

Ohio | Department of Rehabilitation & Correction

John R. Kasich, Governor
Gary C. Mohr, Director

Date: April 29, 2016

To: Community Partners,

From: Jim Hildreth, Reentry Coordinator

RE: London Correctional Institution Reentry Resource Fair

The London Correctional Institution would like to invite you, or any representative of your organization to participate in our **Spring Reentry Resource Fair being held on Wednesday, June 8, 2016 from 8:00 am to 10:30 am**

Our goal is to provide our offender population with information on resources that are available for them when they start their journey back into society.

Please contact me by **Friday, May 27, 2016** to confirm you are able to participate this year and help us make this a successful Reentry Resource Fair. Also, please complete the attached forms and e-mail or you can fax it to me at (740) 845-3386. **Also, please ensure to complete the DRC 1500 Staff Nexus form and indicate if you have a nexus to any offender within ODRC.**

I look forward on hearing from you and I hope to see you there.

Sincerely,

Jim Hildreth, Reentry Coordinator
London Correctional Institution
1580 State Route 56
London, Ohio 43140
(740) 852-2454 ext. 2200



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.

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 Office/APA Regional Administrator the next business day.

II NEXUS - REQUESTING NO CONTACT

I have a nexus with _____ who is currently incarcerated at the _____
(name of inmate/offender) (number)

(Institution or under the supervision of the APA)

Please describe your relationship:

I do not wish to maintain contact with the individual

III NEXUS - REQUESTING CONTACT

I have a nexus with _____ who is currently incarcerated at the _____
(name of inmate/offender) (number)
_____. Please describe your relationship:
(Institution or under the supervision of the APA)

(family, significant other, friend, neighbor, acquaintance)

Please describe the type, duration and purpose:

Print Name:	Signature:	Date:
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Approved:
Disapproved:

Managing Officer/APA:	Date:
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Comments:

Appeal Process: Within 5 business days of the receipt of this approval/disapproval, the employee has the right to appeal the decision in writing to the next level of supervision.

London Correctional Institution Reentry Resource Fair Participation Form

Name of Agency:

Address:

Contact Person:

Phone:

Fax:

E-Mail:

Number of persons attending:

How many tables and Chairs needed _____

Please list any special accommodations i.e., wheel etc

Will need picture ID

No cell phones

No retractable pens as giveaways

No Maps

Please send form to:

Jim Hildreth, Reentry Coordinator

London Correctional Institution

P.O. Box 69

London, Ohio 43140

James. Hildreth@odrc.state.oh.us

Fax: (740) 845-3386



Community Partner Application for Volunteer Services

Name of Organization:	
Address:	
Phone Number:	Fax Number:
Name/Title:	Last 4 of Driver's License #:

Has your agency ever had a contractual agreement with the Department of Rehabilitation and Correction?
 Yes No If Yes, please list dates and types of service.

Date:	Service:
Date:	Service:
Date:	Service:

What services will be provided at this facility?

Has your agency previously performed these Volunteer Services?
 Yes No Please list the organization served and/or service provided.

Organization:	Service:
Organization:	Service:
Organization:	Service:

Availability

Please indicate the day(s) and time(s) your agency will be available for volunteer service:

Monday	Tuesday	Wednesday	Thursday	Friday
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Criminal History

All agency representatives providing services shall not possess any of the following:

- a. Convicted of a felony within the past three (3) years.
- b. Arrested for a felony which led to a lesser conviction within the past three (3) years.
- c. Under current supervision of the Department of Rehabilitation and Correction.
- d. Under eighteen (18) years of age.

I acknowledge by my signature that this information is true and accurate to the best of my knowledge.

Signature:	Date:
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