _____
Full Name

Please check one:

_____ To the best of my knowledge I have no known personal or professional associations with current or former offender(s) or with the family of current or former offender(s).

_____ I have or have had personal or professional associations with the individual(s) identified below. List the names of all offenders, former offenders, or family members of current or former offenders here and **complete a Request for Approval of Offender Association for each individual listed.**

Employee/Student Worker/Volunteer/Intern/Contractor's Signature

REQUEST FOR APPROVAL OF OFFENDER ASSOCIATION

Your name

Date

Please provide the following information about the offender or family member of the offender. Add any comments you feel are necessary to explain the circumstances. Return the completed form to your supervisor.

Full name of offender:

Facility or location of offender:

Describe the nature and frequency of your association with the offender or give the name of the offender's family member and describe the nature of your association with him or her:

Do you wish to maintain contact with the offender or family member? Yes No

If yes, please explain the type of contact you have including how often below: (E.g. phone contact, visiting, mail contact, depositing funds in offenders account, family gatherings and how often this occurs).

Signature

Date

Warden or Business Unit Manager Review:

_____ Approved _____ Disapproved

Signature

Date

<u>OSI USE ONLY</u>	
OID	Facility
Release Date	Date entered by OSI:
By:	

Sexual Misconduct with Residents
Prison Rape Elimination Act [PREA] Information

I acknowledge that I have received training, policy and specific written details outlining sexual misconduct with Residents and the Prison Rape Elimination Act federal laws. I will fully review the policy, materials provided and ask questions, if needed, for understanding of the information provided.

I understand that Minnesota Department of Corrections [DOC] policy specifically forbids any activity associated with or that promotes acts of sexual conduct, sexual abuse, including sexual harassment between residents and DOC staff. In this definition, "staff" includes DOC employees, contractors, representatives, interns, or volunteers of the DOC as well as staff from other federal, state, or local jurisdictions. "Resident" is someone confined in a correctional facility, contracted detention facility, halfway house, or under supervision in the community.

I further understand that sexual misconduct is against the law
under M.S. 609.344 and 609.345.

signature	date
printed name	work location

Electronic copy of completed form to Training Coordinator, and original to staff/volunteer/contractor/intern's supervisor.

Please include
a photocopy of your
Driver's License,
Valid State ID,
Passport,
or Military ID.

Thank you!