



Piedmont Regional Jail Authority

Volunteer/Contractor Contact Information

The following information is required in order to process your request to become a volunteer/contractor at Piedmont Regional Jail Authority. **ALL questions must be completed.**
Please print clearly.

Full Name: _____
Last First Middle

Other Name(s) used: _____

Address: _____
Street City/Town State Zip Code

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Date of Birth: _____ State/County of Birth: _____

Male: ___ Female: ___ Race: _____ Social Security Number: _____ - _____ - _____

Group/Company: _____
Name Address

Group/Company Contact Person: _____ Telephone Number: _____

Circle Area of Volunteer Interest: Worship Services, Bible Study (Christian, Spanish, Islamic), Alcoholics Anonymous, Narcotics Anonymous, GED Tutoring, Other Volunteer Services: _____

Have you ever been arrested? If so, why? _____

Are you on probation, parole, or any other form of court supervision? If so, where and when do you complete? _____

Have you been involved in any form of sexual abuse, misconduct, or harassment? _____

By signing this document, you attest and affirm the information is true and accurate to the best of your knowledge.

Signature: _____ Date: _____

(By signing, you authorize Piedmont Regional Jail to perform a criminal background check.)

As a volunteer/contractor at **Piedmont Regional Jail (PRJ)**, I understand and acknowledge the unique environment of a correctional facility and the responsibilities and risks associated with working in proximity to incarcerated individuals. By signing this form, I agree to the following terms and conditions:

1. Assumption of Risk- I understand that providing services within a correctional setting involves inherent risks, including, but not limited to, physical injury, verbal confrontation, or exposure to emotionally difficult situations. I voluntarily assume full responsibility for any risks or injuries that may occur during my time at Piedmont Regional Jail.

2. Release of Liability- I hereby release and hold harmless **Piedmont Regional Jail Authority**, its administration, staff, officers, agents, and representatives from any and all claims, liabilities, damages, or losses arising out of or in connection with my participation as a volunteer, including any incidents involving inmates.

3. Adherence to Facility Policies- I agree to follow all PRJ policies, procedures, and staff directives at all times. I understand that violation of facility rules may result in immediate termination of my services and removal from the premises.

4. Confidentiality- I agree to maintain the confidentiality of all information I may learn during the course of my volunteer service, including information about inmates, staff, operations, and internal procedures. I will not share or disclose any such information without express written permission from PRJ administration.

5. No Inmate Contact Beyond Scope of Duties- I understand that I am not permitted to engage in personal relationships, transactions, or unauthorized communication with inmates. I will not bring in or remove any materials or messages to or from inmates unless expressly authorized by facility staff.

6. Background Check and Approval- I understand that my participation is contingent upon completion of a background investigation and approval by Piedmont Regional Jail administration.

7. Termination of Volunteer/Contractor Status- I acknowledge that PRJ reserves the right to suspend or terminate my volunteer at any time, with or without cause.

Volunteer Acknowledgment

I have read and understood the above disclaimer and handbook. I agree to abide by all conditions set forth herein. I recognize the importance of maintaining safety, security, and professionalism while providing my services at Piedmont Regional Jail.

Full Name (Printed): _____

Signature: _____

Date: _____

PRJ Staff Witness (if required): _____



Prison Rape Elimination Act (PREA) What You Need to Know

Piedmont Regional Jail Authority Policy

- Piedmont Regional Jail maintains a **ZERO-TOLERANCE** policy regarding all forms of sexual abuse, sexual harassment, and sexual misconduct, whether perpetrated by staff, contractors, volunteers, or inmates. The safety, dignity, and well-being of all individuals in our custody and those working within our facility are paramount.
- This policy is in accordance with the Prison Rape Elimination Act (PREA) of 2003 and reflects Piedmont Regional Jail's commitment to preventing, detecting, and responding effectively to sexual abuse and harassment in all forms.
- Piedmont Regional Jail Authority prohibits and will not tolerate any fraternization or sexual misconduct by staff, contractors, visitors or volunteers with inmates.
- Piedmont Regional Jail strictly prohibits **all sexual behavior**, whether **consensual or nonconsensual**, among inmates or between inmates and staff, contractors, volunteers, or visitors.
- Any behavior of a sexual nature with inmates is prohibited. Those who violate this policy will be prosecuted according to the Code of Virginia. Consensual or nonconsensual sexual behavior is strictly forbidden at Piedmont Regional Jail Authority among, employees, contractors, visitors, volunteers and inmates.

Inappropriate behavior with inmates includes:

1. Horseplay
2. Sharing personal information or items
3. Granting special requests
4. Excessive visits with the inmate
5. Putting money on the inmate's account
6. Engaging in a personal relationship with inmates, whether it is emotionally, romantic, or physical

Reporting

You are to report any form of sexual misconduct or sexual harassment to any staff member.

Third-Party Reporting is when a complaint is reported through friends, family, outside individuals or agencies. Complaints may also be reported through mail or by phone.

Definitions

Sexual Misconduct-Any inappropriate sexual behavior, language, or contact involving staff, volunteers, or inmates. This includes flirting, touching, or conversations of a sexual nature.

Consent is not valid between inmates and staff/volunteers.

Sexual Harassment- Unwanted sexual comments, jokes, gestures, or advances that create a hostile or uncomfortable environment.

Sexual Assault- Any non-consensual sexual contact or act, including touching or penetration, often involving force, threats, or coercion.

Sexual Abuse- Sexual contact or behavior toward an inmate by staff, volunteers, or others in power. This includes any sexual act, even if the inmate appears to consent.

ALLEGATIONS RELATED TO PREA VIOLATIONS WILL BE INVESTIGATED BY THE PREA INVESTIGATOR.

Allegation Outcome Definitions

Substantiated Allegation- An allegation where the investigation found sufficient evidence to prove that the incident occurred.

Unsubstantiated Allegation- An allegation where the investigation could not confirm whether or not the incident occurred due to insufficient evidence.

Unfounded Allegation- An allegation where the investigation determined that the incident did not occur or was false.

Contact Information

Piedmont Regional Jail Authority

P.O. Drawer 388
Farmville, VA 23901

434-392-1601

PREA Manager, Director Bridgett Tisdale, Ext. 316

PREA Investigator, Lieutenant James Cadell, Ext. 241

PREA Hotline: 434-392-3819

I hereby acknowledge that I have:

- Received training on the **Prison Rape Elimination Act (PREA)**, including its purpose, scope, and the facility's **zero-tolerance policy** toward sexual abuse, sexual harassment, and sexual misconduct.



- Been informed of my **duty to report** any known or suspected incidents of sexual abuse or harassment immediately and in accordance with Piedmont Regional Jail Authority procedures.
- Been given the opportunity to ask questions and seek clarification on PREA-related responsibilities.
- Received and reviewed a copy of the **training guide** titled:
"Prison Rape Elimination Act: What You Need to Know"
which summarizes my responsibilities and outlines reporting procedures.

By signing below, I confirm my understanding of the PREA policy, my role in ensuring a safe and respectful environment, and my obligation to comply with all related rules and reporting requirements.

Name (Print): _____ **Signature:** _____
Date: _____

Staff (Print): _____ **Signature:** _____
Date: _____