AA Corrections Volunteer Information

Questions? Please contact District 18/19 Corrections Committee Chairperson Claudia D.
Email: correction.aaemass1819@gmail.com / Call/Text (828-450-7549)
Keep this and the following page for your reference

Eligibility Requirements: No open criminal cases, at least 2 years off probation/parole, 12 months of sobriety

Corrections Volunteer Responsibilities

- Submit an initial volunteer application and attend a one-time mandatory volunteer training—volunteer clearances are valid for 1 year
- Bring monthly (or less frequent) AA meetings into one or more facilities throughout the year
- Maintain your clearance by submitting a new volunteer application 30 days prior to its 1-year expiration

Submitting Volunteer Applications (see next page for instructions on how to fill out an application)

We strongly recommend submitting your application via email, if possible. **IT IS IMPORTANT TO FOLLOW UP FREQUENTLY WITH A FACILITY CONTACT TO CONFIRM YOUR APPLICATION HAS BEEN RECEIVED AND TO CONFIRM YOUR TRAINING DATE!** Once you are cleared at one facility, you can do commitments at the other facilities. If you are only doing commitments at one facility, submit your application directly to that facility. If you are a woman and planning to do commitments at BOTH Women In Transition and Middleton Jail, please submit your application only to the Women In Transition facility contact. If you are a man and planning to do commitments at BOTH Middleton Jail and The Farm in Lawrence, please submit your application only to the Middleton Jail facility contact. Only men can do commitments at The Farm.

Essex County Pre-Release Center (a.k.a. The Farm) in Lawrence Mail complete application and copy of driver's license to: Essex County Pre-Release Center Attention: Krystina McFarland 165 Marston Street Lawrence, MA 01841 Or email scanned complete application and copy of driver's license to: Krystina McFarland at kmcfarland@essexsheriffma.org	**Women In Transition in Salisbury** Mail complete application and copy of driver's license to: Women In Transition Attention: Cynthia DeLeon 197 Rear Elm Street Salisbury, MA 01952 Or email scanned complete application and copy of driver's license to: Cynthia DeLeon at csantiago@essexsheriffma.org (last name different in email address)
Middleton Jail Mail complete application and copy of driver's license to: Essex County Sherrif's Department CASE Program Attention: Alexander Bergen 20 Manning Avene Middleton, MA 01949 Or email scanned complete application and copy of driver's license to: Allex Bergen at abergen@essexsheriffma.org	**What to Do After Approved** 1. Follow up with Claudia to let her know your training is complete 2. Email the contact at the facility you want to bring AA meetings into and find out what day and time slots they have available each month 3. Select a monthly date and time to bring a meeting into that facility OR, if you cannot commit to a monthly commitment, contact each facility as needed to arrange a meeting

Keep this page for your reference

Instructions for Filling Out Volunteer Application

1. Fill Out: AA Corrections Volunteer Application Cover Sheet
2. Fill Out: Page 1-Section 1 of Essex County Sheriff's Department form
   a) For "Your Agency/Organization" write Alcoholics Anonymous
   b) For "ECSD Facility Location" write the name(s) of the facility you are planning to do commitments at (Women In Transition (women only), Middleton Jail, Lawrence ECPRC (men only))
   c) For "ECSD Position/Job Title" write Volunteer
3. Fill Out: Pages 2 and 3
4. Scan and Print or Copy your driver's license (BOTH FRONT AND BACK—visit your public library or Staples if you need assistance with copying/scanning)

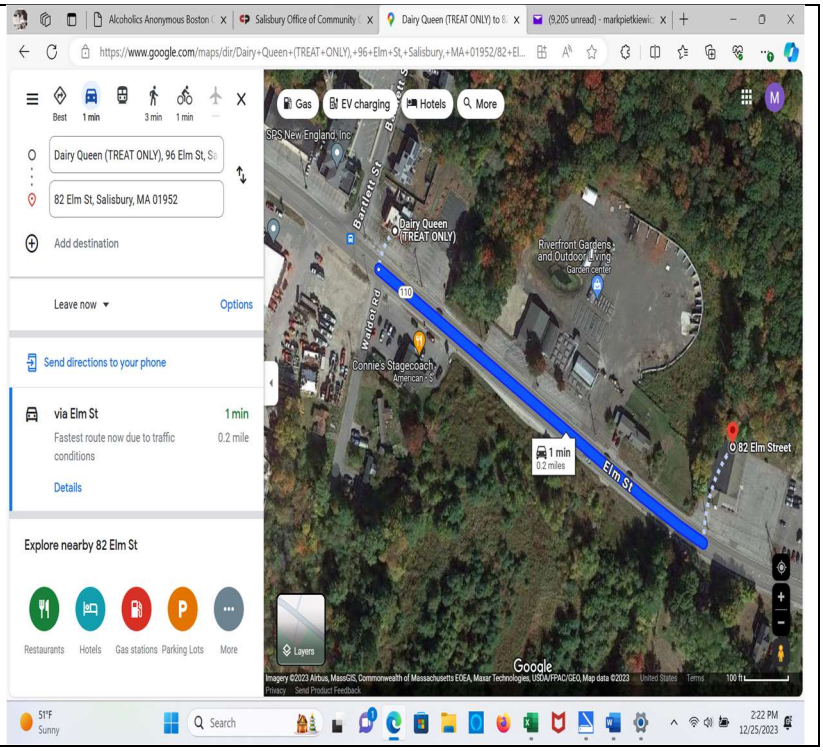
Maintain Your Volunteer Clearance

To maintain your clearance, you must bring in AA meeting regularly (monthly/bi-monthly/quarterly) and resubmit a volunteer application within 30 days of its expiration; *otherwise, your clearance will be revoked, and you will have to resubmit an application and repeat the mandatory volunteer training to be allowed back.*

Training Location Information

You must commit to a training date at the time you submit your volunteer application. See the AA Corrections Volunteer Application Cover Sheet below for the current training calendar.

Location: Salisbury Office of Community Corrections
Address: 82 Elm Street, Salisbury, MA (less than one quarter mile after the Dairy Queen on left-hand side of Route 110 East)
Instructions: Training is from 7 AM to 3 PM. Plan to arrive on time, as late arrivals may not be permitted. There is ample parking.



AA Corrections Volunteer Application
Cover Sheet

Questions? Please contact District 18/19 Corrections Committee Chairperson Claudia D.
Email: correction.aaemass1819@gmail.com / Call/Text (828-450-7549)

Volunteer First and Last Name: _____

First and Last Name of Person Who Referred You: _____

Volunteer Confirmation Questions (Please check ONE answer for each prompt)

I have confirmed my volunteer participation with the AA District 18/19 Corrections Committee Chairperson.

[ ] Yes, I have confirmed

[ ] No, I have not confirmed (if no, please call the corrections chairperson ASAP)

I understand that to become an approved corrections volunteer that I am responsible for submitting a volunteer application and attending the mandatory one-day, weekday volunteer training of the Essex County Sherriff's Department.

[ ] Yes, I understand my responsibilities

By checking off ONE of the below dates, I am confirming that I am available for and committed to attending the following one-day mandatory volunteer training from 7:00 AM to 3:00 PM at the at Salisbury Office of Community Corrections at 82 Elm Street, Salisbury, MA.

[ ] January 8, 2024	**[ ] February 12, 2024**	**[ ] March 11, 2024**
[ ] April 8, 2024	**[ ] May 13, 2024**	**[ ] June 10, 2024**
[ ] July 8, 2024	**[ ] August 5, 2024**	**[ ] September 9, 2024**
[ ] October 7, 2024	**[ ] November 4, 2024**	**[ ] December 9, 2024**

Once I become an approved volunteer, I understand that no maintain my volunteer clearance ,which is valid for one year from its initial approval, I am responsible for regularly participating in AA commitments throughout the year and resubmitting a volunteer application within 30 days of it expiring to my contact person at WIT, Middelton Jail or The Farm.

[ ] Yes, I understand my responsibilities to maintain my volunteer clearance

Submit with Volunteer Application

Essex County Sheriff's Department

20 Manning Ave
P.O. Box 807
Middleton, MA 01949-2807

Kevin F. Coppinger
Sheriff

Telephone 978-750-1900
www.essexsheriffma.org

Office of Professional Standards

Security Clearance and New Employee Orientation Application
Please Be Sure This Documentation Is Complete And Legible
Incomplete Documentation Will Delay The Process

Applicant Section (Pages 1-3)

This page is to be filled out by the Applicant:

Print Last Name: _____ Print First Name: _____

D.O.B._____ SSN: _____ Driver's License #: _____ State: _____

Current Address: _____ City: _____ State: _____ Phone#: _____

Applicant Organization: _____ ECSD Facility Assigned: _____

Applicant Position/Job Title: _____

Applicant Signature: _____ Date: _____

Provide the address (s) (to include City and State) for every place you have lived in the past ten (10) years:

1. From (date):_____ To (date): _____

Address: _____

2. From (date):_____ To (date): _____

Address: _____

3. From (date):_____ To (date): _____

Address: _____

4. From (date):_____ To (date): _____

Address: _____

5. From (date):_____ To (date): _____

Address: _____

*If needed, additional space is provided on page 5.

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20 Manning Ave
P.O. Box 807
Middleton, MA 01949-2807

Kevin F. Coppinger
Sheriff

Telephone 978-750-1900
www.essexsheriffma.org

Background Information Request and Waiver

This page is to be filled out by the applicant:

Print First Name: _____

Print Last Name: _____

Middle Name: _____

Print Any Previous Name or Alias: _____

Residential Address: _____
Not a P.O. Box

Have you ever resided in another State: Yes: _____ No: _____

If Yes, which State(s): _____

Social Security Number: _____ Driver's License number: _____

State of Driver's License Issuance: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Race: _____ Phone Number: _____

Mother's Maiden Name: _____ Father's Name: _____

I, _____, hereby release, discharge, and exonerate the Essex County Sheriff's Department, its agents and representatives, and any person so furnishing information, for any and all liability of every nature and kind arising out of furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Essex County Sheriff's Department.

I further understand that the Essex County Sheriff's Department will conduct a background investigation which may include a check with past employers, a criminal record check with the local police department, the State Police., the Massachusetts Board of Probation and Registry of Motor Vehicles. The Essex County Sheriff's Department will conduct these checks as the Department deems necessary.

Signature:_____Date:_____

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20 Manning Ave
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Middleton, MA 01949-2807

Kevin F. Coppinger
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This page is to be filled out by the applicant:

PRISON RAPE ELIMINATION ACT (PREA)

1. Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1997;
Please note that 42 U.S.C. 1997 states that the term "institution" means any facility or institution which is owned, operated, or managed by, or provides services on behalf of any State or political subdivision of a State; and which is for persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped; a jail, prison, or other correctional facility; a pretrial detention facility; for juveniles held awaiting trial; residing in such facility or institution for purposes of receiving care or treatment; or residing for any State purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is not an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in State custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or providing skilled nursing, intermediate or long-term care, or custodial or residential care. Privately owned and operated facilities shall not be deemed "institutions" under this subchapter.

   ☐ YES ☐ NO

2. Have you 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

   ☐ YES ☐ NO

3. Have you been civilly or administratively adjudicated to have engaged in the activity described in the above section?

   ☐ YES ☐ NO

Applicant Name (Print): _____

Applicant's Signature: _____ Date: _____

Witness Name (Print): _____

Witness Signature: _____ Date: _____

This page is to be filled out by the Essex County Sheriff's Department (ECSD) Supervisor:

1. Vendor, I.D. Renewal, and Paid Intern Clearance Documentation will only be accepted by scanning the documentation to the IAD Outlook E-mail at: backgrounds@essexsheriffma.org

2. Volunteer, One Day Visitor Pass, Contractor, and Intern Clearance Documentation will only be accepted by scanning the documentation to the Security Investigations Outlook E-mail at: siclearances@essexsheriffma.org

Security Clearance Documentation

This Security Clearance is being completed for:

Vendor: _____ Volunteer: _____ Contractor: ____ One Day Visitor Pass: ____ Intern: ____ ID Renewal: ____

Vendor Employment Status: Full Time: _____ Part Time: _____

The vendor will have: Minimal inmate contact:_____ Daily inmate contact:_____

Preferred New Employee Orientation Month: _____

Will Applicant Need CJIS Access? Yes: _____ No: _____

Documents # 1-4 are required for processing a **Vendor or Paid Intern Security Clearance**. Document #4 (Copy of Driver's License) is required for an **ID Renewal**. Please verify that the documentation is enclosed by placing an X adjacent to "Enclosed".

Note: If completing a **Security Investigations** *Security Clearance for a Volunteer, Contractor, Unpaid Intern, or a One Day Pass, only the Security Clearance application is required.*

1. Resume: Enclosed ____
2. Vendor employment application: Enclosed ____
3. Job description: Enclosed ____
4. Copy of driver's license: Enclosed ____

Has the applicant's position changed since they began working at the Essex County Sheriff's Department? Check One: Yes: ___No: ___ If yes, please list the various dates and positions that they have held with this Department:

Position: _____ From (date):_____ To (date): _____

Position: _____ From (date):_____ To (date): _____

Essex County Sheriff's Department (ECSD) - Supervisor Statement:
I have reviewed this Security Clearance Application and have verified that the required information and documentation is legible and complete.

ECSD-Supervisor-Print Name: _____

ECSD-Supervisor's Signature: _____ Date: _____

Internal Affairs Division (IAD)
Security Investigations Division (SI)

This section is to be filled out by IAD and SI:

1. Security Clearance E-mailed to the Training Department Date: _____
2. Applicant Information Entered into OMS Date: _____

Print Name: _____ Signature: _____

IAD/SI Division Authorization Section:

Print Name: _____ Title: _____

Signature: _____ Date: _____

This section is to be filled out by the Training and Staff Development Division:

New Employee Orientation Verification:
In accordance with the recommended guidelines, the above applicant has attended _____ hours of Essex County Sheriff's Department New Employee Orientation.

Applicant's ECSD Employee ID#: _____

Director of Training or Designee:

Print Name: _____

Signature: _____ Date: _____

Additional Information Section

Please provide any additional information here:

_____
_____
_____
_____
_____
_____
_____
_____
_____