

## Application Packet for Access Notification Checklist

- Completed Application for Access to Minnesota Correctional Facilities/ Sites for Non-DOC Personal (3 pages)
- Completed Photo and Visual Images Notice and Consent
- Sexual Misconduct with Offenders (PREA) Handout (for individual to read)
- Completed Sexual Misconduct with Offenders
- Completed Disclosure of Offender Association
- Contractor Tool Inventory (if applicable)
- Copy of a Valid State ID, Passport (only if out of country), or Military ID.

Once all these have been completed please send full packet to [MN\\_DOC\\_SHK-Facility\\_Acess@state.mn.us](mailto:MN_DOC_SHK-Facility_Acess@state.mn.us) for processing.

NOTE: Email Subject Must Read "Shakopee Expansion Project"  
email CC eric.thomforde@state,.mn.us

*\*Entire Packet should be submitted at least 3 business days prior to event.*

*Please do not submit until the full packet is complete.*

*Thank you!*

# DEPARTMENT OF CORRECTIONS

## 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: \_\_\_\_\_/\_\_\_\_\_  
Staff initials / Date  Clear

Visiting check: \_\_\_\_\_/\_\_\_\_\_  
Staff initials / Date  Clear

ID check: \_\_\_\_\_/\_\_\_\_\_  
Staff initials / Date  Clear

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

## Sexual Misconduct with Offenders (PREA)

A guide for staff, contractors and volunteers of the Minnesota Department of Corrections.

### A Special Note to Person in Positions of Power

Amorous or sexual relationships are inappropriate and illegal when they occur between an offender and any staff member, contractor, representative, or volunteer. Offenders depend upon staff to provide for their board and care, ensure their safety, address their health care needs, supervise their work and conduct, and act as role models for socially-acceptable conduct.

Because of the difference in power between offenders and staff, contractors, representatives, and volunteers, there can never be a consensual relationship between the two entities. Here are some factors to consider.

Some offenders have a history of victimization, particularly in their formative years, 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 support themselves. Coupled with low self-esteem, this carries over into their conduct in prison and while under community supervision.

Occasionally an offender tries to use sex to improve his/her standing or circumstances (e.g., better job, avoid disciplinary action, affect a transfer, gain privileges, etc.). However, as the person in authority, it is the staff member's responsibility to discourage and refuse any overtures as well as maintain professional boundaries **at all times**.

### An Issue of Power

Minnesota Department of Corrections' (DOC) policy specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between offenders and DOC staff. In the definition, "staff" includes: contractors, representatives, or volunteers of the DOC as well as staff from other federal, state, or local jurisdictions. An "offender" means someone incarcerated in a correctional facility or under supervision in the community.

**Sexual misconduct** can be defined as behavior of a sexual nature. The result is a breach of the professional relationship that exists between staff and an offender. Sexual misconduct distinctly alters the boundary between professional roles and personal relationships-personal elements are then introduced into what should be a sex-neutral situation. Forms of sexual misconduct include, but are not limited to:

- Attempts to engage in a sexual act with any offender's genitalia, anus, groin, breast, inner thigh, and/or buttocks with the intent to abuse, humiliate, harass, degrade, arouse, or gratify the sexual desire of another person.
- Any solicitation of sexual activity of sexual activity through promises of favors and/or threatening an offender for refusing sexual advances.
- Invasion of privacy beyond what is reasonably necessary for safety and security, including disrespectful, unduly familiar, or threatening comments made to offenders.

Sexual misconduct, including sexual harassment, is a serious offense **and is against the law** (M.S. 609.344 and 609.345. subd. 1 [m].)

Depending on the investigation findings of an alleged incident, disciplinary action may result in dismissal and the advanced 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.

**Sexual harassment** can take many forms, including but not limited to:

- Sexual comments about one's body.
- Repeated staring, comments, and/or propositions of a sexual nature.
- Conversations that include sexually-suggestive posters, objects, or messages.
- Demands for acts of a sexual nature.

- Physical sexual assault.
- Request for sex in exchange for favors.

Sexual harassment is any sexual behavior that adversely affects an offender's environment as it pertains to his/her incarceration or supervision. It can occur without conscious intent and is not limited to explicit demands for sex.

Sexual misconduct and sexual harassment are an abuse of power. No one can predict when romantic or sexual feelings will occur between two people, but acting on those feelings by becoming involved with an offender is unprofessional and unacceptable conduct.

As a DOC employee, contractor, representative, or volunteer, your designated assignments place you in a position of authority over the offenders 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 dates, return to prison, or other sanctions.

### Some Other Things to Consider

- Amorous or sexual relationships with an offender are seldom a secret. Such behavior will undermine your professional career by subjecting you to disrespect and manipulation from other offenders 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).
- Others will be judging your decisions for professionalism and trustworthiness. Your conduct and decisions you make reflect not only on your own reputation, but also on that of your peers and the agency you respect.
- Romantic or sexual relationships often end with bitter feelings. If this occurs, you may be vulnerable to a host of problems-such as loss of respect from your peers, a damaged reputation, and loss of employment.

Engaging in any form of overly familiar activity with an offender is unprofessional conduct and in violation of department policy.

A staff member's personal and professional reputation may be jeopardized because of unprofessional conduct. Their effectiveness as agents of the DOC, their careers, and even their families can be negatively impacted or destroyed.

Boundaries in relationships can be difficult. If you question your professional boundaries with an offender or feel uncomfortable with his/her actions or advances toward you, talk to another person you respect or bring this matter to the attention of your supervisor before it gets out of control.

### Employee Assistance Program

To speak with a consultant, call 651/259-3840 or 800/657-3719, or visit [www.mylifematters.com](http://www.mylifematters.com).

*M.S. 609.344 & 609.345, subd. 1 (m)* The actor is an employee, independent contractor, or volunteer of a state, county, city, or privately operated adult or juvenile correctional system, including, but not limited to, jails, prisons, detention centers, or work release facilities, and the complainant is a resident of a facility or under supervision of the correctional system. Consent by the complainant is not a defense.

**Minnesota Department of Corrections**  
**1450 Energy Park Drive, Suite 200**  
**St. Paul, MN 55108**  
**651/361-7200, TTY 800/627-3529**  
[www.doc.state.mn.us](http://www.doc.state.mn.us)  
**March 2013**

## Sexual Misconduct with Offenders

Minnesota DOC Policy 202.057 Sexual Abuse/Harassment Prevention,  
Reporting and Response

### Prison Rape Elimination Act Information

Prison Rape Elimination Act (PREA), 28 C.F.R § 115 (2012)  
MN Statutes 241.01, 611A.20, 629.37, 609.344, 609.345 and 629.39

I acknowledge that I have received training and/or policy and/or a brochure on the subject of sexual misconduct with offenders and the Prison Rape Elimination Act law and I will fully review the policy and brochure 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, including sexual harassment, between offenders and DOC staff. In this definition, "staff" includes DOC employees, contractors, representatives, or volunteers of the DOC as well as staff from other federal, state, or local jurisdictions. "Offender" is someone incarcerated in a correctional facility or under supervision in the community.

I further understand that sexual misconduct is against the law under Minn. Stat. §§ 609.344 and 609.345, subd. 1(m).

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
printed name

\_\_\_\_\_  
work location

\_\_\_\_\_  
State your affiliation with DOC and your company, school, or other sponsor  
agency information

\_\_\_\_\_  
Department of Corrections Contact Name





**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



Copy of Driver's  
License, Valid State ID,  
Passport or Military ID  
is requested to process  
request.

Thank you