

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Personnel</u> STATEMENT NUMBER <u>2.24</u>
SUBJECT: <b>CITIZEN INVOLVEMENT AND VOLUNTEERS</b>  PROPONENT <u>Wm. McGonagle, Assist. Comm.</u> : <i>Name/Title</i>  <u>Commissioner's Office 271-5601</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>11/30/10</u> REVIEW DATE <u>11/30/11</u> SUPERSEDES PPD# <u>2.24</u> DATED <u>08/01/07</u>
ISSUING OFFICER:  <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS _____ DATE _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. **PURPOSE:**

To provide a comprehensive process for the recruitment and meaningful involvement of citizen volunteers in correctional programs and services

II. **APPLICABILITY:**

To all staff, community members and volunteers

III. **POLICY:**

It is the policy of the Department of Corrections that a structured citizen involvement and volunteer program shall be instituted throughout the agency and shall provide for the following:

- A. The recruitment, selection, orientation, training and supervision of volunteers to perform a variety of roles, including advisors, interpreters, liaison with the public, direct service to inmates, and other cooperative endeavors, including professional services.
- B. The official registration and identification of volunteers and other citizens authorized for involvement with this agency.
- C. The delineation of applicable authority, responsibility and accountability governing volunteers.
- D. All persons who provide voluntary services must be 20 years of age or older and are required to make formal application and be subject to a background investigation to include a criminal history records check. Academic intern applicants may be 18 years of age or older.
- E. A volunteer may perform professional services only when they are certified and licensed to do so. When voluntary professional service is offered, the applicant shall submit copies of any valid professional certificates, licenses, and liability insurance coverage for any occupation requiring certification or licensure by a State or Federal board or agency, or any regional or national association or organization, with the application and whenever requested during the term of authorization
- F. Prior to assignment and any contact with inmates, each volunteer will complete a documented orientation and/or training program appropriate to the nature of the assignment.
- G. Volunteers must acknowledge, in writing, to abide by all agency policies, including confidentiality of records and other privileged information.
- H. Each Division Director shall assign a senior staff member as a volunteer coordinator to facilitate the involvement of volunteers, report relevant data and statistics to the Division Director.
- I. Each division's volunteer coordinator shall have overall responsibility for coordinating the volunteer program and shall review and evaluate the program, making changes if needed on an annual basis.
- J. Volunteers shall have the opportunity to participate in the establishment of the policy and

procedure for the volunteer services program.

- K. The Warden/Division Director shall curtail, postpone or discontinue the services of a volunteer or volunteer organization for just cause. Any change to the volunteer's status will be communicated in writing to the volunteer within one week, with copies to all other Wardens/Division Directors.
- L. Volunteers are encouraged to offer voluntary services at more than one prison or division unless participation causes service both inside and outside the secure perimeter. Such a crossover is prohibited unless waived by the Division Director.
- M. DOC employees may not be designated as volunteers. Refer to PPD 4.01 for cross training procedures, for work experiences other than their current assignment.
- N. Former DOC employees may be considered for volunteer service following five (5) years separation from either full or part time employment with the agency.
- O. Any employee, elected or appointed official of the Federal, State or local government unit, acting in their official capacity, shall register in advance providing suitable identification and function prior to entry into the correctional facility.

#### IV. PROCEDURES:

- A. Citizen Involvement Categories:
  1. All voluntary services shall be for a specified term, at the direction and authority of the Commissioner of Corrections, and as delegated to a designated staff supervisor.
  2. A Citizen Involvement Application Part 1 (attachment 1) must be completed for any of the volunteer categories listed below. This application will incorporate a written release to conduct a criminal records and other background investigation. Any intended service to be performed requiring a license or certificate by state law or authority of a credentialing entity, requires the applicant to attach a photocopy of the current document and a professional liability rider to the Citizen Involvement Application
  3. Volunteer Level 1 will include all persons seeking privileges for a one-time event or for infrequent service or activity with inmates, probationers/parolees or staff and will include:
    - a. Guests or special event volunteers
    - b. Occasional outside consultants providing voluntary professional expertise without compensation from the Department of Corrections. Contract service providers are processed through the Division of Administration pursuant to PPD 1.21.
    - c. Ordained clergy seeking only visiting room privileges with an individual incarcerated adherent or inmate-relative of a member of the faith community. Applicant must attach a letter from the affiliated ecclesiastic authority specifying an endorsement of the religious qualifications, preparation, experience and competence for spiritual care and pastoral counseling of a criminal offender.
    - d. Representatives of governmental and social services agencies acting in their official capacity.
  4. Volunteer Level 2 will include all persons seeking privileges for regular, extended or recurring service or activity with inmates, probationers/parolees or staff. Applicant will complete the Citizen Involvement Application Parts 1 and 2 in one or more of the following service areas:
    - a. Administrative – including institutional services, advisory groups and consultants
    - b. Education – including academic and career/technical and library services
    - c. Health, Wellness and Recreation – fitness, nutrition and leisure pursuits
    - d. Internship – post secondary academic study requiring a minimum of 120 contact hours per semester
    - e. Life Skills – for cognitive learning, social learning and parenting training
    - f. Recovery – all 12-step fellowships and addiction, relapse support and prevention
    - g. Re-Entry Preparation and Community Corrections – pre- and post-release transitioning and mentoring
    - h. Spiritual Care – including all group cultural enrichment, faith tradition corporate worship, sacred ritual and religious education services.
  5. Volunteer Level 3 will include persons possessing advanced training, experience, qualifications or credentials seeking privileges to provide extensive, comprehensive services to both individual and groups of inmates. Applicant will complete Parts 1, 2 and 3 of the Citizen Involvement Application and attach all required supporting documents.
  6. Factors Disqualifying Volunteer Involvement
    - a. Current employee or contract service provider of the NH Department of Corrections (NHDOC)
    - b. Past NHDOC employee separated less than 5 years
    - c. Immediate family or household member of a person incarcerated or under the continued supervision of the NHDOC.
    - d. Person under any correctional custody or supervision within the past 5 years
    - e. Persons with established personal association with an inmate (i.e. correspond with or on visiting or phone lists of inmate within the past 12 months
    - f. Person with unresolved criminal charges

- g. Person subject to provisions of RSA 651-B
- h. Person filing an incomplete, deceptive or false Citizen Involvement Application
- i. Person found in violation of any State of NH Administrative Rules, COR Chapter 300 that pertains to the NHDOC.

B. Citizen Involvement Programs shall include any departmental program, event, service or activity provided on a voluntary basis for the benefit of inmates and/or the institution by persons not employed or compensated by the NHDOC. NHDOC staff supervisors will have a clear, on-going understanding of the context and content of all voluntary services provided.

1. The Activity Proposal and Curriculum Review Form (attachment 2) shall be prepared and submitted for all existing and potential activities conducted by, or supported with volunteers as requested by the supervising staff
2. The Activity and Proposal Review may be initiated by a volunteer, outside agency or organization or departmental staff member and is subjected to change during division review. Volunteer programs are subject to annual and interim review and adjustment to support the division's needs and overall Mission of the NHDOC.
3. Citizen Involvement Position Description (attachment 3) shall be prepared from approved activity proposals. Each position description will delineate content, context, scope, qualifications and expected outcomes and accountability of volunteer to staff member or bureau.
4. Recruiting will be from all cultural and socioeconomic segments of the community for positions using the approved position descriptions.
5. Volunteers may be assigned more than one citizen involvement position description. Placement of a volunteer will be at the discretion of each facility/division at which volunteer services may be offered.
6. Inmates may not gather independent of qualified volunteers or authorized staff supervision.

C. Volunteer Training and Certification

All applicants are subject to a background investigation including a check of criminal history records. Upon successful completion of the basic vetting process:

1. Volunteer Level 1
  - a. Applicant will review "Rules and Guidance for Citizen Involvement and Volunteers" and may attend Orientation (attachment 5) or equivalent training following the vetting process.
  - b. Guests, special event volunteers and consultants will be certified for facility entry and restricted offender interaction that will be limited to a maximum of 6 hours in a 12-month period.
  - c. Ordained clergy or faith community appointees will be certified as Official Visitors offering pastoral visitation and spiritual guidance to an individual incarcerated criminal offender only within a correctional facility visiting room during an established visitation schedule and subject to the provision of PPDs 7.09, 7.17 and 7.43, for a renewable 3 year term. This certification will not include privileges for inmate group activity or services.
  - d. Social service agents and governmental representatives will be certified as Official visitors only for individual offender services and counseling within the visiting room protocol of PPD 7.09 for a renewable 3 year term.
2. Volunteer Level 2
  - a. Applicant must attend Orientation (attachment 5) or equivalent training following the vetting process and before placement through one or more position descriptions offering activity and services to all interested DOC clients for an initial renewable certification term up to 2 years.
  - b. At renewal, a certified volunteer must submit a new application, attend required training and accept revised position description(s) for renewable 5 year certification periods.
  - c. Internship applicants must submit a project synopsis for review by section or service administrators and attend Orientation. Applicant interview and acceptance of an intern project by the section or service required prior to the commencement of internship. Other provisions of PPD 1.32 may apply. Certification will only be for the term or course of internship study, allowing the post-secondary student supervised access within the NHDOC.
  - d. Certification for Volunteer Level 2 will not include privileges associated with PPD 7.09.
3. Volunteer Level 3
  - a. Applicants must attend Orientation following vetting and, in recognition of verifiable advanced professional development including ethics and clinical boundary curricula, accept one or more position descriptions for comprehensive group and individual offender services at multiple correctional venues including prison, visiting rooms, transitional housing and parole.
  - b. Certification will be renewable for 5 year terms anticipating continuous collaboration with supervision staff. Recertification will include a new application, attendance at required training and revision of all applicable position descriptions for another renewable 5 year term.
4. Orientation shall include instruction on the State of New Hampshire and DOC's sexual harassment policies (PPD 2.39), undue familiarity with inmates (PPD 2.16) and the Prison Rape Elimination Act (PPD 5.19). Orientation attendance will be documented with the records retained during the certification term.

5. Certified volunteers will be given a letter stating their specific duties for the purposes of complying with the provisions of RSA 508:17, The Volunteer Immunity Law, their term of service with the department and prompt notice of personal information changes (attachment 4).

D. Rules and Guidance for Citizen Involvement and Volunteers

1. Dress code – certified volunteers will comply with attire standards prescribed in PPD 2.29 “Guidelines for Professional Attire.”
  - a. Clothing should be conservative, dress casual and shall be clean, in good repair and suitable for voluntary services to be performed.
    - 1) Acceptable:
      - a) Dresses and suits
      - b) Dress slacks, loose-fitting knit pants, culottes/skorts
      - c) Skirts, blouses, sweaters, dress shirts, collared shirts, sports coats and ties
      - d) All hemlines can be no shorter than 2 inches above the knee
    - 2) Unacceptable
      - a) Clothing with holes, tears or stains
      - b) Jeans of any color, cutoffs, sweatpants, overalls, form-fitting pants and shorts
      - c) Sweatshirts, fishnet shirts, t-shirts, tank tops, low-cut necklines and bare midriffs, and any decaled clothing other than NHDOC logos.
  - b. Footwear shall be of solid construction. No sandals, flip-flops, stiletto heels or other shoes of questionable safety.
  - c. Body piercing jewelry, with the exception of earrings, is not acceptable. Jewelry shall be chosen in a way that contributes to a safe environment and will not become a distraction.
  - d. Hair shall be clean and groomed. Extreme color, punk or spikes hair is not permitted.
  - e. Appropriate undergarments that provide adequate and discreet support are expected.
2. All persons, vehicles and any property brought onto any prison grounds, transitional housing unit or district office are subject to search without warning.
3. Possession of contraband is prohibited and subjected to criminal prosecution.
4. Use of, or being under the influence of, alcohol or drugs is prohibited.
5. Prison grounds are tobacco-free
6. All vehicles must be secured including windows rolled up completely, doors locked and personal items removed from view.
7. No persons or pets may remain in a vehicle while a certified volunteer is within a correctional facility.
8. Communications with staff members of the NHDOC
  - a. Seek clarification of supervising staff or any other DOC employees regarding all prison or field services protocols.
  - b. Cooperate immediately with any officer’s request or directive.
  - c. Certified volunteers are accountable to NHDOC staff members for all voluntary services and shall provide periodic (weekly/monthly) updates on program outcomes and anticipated curriculum.
  - d. NHDOC staff supervisors will have a clear, on-going understanding of the context and content of all voluntary services provided.
  - e. Certified volunteers are encouraged to refer observations and concerns to their staff supervisor.
  - f. Provide summary statements of activity outcomes and attendance including offender interaction experiences (attachment 6) and/or individual attendance (attachment 7).
  - g. Duty to report - at the earliest opportunity, a volunteer must report to their assigned supervisory staff or to the facility’s Shift Commander or Chief Probation/Parole Officer:
    - 1) Any existing or past association or personal connection to an offender.
    - 2) Sexual misconduct alleged by an inmate
    - 3) Offender threat of self-harm or extreme hostility towards another person
    - 4) Offender revelation of criminal activity or parole violation
    - 5) Requests by an inmate for personal favors or other non-authorized subjects
    - 6) Personal criminal arrest or becoming the subject to a judicial order
9. Communications with inmates and parolees
  - a. Focus on the assigned tasks detailed in your position description
  - b. Keep everything in the open. Do not say or do anything with an offender that you would be embarrassed to share with your peers or supervisors.
  - c. Maintain a clinical/professional distance with inmates/parolees. Know your own boundaries and maintain your personal space.
  - d. Respect inmates/parolees’ privacy, confidentiality of records and privileged information
  - e. Respect diversity
  - f. Accept that certified volunteers cannot substantiate offender conversation

- g. Certified volunteers are prohibited to correspond with individuals under supervision with the NHDOC without specific written authorization of their staff supervisor. Such correspondence includes written or telephone communications. Volunteers may not facilitate communications between inmates or residents in custody or parolees/probationers under supervision, of any correctional jurisdiction.
  - h. Certified volunteers should protect personal identity information from inmates and not reveal their address, phone numbers, social life or other confidential personal or family information.
  - i. A certified volunteer may not knowingly convey to a person under departmental control any information of a confidential or restricted nature; i.e. intended for staff use only.
10. Undue familiarity with persons under departmental control and their families is not permitted by a certified volunteer. Undue familiarity includes unprivileged touching, kissing, groping or hugging or conduct that is likely to result in intimacy or close personal association. Certified volunteers shall not permit persons under departmental control or their families to become unduly familiar towards them. Outside the parameters of the assigned position descriptions, certified volunteers will not maintain any contact with persons under departmental control or their families without written permission for the Commissioner.
  11. Sexual contact, misconduct or indecent behavior with persons under departmental control or their families is prohibited for certified volunteers or staff and subject to criminal prosecution under RSA 632-A:2 and 3.
  12. Giving, selling or accepting items from or to persons under departmental control or their families or extending them any favors is not permitted by certified volunteers without permission of the Commissioner.
    - a. Give nothing to a person under departmental control
    - b. Take nothing from a person under departmental control
    - c. Carry nothing out of a correctional facility for any persons under departmental control
  13. Property control for the incarcerated – the direct exchange of personal property between a volunteer and an inmate is prohibited. All items received by, in the possession of, or being relinquished by any inmate must be pre-screened and accounted for by correctional staff and are subject to ongoing staff inspections. Materials used for group program shall only be accessed by inmates during those times when the group is scheduled, unless the supervising staff provides written authorization for personal study.
  14. In-processing into a state prison or transitional housing unit requires all volunteers to:
    - a. Be subject to all the provision of PPF 5.22 regarding the introduction of contraband
    - b. Be subject to the applicable provisions of the NH Code of Administrative Rules
    - c. Be without:
      - 1) Cell phone, other small concealable electronics, photographic or audio recording devices
      - 2) Weapons of any kind
      - 3) Money in significant quantity, purse, wallet, unneeded items in pockets
      - 4) Tools
      - 5) Books, newspapers or magazines
      - 6) Tobacco products
      - 7) Cosmetic or grooming supplies
      - 8) Food, beverage (especially glass containers, gum or personal photos)
      - 9) Any item not specifically authorized in writing by the Warden or Administrator
    - d. Bring only a valid government-issued photographic identification, vehicle key and limited items authorized in writing necessary for your voluntary service or activity session; state their scheduled activity/function and/or name of the staff member visited.
    - e. Sign in on the visitor log and be issued a “visitor badge” to be worn on the breast area of their outermost garment.
    - f. Expect a security inspection of all property.
    - g. Be escorted to and from an activity and periodically be monitored by staff throughout the activity when inside the secure perimeter. Volunteers do not need to be escorted when outside the secure perimeter.
  15. Volunteers with parolees should interact only in district offices or common areas of community organizations and provide services in close coordination with the parolee’s Probation/Parole Officer (PPO).
  16. Donations to the department are subject to state rules and PPD 3.30. Volunteers will consult with supervising staff prior to any donation to verify agency need and capacity to accept the item(s). All donated items will be delivered to the prison warehouse for inspection and transfer within the agency. A donation record indicating donor, description and value of the item(s), and intended purpose will be prepared and attached to the donation at delivery.
  17. Food items may not be introduced by volunteers for routine inmate programs or activities. All food items available to inmates must be furnished through DOC oversight. An exception for light refreshments may be given written approval for a volunteer activity exceeding 7 continuous hours, and only by donation following PPD 3.30.
  18. Volunteer events continuing through inmate meal schedules may receive that meal at an alternate location from the prison kitchen. Volunteers may be authorized to join the inmates for the meal, though volunteers will be

subject to PPD 2.26 and required to furnish sufficient paper goods and plastic ware for all participants by donation (PPD 3.30).

19. Individual offender counseling by any certified level 2 volunteer will be arranged by the staff supervisor following a request slip from the offender to the staff member and conducted outside of the normal visiting protocol.
20. Proselytizing is prohibited.
21. Persons certified by the department as volunteers in any capacity, who resign or are terminated, must allow a minimum separation of one (1) year from their last instance of certified citizen involvement before consideration as an incarcerated criminal offender's personal visitor. Time limit exceptions may be considered for an immediate family member of a newly incarcerated criminal offender.

E. Record Keeping Control

1. There shall be a centralized file of each volunteer. All Citizen Involvement Applications, orientation documents, position descriptions, incident reports involving a volunteer and other volunteer-related records originated by a division shall be forwarded to the departmental volunteer coordinator or the Office on Citizen Involvement and Volunteers. Records will include the application, documented orientation, position description(s), individual attendance logs and other personnel documents necessary for reporting purposes
2. An electronic database will be maintained by the department of all volunteers and accessible through the department's intranet.
3. Divisions will forward copies of volunteer records as requested by other divisions.
4. A roster of authorized volunteers will be published periodically and provided to the institution's control room(s), security sections and volunteer coordinator.
5. Divisions will submit a quarterly report to the Division Director with a copy to the volunteer coordinator containing relevant data as described in attachment 8.
6. Institutional entry officers will verify volunteer status and authorized access from available rosters.

F. Adverse Action Towards a Citizen/Volunteer

1. The Commissioner's Office will review any case leading to potential adverse action.
2. An applicant who fails to qualify for all volunteer requirements shall receive written notice of the adverse action.
3. A certified volunteer found in violation of departmental policies and procedures is subject to suspension or termination and shall receive written notice of the adverse action.
3. All divisions shall receive written notice from the issuing division of adverse action towards any person within five (5) business days.
4. A volunteer or applicant may appeal an adverse action decision in writing to the Division Director/Warden within thirty (30) days from the date of the notice.
5. The outcome of an appeal may affirm, reverse or modify the adverse decisions.
6. A volunteer may further appeal to the Commissioner of Corrections for reconsideration of an adverse decision at the division level.

G. All volunteers shall be supervised at the operating level by the sponsoring staff member. The Division Director/Warden is ultimately accountable for the use of volunteers in their area of responsibility and may curtail, postpone or discontinue the services of any volunteer or volunteer organization.

H. Additional independent movement or activity by a volunteer within high security locations shall only be permitted by specific written authority of the Warden/Division Director for a term not exceeding one (1) year.

I. This policy is not applicable to members of the general public who interact exclusively with inmates through the regular visitation process or to the Citizen's Advisory Board that is appointed by the Governor pursuant to RSA 21-G.

## REFERENCES:

Standards for the Administration of Correctional Agencies

Second Edition Standards

**2-CO-1G-01 thru 1G-10**Standards for Adult Correctional Institutions

Fourth Edition Standards

**4-4115; 4-4118 thru 119**Standards for Adult Community Residential Services

Fourth Edition Standards


**4-ACRS-7F-08 thru 7F-10**Standards for Adult Probation and Parole Field Services

Third Edition Standards

**3-3117 thru 3-3123**Other**RSA 508:17****RSA 622:24,25****PPD 1.21 Rules & Guidance for Contract Service Providers****PPD 2.16 Rules of Conduct****PPD 2.29 Guidelines for Professional Attire****PPD 2.39 Sexual Harassment****PPD 5.19 Prison Rape Elimination Act****PPD 5.22 Contraband****PPD 7.09 Visiting Policy**

McGONAGLE/pf

Attachments

	STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS	<b>OFFICE USE ONLY:</b> Criminal Records Review Dated _____
	<b>CITIZEN INVOLVEMENT APPLICATION - PART 1</b> <b>PLEASE PRINT</b> AS NEEDED OR REQUIRED, ATTACH CITIZEN INVOLVEMENT APPLICATION PART 2 AND STATEMENTS OF EXPLANATION OR CREDENTIALS. ALLOW 15 BUSINESS DAYS FOR PROCESSING	Completed By: _____

**REQUIRED PERSONAL INFORMATION - STRINGENT CONFIDENTIALITY MAINTAINED FOR ALL PERSONAL DATA**

<input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> MR.	<input type="radio"/> DR. <input type="radio"/> REV. <input type="radio"/> _____	GENDER <input type="radio"/> FEMALE <input type="radio"/> MALE	TITLE (IF ANY) _____ DATE OF BIRTH (mm/dd/yyyy) _____
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LEGAL NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

CHECK TYPE OF PHOTO IDENTIFICATION (must be surrendered to enter correctional facility) <input type="checkbox"/> VALID DRIVER LICENSE FROM STATE OF RESIDENCE <input type="checkbox"/> VALID PHOTO ID CARD FROM STATE OF RESIDENCE <input type="checkbox"/> VALID MILITARY ID CARD (ACTIVE DUTY ONLY) <input type="checkbox"/> VALID PASSPORT (IF FOREIGN NATIONAL)	PHOTO ID Issued by State, Province or Government Jurisdiction	WRITE THE PHOTO ID NUMBER BELOW _____
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PLACE OF BIRTH _____	CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER COUNTRY: _____
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CURRENT MAILING ADDRESS \_\_\_\_\_

List any/all OTHER ADDRESSES used in past 5 years \_\_\_\_\_

List any/all FORMER NAMES ever known by, i.e., prior to marriage, adoption, religious conversion \_\_\_\_\_

**ANSWER EACH QUESTION. FULL DISCLOSURE REQUIRED FOR EACH AFFIRMATIVE ANSWER**

1. ANY CURRENT/PAST CITIZEN INVOLVEMENT OR VOLUNTEER SERVICE IN CORRECTIONS?  NO,  YES, WHERE/WHEN
2. ANY CURRENT/PAST CORRECTIONAL EMPLOYMENT OR APPLICATION FOR SAME?  NO,  YES, WHERE/WHEN
3. HAVE ANY MEDICAL CONDITION OR DISABILITY THAT MAY RESTRICT INVOLVEMENT?  NO,  YES
4. HAVE YOU EVER BEEN CONVICTED OF **ANY CRIME** AT ANY TIME IN YOUR PAST?  NO,  YES
5. ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY?  NO,  YES
6. HAVE YOU BEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS?  NO,  YES
7. ARE YOU NOW UNDER CRIMINAL CHARGES FOR ANY VIOLATION OF LAW?  NO,  YES
8. ANY FAMILY MEMBER AN INMATE WITH THE NH DOC?  NO,  YES, WHO
9. ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF NH DOC?  NO,  YES, WHO
10. DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST?  NO,  YES, WHO
11. CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE?  NO,  YES, WHO

COMMENT ON EACH AFFIRMATIVE ANSWER; USE ADDITIONAL PAGES AS NEEDED:

EACH SECTION ABOVE MUST BE COMPLETED IN FULL FOR IMPLEMENTATION OF COR 305 & COR 306 OF THE NH CODE OF ADMINISTRATIVE RULES

I do hereby certify that all information I have provided the department on this form, and any attachments, is accurate and complete. I agree to abide by all applicable New Hampshire laws, and NH Department of Corrections rules and regulations governing persons within a state correctional facility, especially those policies relating to confidentiality. I hereby authorize a review of and full disclosure of any and all records, including criminal records, concerning myself to any duly authorized agent of the NH Department of Corrections. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall be held harmless for releasing said information. I understand such review is required before I am allowed to enter/serve at any NH DOC facility and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of certification. This authority shall continue for five years from date signed unless revoked by me in writing. I recognize the potential risks with, and assume personal responsibility for, my involvement with felony inmates. I will inform the NH DOC of any changes to the information furnished on this application, once approved, including change of address and phone, location or area of service, and will report any ensuing criminal arrest, conviction or related justice system matter. **This application is signed under penalty of unsworn falsification pursuant to RSA 641:3.**

➔
SIGNATURE \_\_\_\_\_
DATE: \_\_\_\_\_

## PLEASE PRINT

<b>Applicant Name</b>			
OTHER PERSONAL INFORMATION			
Telephone Home#	Work #	Work Ext #	Cell or Mobile
Email Address			
Language Skills: Are you multilingual? ___ No ___ Yes		If Yes, list language(s) Other than English:	
<b>Emergency Contact: Name</b>		Relationship	Contact Phone
<b>AFFILIATION</b> - Corrections involvement as a member, representative, or student of, this Entity, Agency, Organization, Group, Campus, or Faith Community: Print Name of Organization Address Phone #			
<b>Personal References:</b> List persons who may attest to your character and/or hold a leadership role in the organization for which you intend to offer service			
Reference Name	Address		Phone
Applicant Employment History: List current or most recent first			
Occupation	Employer & Town	Start	End
<b>CATEGORIES OF VOLUNTEER CERTIFICATION WITH THE NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS</b>			
All volunteer services provided to persons in the custody of, or under community supervision of, the New Hampshire Department of Corrections shall be for a specified term, at the direction and authority of the Commissioner of Corrections, and as delegated to a designated staff supervisor.			
<input type="radio"/> <b>VOLUNTEER LEVEL 1 – privileges for limited or infrequent service or one-time event:</b> If applying for a position requiring license or certificate, attach photocopy of current document and professional liability rider. <input type="checkbox"/> <b>ORDAINED CLERGY</b> - seeking only visiting room privileges with individual incarcerated adherent or inmate-relative of faith community member as a NH DOC "Official Visitor". Must attach a letter from affiliated ecclesiastic authority specifying an endorsement of religious qualifications, preparation, experience, competence for spiritual care and pastoral counseling of a criminal offender incarcerated. <input type="checkbox"/> <b>OCCASIONAL CONSULTANT</b> – expertise shared with DOC staff and/or clients. <input type="checkbox"/> <b>SOCIAL SERVICES AGENT</b> – for visiting privileges in official capacity for the organization cited in "Affiliation" <input type="checkbox"/> <b>SPECIAL EVENT VOLUNTEER OR GUEST;</b> certification up to 6 hours in 12 months			
<b>Purpose, Date(s), Time &amp; Location of Involvement:</b>			
<input type="radio"/> <b>VOLUNTEER LEVEL 2 – privileges for extended, recurring, or regular service or group activity.</b> Complete BOTH <u>Citizen Involvement Application Part 1</u> & <u>Citizen Involvement Application Part 2</u> in one or more of the following service areas: <input type="checkbox"/> <b>ADMINISTRATIVE, CONSULTANT, INSTITUTIONAL SERVICES</b> <input type="checkbox"/> <b>EDUCATION</b> – academic, career/technical, library services <input type="checkbox"/> <b>HEALTH, WELLNESS AND RECREATION</b> <input type="checkbox"/> <b>INTERNSHIP</b> – post-secondary academic study within DOC <input type="checkbox"/> <b>LIFE SKILLS</b> – cognitive & social learning; parenting <input type="checkbox"/> <b>RECOVERY</b> – 12 step fellowships, support groups and relapse prevention <input type="checkbox"/> <b>RE-ENTRY PREPARATION AND COMMUNITY CORRECTIONS</b> – pre- & post-release transition; mentoring <input type="checkbox"/> <b>SPIRITUAL CARE</b> – faith tradition corporate worship, sacred ritual, and education; cultural enrichment  Before Certification, attend <b>ORIENTATION</b> (or equivalent training at recertification). Initial Volunteer Level 2 Certification up to 2 years with continued recertification (to include application and training) of 5 year terms. Maintain close communications & accountability with supervising DOC staff.			
<input type="radio"/> <b>VOLUNTEER LEVEL 3 – privileges for comprehensive services (group and individual) requiring advanced training</b> Submit completed Citizen Involvement Application <b>Parts 1, 2</b> (for service areas) and <b>3</b> with all required supporting documents. Renewable Certification term up to 5 years through ongoing collaboration with, and accountability to, NH DOC staff. Applicant must be 20 years or older (18 for intern), and not subject to any correctional supervision for at least 5 years. Personal inmate visitor, or family member of inmate or person under the supervision of the NH DOC, may not be certified as a volunteer. Send completed Application with additional pages/parts and supporting documents to: New Hampshire Department of Corrections Office on Citizen Involvement & Volunteers, NH State Prison, PO Box 14, Concord, NH 03302-0014			

NH Department of Corrections – Office on Citizen Involvement & Volunteers  
**ACTIVITY PROPOSAL AND CURRICULUM REVIEW PROCESS**  
**FOR COMMUNITY MEMBER-DIRECTED OR FACILITATED PROGRAM**

PRINT OR TYPE ALL RESPONSES

Attach additional pages and support documents to thoroughly present this proposal.

<b>Program Title</b>	
Activity/Event/Course	

<b>Program Particulars</b>	
specific details of curriculum, syllabus, handouts, lesson plans, resource and reference materials	
Program is:	
<input type="checkbox"/> New to Division	
<input type="checkbox"/> Change from current activity	
<input type="checkbox"/> Special Event	

Target Population Of Inmates	Inmate Classification	Gender	Anticipated # of Participants	Other Participant Characteristics

<b>Outcomes Expected for this program</b>	
---	--

<b>Proposal Prepared by</b>	Signature	Date
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<b>Program Affiliation</b>	
Endorsing Entity or Outside Authority Address Phone Contact	

Attach additional pages and support documents to thoroughly present this proposal.

<b>Outside Leaders / Facilitators</b>	Address	Phone	Email
Lead Outside Participants			
Other Participants			

Requested Scheduling and Facility Support Subject to facility/security constraints				
Location	Division Name: Prison or Correctional facility		Room or Site Requested	
Time Frame	How Often	Day(s) of Week	Hours: Start & End times	Program Cycle or Duration
Equipment & Supplies	Audio-Visual equipment	Room set-up - tables & chairs	Food Service	Paper Goods
From DOC				
Carried in/out				
Donated (per PPD 3.30 thru warehouse)				

+++++

NH DOC STAFF ONLY - - - Division Review & Disposition Process Modify activity proposal as necessary				
1. Staff Member Assigned/ Accountable	Print Name	Title	Phone Number	
2. Bureau/Office Recommendation	<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Print Name	Signature	Date
Volunteer credential/qualification requirement			Volunteer gender restriction <input type="checkbox"/> None <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only	
3. Division Director or Designee	<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Signature	Title	Date
4. Forwarded to NH DOC Volunteer Activities Office: a) preparation of Citizen Involvement Position Description & b) records retention				

NH DEPARTMENT OF CORRECTIONS – OFFICE ON CITIZEN INVOLVEMENT & VOLUNTEERS  
CITIZEN INVOLVEMENT POSITION DESCRIPTION

Position Candidate			
Position Title			
Division Location			
Position Reports to Staff Member			
Staff Member Title			
Phone #			
Outside Team Leader (if any)			
Position Duties & Expectations:			
Anticipated Outcomes for Clients or Department:			
Training, Certification or Licensing Requirements:			
Position Scheduling			
Frequency			
Day(s) of week			
Hours (start & end)			
Cycle or Duration			
Client Profile (Inmate, Offender, Resident Participants)			
Classification Level	Participant Gender	Anticipated # of Clients	
Equipment Needs			
On-Site Resources			
Carried In & Out			
Gender Restrictions on Position Candidate	<input type="checkbox"/> None	<input type="checkbox"/> Female Only	<input type="checkbox"/> Male Only
Position Authorized by			Date
Placement Requested by			Date
Date Revised	Div #	Code #	
Candidate Signature	Date		

Terms of Agreement: Beginning when signed and valid for up to limit of volunteer certification, and subject to periodic review, renewal or termination. Citizen volunteer will maintain frequent communications with assigned Staff Member, as needed.

APPROPRIATE DIVISION LETTERHEAD

Date

Volunteer Name  
Address  
Town, State & Zip

Dear Volunteer:

You are hereby recognized as a volunteer with the New Hampshire Department of Corrections for [volunteer type] activities and support. Your voluntary responsibilities are detailed in the approved *Citizen Involvement Position Description* and will be reviewed periodically.

Your tenure as a volunteer will continue until *[date limit based on certification term ]* with renewal then considered, or your resignation or until terminated by the NH Department of Corrections.

The purpose of this letter is to comply with provisions of New Hampshire RSA 508:17, the **VOLUNTEER IMMUNITY LAW**.

Please notify this office promptly of any change to personal information (address, phone, driver license, personal or family member involvement in criminal justice system, etc.) from that furnished on your application. Thank you for your service to the New Hampshire Department of Corrections.

Sincerely,

Volunteer Coordinator



VOLUNTEER CHECKLIST

PLEASE COMPLETE THIS CHECKLIST AND PLACE IT IN THE ENVELOPE PROVIDED OR "PRISON MAIL" SLOT BY THE MAILROOM AT THE CONCLUSION OF EACH ACTIVITY YOU CONDUCT.

YOUR INPUT IS VERY IMPORTANT AND CRUCIAL TO THE CONSISTENT IMPLEMENTATION OF OUR INMATE PROGRAMS.

ALL INFORMATION RECEIVED WILL BE TREATED AS CONFIDENTIAL.

*Thank you for your hours of dedication to this correctional facility.*

Response column

Event or Program:			
Your Name:			
Date:			
Time In:		Time Out:	
Did you have to wait to get to your program?			
Focus for this week?			
Number of inmate participants:			
Number and Names of volunteer participants:			
Incarcerated criminal offender issues:			
Your concerns:			
Atmosphere: (Calm; focused on topic; undercurrent of tension; inmates using group to socialize or exchange unrelated information or things)			
Were you asked to do anything for an inmate? Mail a letter Look up information Contact someone in writing or by phone Purchase anything Other			
Are you leaving the prison with questions for which a response is required over the next week? If so, what is the subject? When and where best for reply?			
Did you LEAVE a book, package or special envelope today, for staff review or action?			
Were You Given a Body Alarm to Wear?			

Do you have information that should be shared with prison custody staff immediately? If you do, please ask any officer to **CONTACT THE SHIFT COMMANDER.**



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State of New Hampshire  
Department of Corrections

**EVALUATION BY VOLUNTEER OF NH DOC EVENT**

Please help us to improve our relationships with our Volunteers, by taking a few moments to answer this questionnaire. Consider an occasion within the past 12 months when your voluntary service was brought to inmates at a NH State Prison, state correctional facility, or with a parolee:

Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Event: \_\_\_\_\_ Prison/Site Location: \_\_\_\_\_

Did you receive satisfactory preparation/training prior to the event? \_\_\_\_\_

Were you greeted and treated courteously by staff at the entry control room? \_\_\_\_\_

Did you have sufficient space available for your event? \_\_\_\_\_

Was the space suitable for your needs? \_\_\_\_\_

Was staff attentive to your needs while you were here? \_\_\_\_\_

Did the event achieve your goal? \_\_\_\_\_

Will you return again as a Volunteer? \_\_\_\_\_

**What suggestions do you have to change any policy or procedure for our Volunteer Activities Program?**

Thank you!  
Your thoughtfulness and caring can make a great difference in the live of others.

Please return this evaluation to: NH State Prison Volunteer Activities  
PO Box 14  
Concord, NH 03302-0014

State of New Hampshire  
Department of Corrections  
Volunteer Quarterly Report Form

Division: \_\_\_\_\_

Quarter ending: \_\_\_\_\_

Single event volunteers:

Number of volunteers: \_\_\_\_\_

Number of visits: \_\_\_\_\_

Hours: \_\_\_\_\_

Authorized volunteers:

Number of volunteers: \_\_\_\_\_

Number of visits: \_\_\_\_\_

Hours: \_\_\_\_\_

Total of all volunteers:
Number of volunteers: _____
Number of visits: _____
Hours: _____

Consider some of the following approaches to identifying the value of volunteers:

- ◆ What established program has shown the most improvement?
- ◆ Have the inmates expressed awareness of, appreciation for or commented about our volunteers?
- ◆ What was our volunteer program able to do more of this year, compared to last year?
- ◆ In which assignments did we have the most turnover? Why?
- ◆ Is our volunteer corps representative of the outside community we serve?
- ◆ Does it reflect the ethnic composition of the inmate population?
- ◆ What efforts were made in recruiting volunteers from various cultural and socioeconomic backgrounds?
- ◆ Have members of the salaried staff developed their supervisory skills as a result of working with volunteers?
- ◆ Did the volunteer contributions free the staff to do other work/

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use other side to finish your report, if needed) Submitted by: \_\_\_\_\_