



# Staff Nexus

Definition of Staff Nexus - An employee, volunteer or contractor who has any contact and/or relationship with an inmate or offender who is currently under supervision of DRC.

*Notice: If the relationship changes you are required to complete a new nexus form immediately.*

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Your OAKS Number: \_\_\_\_\_

Your Current Work Location: \_\_\_\_\_

## COMPLETE ONLY ONE SECTION BELOW (I, II OR III)

### I NO NEXUS

I state that, to the best of my knowledge, I have no nexus connection, affiliation, or relationship to any inmate/offender currently under the supervision of the the Ohio Department of Rehabilitation and Correction. I understand that should I become aware of such a relationship I am required to notify my Managing Officer/ APA Regional Administrator the next business day.

### II NEXUS - REQUESTING NO CONTACT *(Select one of the 2 options below and explain below)*

I do have a nexus I am required to report, but I do not wish to correspond, visit, send funds/packages or communicate with them while they are incarcerated or on under community supervision.

Offender Name: \_\_\_\_\_

Offender Number: \_\_\_\_\_

- I do not anticipate professional conflict if the individual remains in the same prison/APA region.
- I anticipate a professional conflict if the individual remains in the same prison/APA region

Please Note: In some cases, inmates with certain medical, mental health, classification, security, supervision or other needs will required the inmate to be kept in a certain prison/region. In situations where inmates cannot be moved for these reasons, requests to not work in the same facility/region with the inmate cannot be accommodated.

Please describe your relationship and the reason you anticipate a professional conflict:

### III NEXUS - REQUESTING CONTACT

I have a nexus with the inmate/offender listed below who is currently incarcerated in the ODRC or under the supervision of the APA and I wish to maintain contact with them.

Offender Name: \_\_\_\_\_

Offender Number: \_\_\_\_\_

Please describe your relationship and the purpose and extent of the contact:

Staff

Print Name:	Signature:	Date:
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- Managing Officer Action:
- Approve No Contact - Transfer
  - Approve Contact
- Approve Professional Contact Only - No Transfer
  - Disapprove Contact

Print Name:	Signature:	Date:
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# Volunteer/Contractor/Intern Emergency Information

Name:			Last 4 digits of Drivers License #:		
Current Residence:				City:	
State:	Zip:	Birth Date:	E-mail Address:		
Home Phone (Including Area Code):			Cell Phone (Including Area Code):		

\* In the event of an emergency where driving directions are needed to your home, the address listed above will be used to run "driving directions" using a mapping service through the internet.

### List 3 Persons To Notify In The Event Of An Emergency:

1. Print Name:		Relationship:	
Primary Contact Number:		Alternate Number:	
Address:	City:	State:	Zip:

2. Print Name:		Relationship:	
Phone Number: (     )		Address:	
City:	State:	Zip:	

3. Print Name:		Relationship:	
Phone Number: (     )		Address:	
City:	State:	Zip:	

Do You Wear a Medical Tag: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please Explain:
Name of Family Doctor:	Doctor's Phone Number: (     )

Model of Car 1:	Plate #:
Model of Car 2:	Plate #:

If any information on this form changes, a new form must be completed and returned to the Volunteer Coordinator.

Signature:	Date:
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