

STATE OF CALIFORNIA

EMERGENCY NOTIFICATION INFORMATION

CDCR 894 (Rev. 09/19)

Employees are responsible for ensuring this form is updated when changes occur. The person(s) to be notified in case of emergency should be over the age of 18.

EMPLOYEE'S NAME (LAST, FIRST, MIDDLE):		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER (FOR ID PURPOSES ONLY):	
HOME ADDRESS (STREET NUMBER AND NAME, CITY, STATE, AND ZIP CODE):			
HOME PHONE NUMBER:	WORK PHONE NUMBER:	CELL PHONE NUMBER:	
INSTITUTION/FACILITY/PROGRAM AREA AND UNIT:		PERSONAL EMAIL ADDRESS:	
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (over the age of 18)			
NAME (LAST, FIRST, MIDDLE):		RELATIONSHIP:	
HOME ADDRESS (STREET NUMBER AND NAME, CITY, STATE, AND ZIP CODE):			
HOME PHONE NUMBER:	WORK PHONE NUMBER:	CELL PHONE NUMBER:	
ALTERNATE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY (over the age of 18)			
NAME (LAST, FIRST, MIDDLE):		RELATIONSHIP:	
HOME ADDRESS (STREET NUMBER AND NAME, CITY, STATE, AND ZIP CODE):			
HOME PHONE NUMBER:	WORK PHONE NUMBER:	CELL PHONE NUMBER:	
MEDICAL INFORMATION			
PERSONAL PHYSICIAN'S NAME:		PHONE NUMBER:	
MEDICAL PLAN NAME:	MEDICAL PLAN CARD NUMBER:	MEDICAL FACILITY NAME AND LOCATION:	
SPECIAL MEDICAL CONDITIONS (ALLERGIES, ETC.):			
SPECIAL INSTRUCTIONS:			
EMPLOYEE'S SIGNATURE:			DATE:

This information will be kept confidential and used for emergencies only. This form will be filed in your Official Personnel File (OPF) and in the supervisory file.

PERSONNEL OFFICE USE	
REVIEWER'S PRINTED NAME:	
BIS KEY DATE:	PHONE NO.:

DISTRIBUTION Original: OPF Copy: Supervisor File

**PRIMARY LAWS, RULES, AND REGULATIONS REGARDING
CONDUCT AND ASSOCIATION WITH STATE PRISON INMATES
CDCR 181 (Rev.10/14)**

Individuals who are not employees of the California Department of Corrections and Rehabilitation (CDCR), but who are working in and around inmates who are incarcerated within California's institutions/facilities or camps, are to be apprised of the laws, rules and regulations governing conduct in associating with prison inmates, Title 15, Section 3285. The following is a summation of pertinent information when individuals not employed by the department (volunteers, media, contractors and their employees and dignitaries) come in contact with prison inmates.

1. Persons who are not employed by CDCR, but are engaged in work at any institution/facility or camp must observe and abide by all laws, rules and regulations governing the conduct of their behavior in associating with prison inmates. Failure to comply with these guidelines may lead to expulsion from CDCR institutions/facilities or camps.
SOURCE: California Penal Code (PC) Sections 5054 and 5058; California Code of Regulations (CCR), Title 15, Sections 3283, 3285, 3289, 3292 and 3415
2. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, non-employees and employees shall be made aware of this.
SOURCE: PC Sections 5054 and 5058; CCR, Title 15, Section 3304
3. All persons entering onto institution/facility or camp grounds consent to a search of their person, property or vehicle at any time. Refusal by individuals to submit to a search of their person, property or vehicle may be cause for denial of access to the premises or restrictions to visiting or facility access.
SOURCE: PC Sections 2601, 5054 and 5058; CCR, Title 15, Sections 3173, 3267, 3288, 3289, and 3292.
4. Persons normally permitted to enter an institution/facility or camp may be barred, for cause, by the CDCR Secretary, Director of Division of Adult Institutions (DAI), Warden, Regional Parole Administrator and /or their designees.
SOURCE: PC Sections 2086, 5054 and 5058; CCR, Title 15, Sections 3283 and 3289
5. It is illegal for an individual who has been previously convicted of a felony offense to enter into CDCR institutions/facilities or camps without the prior approval of the Warden. It is also illegal for an individual to enter onto these premises for unauthorized purposes or to refuse to leave said premises when requested to do so. Failure to comply with this provision could lead to prosecution.
SOURCE: PC Sections 602, 4570.5 and 4571; CCR, Title 15, Sections 3173, 3283 and 3289
6. Encouraging and/or assisting prison inmates to escape is a crime. It is illegal to bring firearms, deadly weapons, explosives, tear gas, drugs or drug paraphernalia on CDCR institutions/facilities or camp premises. It is illegal to give prison inmates firearms, explosives, alcoholic beverages, wireless communication devices or components thereof, tobacco products, narcotics, or any drug or drug paraphernalia, including cocaine or marijuana.
SOURCE: PC Sections 2772, 2790, 4535, 4550, 4573, 4573.5, 4573.6, 4574, 4576 and 5030.1; CCR, Title 15, Sections, 3172.1, 3188 and 3292
7. It is illegal to give or take letters from prison inmates without the authorization of the Warden. It is also illegal to give or receive any type of gift and/or gratuities from prison inmates.
SOURCE: PC Sections 2540, 2541 and 4570; CCR, Title 15, Sections 3010, 3399, 3401, 3424 and 3425
8. In an emergency situation the visiting program and other inmate program activities may be suspended by the Warden or designee.
SOURCE: PC Sections 2086 and 2601; CCR, Title 15, Section 3383
9. For security reasons, volunteers, media, contractors, dignitaries and guests must not wear clothing that in any way resembles state issued prison inmate clothing (blue denim shirts, blue denim pants).
SOURCE: CCR, Title 15, Sections 3174 and 3349.2.3(g) (3) (B)
10. Interviews with SPECIFIC INMATES are not permitted. Conspiring with an inmate to circumvent policy and/or regulations constitutes a rule violation that may result in appropriate legal action.
SOURCE: CCR, Title 15, Section 3261.5

I HEREBY CERTIFY AND ACKNOWLEDGE I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE IMPLICATIONS REGARDING MY CONDUCT AND ASSOCIATION WITH CDCR INMATES. I ALSO UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN EXPULSION FROM A CDCR INSTITUTION/FACILITY OR CAMP WITH THE POSSIBILITY OF CRIMINAL PROSECUTION.

VOLUNTEER/MEDIA/CONTRACTOR/GUEST NAME AND TITLE (Print)	SIGNATURE	DATE SIGNED
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DISTRIBUTION: Original – Warden, Parole Administrator *and/or* designee

For Staff Use Only

Requester: _____ Department: _____ Extension: _____
Division Head Authorization: _____ Date: _____
Purpose of Entry: _____
Date(s): _____ Time: _____ Duration: _____
Escort: _____
Type of Authorization Requested (Check One): Gate Clearance State ID Card (Contractor)

Last Name, First Name, MI: _____
Other names you have been known by: _____
Date of Birth (Month, Day, Year): _____
Gender: Male Female Non-Binary *EMAIL* _____
Social Security Number (SSN): _____ - _____ - _____
Contact Telephone Number: (_____) _____ State Bar #: _____
State ID # or Driver's License #: _____ State: _____
Passport # (if no State ID/Driver's License): _____

Have you ever visited or had a personal relationship with any California Department of Corrections and Rehabilitation inmate or parolee for non-work related reasons? No: Yes:
(If yes, please complete the CDCR Form 2189 Incarcerated/Paroled Relative/Associate Notification.)
Are you a former California State Prison inmate? No: Yes:
Have you ever been restricted or denied access to a State Prison? No: Yes:
(If yes, please provide an attachment listing the institutions and the reason for the restriction/denial.)
Have you ever been convicted of a felony? No: Yes:
(If yes, please list the dates, counties & violations.)

Are you currently on probation/parole? No: Yes:
Do you have any pending or outstanding charges? No: Yes:

By signing this application, I attest that all of the information provided is true and correct. I acknowledge that prior written consent from the supervising agency is required for any parolee, probationer, or formerly incarcerated person to enter prison grounds. I further understand that, if approved, access is restricted to the designated area(s) and shall be under state employee escort unless otherwise authorized.

In accordance with the Privacy Act of 1974 (PL93-579), providing a SSN is optional. However, any omission of falsification may be cause for denial of access.

Signature of Applicant: _____ Date: _____

APPROVE DENY

Hiring Authority Signature: _____ Date: _____

*RETURN WITH A COPY of THE FRONT of YOUR DRIVERS LICENSE to:
BRAD SMITH, SMITHBUB49@GMAIL.COM, 303.898.8229*