



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 <sup>th</sup> Ave.	1000 Lake Shore Dr.	5329 Osgood Ave. N.	1079 Highway 292	7600-525 <sup>th</sup> 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 <sup>th</sup> 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      Visiting check: \_\_\_\_\_/\_\_\_\_\_ Clear      ID check: \_\_\_\_\_/\_\_\_\_\_ Clear  
Staff initials / Date                      Staff initials / Date                      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: \_\_\_\_\_

## 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

## 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.**

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

## REQUEST FOR APPROVAL OF OFFENDER ASSOCIATION

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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).

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Signature

Date

### Warden or Business Unit Manager Review:

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

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Signature

Date

<b><u>OSI USE ONLY</u></b>	
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!



## RIGHT TO REPORT

If you, or someone you know, are experiencing sexual abuse or sexual harassment, the Department of Corrections wants to know.

We want you to report right away! Why?

- We want to keep YOU safe; it is our job! It is your right to be free from sexual abuse and sexual harassment.
- We want to investigate the reported incident.
- We want to hold the perpetrator accountable for his/her actions.
- We want to provide YOU with relevant information and support services.

### How to Report

The Department of Corrections offers multiple ways to report sexual abuse and sexual harassment:

- Telephone: Rape, Abuse, and Incest National Network RAINN \*77
- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or sick call slip.
- Report to the PREA Coordinator or the facility PREA Compliance Manager.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling the DOC Sexual Abuse Helpline at 651-603-6798.
- You also can submit a report on someone's behalf, or someone at the facility can report for you.

### External Reporting Option

You also can make a report to Rape, Abuse, and Incest National Network at \*77. This resource is located outside the Department of Corrections and you can remain anonymous upon request.

## IF YOU ARE ABUSED

Support services are available from a Victim Advocate and can be reached at 651-361-7666.

### What to Do If You Have Been Sexually Abused

- Tell a staff member as soon as possible.
- Seek medical attention BEFORE you shower, eat, drink, change clothing, brush your teeth, or use the bathroom.
- Share as much information as possible when answering questions to assist with the investigation.

## NOTICE FOR FAILURE TO REPORT

Anyone who engages in, fails to report, or knowingly condones sexual harassment or sexual abuse of an incarcerated Person/resident/detainee shall be subject to disciplinary action and may be subject to criminal prosecution.

# END THE SILENCE

Zero Tolerance for Sexual Abuse  
and Sexual Harassment:  
Prison Rape Elimination Act



MINNESOTA  
DEPARTMENT  
OF CORRECTIONS

# ZERO TOLERANCE

The Department of Corrections has a zero-tolerance for sexual abuse and sexual harassment. What does this really mean? It means that YOU have the right to be free from sexual abuse and sexual harassment by anyone at the facility, including an Incarcerated Person, staff, volunteer, or contractor. No one has the right to sexually abuse or sexually harass you. No one.

## What Is Sexual Harassment?

- Repeated and unwelcome comments or gestures of a sexual nature, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.
- Repeated and unwelcome sexual advances; requests for sexual favors; or verbal comments, gestures, or actions of a derogatory or offensive sexual nature.

## What Is Sexual Abuse?

- Forced or coerced sexual intercourse or sexual contact when the victim does not consent or is unable to consent or refuse. This may include the use of fear or threat of physical violence, psychological intimidation, bullying, and physical force.

## What is staff voyeurism?

An invasion of privacy of Incarcerated Person by a staff, contractor, or volunteer for reasons unrelated to official duties.

**Your complaint will be handled respectfully and confidentially.**

## Examples of Staff Voyeurism

- Watching an Incarcerated Person use the toilet, shower, or change clothes.
- Requiring an Incarcerated Person to show his/her buttocks, genitals, or breasts.
- Taking pictures of an Incarcerated Person's naked body or toilet use.

## Tips for Avoiding Sexual Abuse and Sexual Harassment

A victim is never to blame for being attacked, but these tips may help you lower your risk of sexual abuse or sexual harassment.

- Pay attention to your surroundings.
- Always carry yourself in a confident manner.
- Do not accept gifts or favors from others. They usually come with "strings attached" or future paybacks, including sexual favors.
- Do not accept an offer from another resident to be your protector or "friend."
- Find a staff with whom you feel comfortable discussing your fears and concerns. Confide in him/her if you feel threatened; or call the DOC Sexual Abuse Helpline 651-603-6798.
- Be alert! Do not use contraband such as drugs or alcohol, as they will weaken your ability to be alert and make good choices.
- Be direct and firm when others ask you to do things that you do not want to do.
- Do not give mixed messages to others regarding your wishes for sexual activity.
- Choose your acquaintances wisely.

The logo consists of the word "NO" in large, bold, orange letters. Below it, the word "MEANS" is written in smaller, black, all-caps letters. Below "MEANS", the word "NO" is written again in the same large, bold, orange letters as the first "NO".

The Challenge Incarceration Program does not tolerate any form of sexual abuse or sexual harassment. The goal of this facility is the safety of the Incarcerated Person. The facility will hold accountable any persons found to have committed any form of sexual abuse or sexual harassment against another person.

If any of the information presented here is confusing, or you have questions about something that may be happening to you, ask a staff person you trust.

Call the MIN DOC  
**Sexual Abuse Helpline**  
**651-603-6798.**

Select Collect Call option. It is a FREE call from any DOC pay phone.

On the MN DOC public website, anyone can email or mail the statewide:

PREA Coordinator  
MCF- Lino Lakes  
7525 Fourth Avenue  
Lino Lakes, MN 55014