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| NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE | CHAPTER <u>Personnel</u> STATEMENT NUMBER <u>2.24</u> |
| SUBJECT: CITIZEN INVOLVEMENT AND VOLUNTEERS PROPONENT: <u>Christopher Kench, Acting Dir. Ops/Sec.</u> <i>Name/Title</i> <u>Commissioner's Office 271-5608</u> <i>Office Phone #</i> | EFFECTIVE DATE <u>08/01/07</u> REVIEW DATE <u>08/01/08</u> SUPERSEDES PPD# <u>2.24</u> DATED <u>07/15/05</u> |
| ISSUING OFFICER: <u>William Wrenn, Commissioner</u> | 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 criminal offenders, 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 criminal offenders, 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.
- 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 Programs:

1. Citizen involvement programs shall include any departmental program, event, service or activity provided on a voluntary basis for the benefit of criminal offenders and/or the institution by persons not employed or compensated by the NH Department of Corrections.
2. Any Activity Proposal and Curriculum Review form (attachment 1) shall be prepared and submitted for all existing and potential activities conducted by, or supported with volunteers as requested by the supervising staff.
3. The Activity and Proposal Review may be initiated by a volunteer, outside agency or organization or departmental staff member and is subject to change during division review. Volunteer programs are subject to annual and interim review and adjustment to support the division's needs.
4. Citizen Involvement Position Descriptions (attachment 2) 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.
5. Recruiting will be from all cultural and socioeconomic segments of the community for positions using the approved position descriptions.
6. 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.
7. 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 3).
8. Incarcerated criminal offenders may not gather independent of qualified volunteers or authorized staff supervision.

B. Citizen Involvement Categories:

A Citizen Involvement Application (attachment 4) must be completed for any of the following volunteer categories. This application will incorporate a written release to conduct a criminal records and other background investigation.

1. Authorized volunteers are members of the public offering regular, on-going services to incarcerated criminal offenders, probationers/parolees or staff, based on a Citizen Involvement Position Description.
2. Occasional outside consultants are members of the public providing voluntary professional expertise without compensation from the Department of Corrections and must complete appropriate sections of the Citizen Involvement Application. This shall include representatives of governmental and social services agencies acting in their official capacity. Contracted service providers are processed through the Division of Administration pursuant to PPD 1.21.
3. Single event volunteers or one-time guests are members of the public offering voluntary services for a maximum of 6 hours in any 12-month period.
4. Academic intern volunteers are members of the public offering services to further post-secondary experience. Acceptance of an intern project by the section or service required prior to commencement of internship.
5. Official visitors include clergy or faith community appointees 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 provisions of PPDs 7.09, 7.17 and 7.43. A letter of appointment or authorization from the affiliated ecclesiastic authority of the faith community to the Director of Chaplaincy citing the applicant's credentials, competence, training and experience in spiritual care shall be submitted with the Citizen Involvement Application.
6. Authorized volunteers are permitted dual status as official visitors only with a statement of compelling justification accepted by the Director of Chaplaincy.

C. Training

1. Authorized volunteers, occasional consultants, and interns will attend a documented orientation training (attachments 5 & 6) that shall include instruction on the State of NH and DOC's sexual harassment policies (PPD

- 2.39), undue familiarity with incarcerated criminal offenders (PPD 2.16) and the Prison Rape Elimination Act (PPD 5.19).
2. First-year authorized volunteers will attend a Review Seminar about 12 months following their initial orientation.
 3. Single event volunteers and one-time guests must participate in a security briefing on volunteer rules prior to the event. Single event volunteers may attend a documented orientation training to satisfy this requirement.
 4. Official visitors will comply with the prison's visitor's guide and are encouraged to attend orientation training.
- D. Term of Authorization
1. Authorized volunteers, occasional consultants and official religious visitors will be granted authorized access up to a three-year renewable term.
 2. Academic interns will be granted authorized access during their term of study.
 3. Single event volunteers and one-time guests will be granted limited authorized access for the event only. Future involvement will require a new application.
- E. Maintaining Volunteer Status
1. Citizen Involvement Applications and the Orientation program must be renewed at a minimum of every three (3) years.
 2. Citizen Involvement Position Descriptions shall be reviewed at least every 12 months.
 3. Volunteers will periodically attend training as required for their assignment.
 4. Volunteers will report offender interaction experience (attachment 7) and/or individual attendance (attachment 8)
 5. Volunteers will promptly report any change of address or contact information, and any incarceration of a family member and any personal criminal arrest, conviction or related law enforcement matter, following the submission and approval of their application.
- F. In-Processing into the Institution
All volunteers will:
1. Be subject to all provisions of PPD 5.22 regarding introduction of contraband.
 2. Be subject to the applicable provisions of the NH Code of Administrative Rules
 3. Provide positive, valid photographic identification; state their scheduled activity/function and/or name of staff member to be visited.
 4. Sign in on the visitor log and be issued a "visitor badge" to be worn on the breast area of their outermost garment.
 5. Be escorted to and from an activity and be periodically monitored by staff throughout the activity when inside the secure perimeter. Volunteers do not need to be escorted when outside the secure perimeter.
 6. Be escorted to and from an activity and be periodically monitored by staff throughout the activity when inside the secure perimeter. Volunteers do not need to be escorted when outside the secure perimeter.
- G. Volunteers may submit the name of a prospective volunteer to the Volunteer Coordinator for consideration, but may not bring the prospect to the institution until all required application processing and training is completed. All volunteers are accountable to a supervising staff member and will share routine documented information on each volunteer activity or event.
- H. Former incarcerated criminal offenders and probationers/parolees may apply as volunteers five years after completion of any correctional supervision.
- I. Family members of incarcerated criminal offenders or probationers/parolees may not be designated as volunteers. Any exceptions must be made in writing by the division director.
- J. Volunteers are not authorized to be on the visiting list of an individual incarcerated criminal offender. No person shall be designated as a volunteer or authorized for other citizen involvement who is or has been, within the past three (3) years, listed on any incarcerated criminal offender's visiting list. Persons approved 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 authorized citizen involvement before consideration as an incarcerated criminal offender's visitor. Time limit exceptions may be considered for an immediate family member of the new incarcerated criminal offender.
- K. 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 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 6.
 6. Institutional entry officers will verify volunteer status and authorized access from available rosters.
- K. Adverse Action Towards a Citizen/Volunteer
1. An applicant who fails to qualify for all volunteer requirements shall receive written notice of the adverse action.
 2. A volunteer found in violation of departmental policies and procedures is subject to suspension or termination and shall receive written notice of 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 may appeal an adverse action decision in writing to the division director 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.
- L. All volunteers shall be supervised at the operating level by the sponsoring staff member. The division director 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.
- M. 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.
- N. This policy is not applicable to members of the general public who interact exclusively with incarcerated criminal offenders 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 4119

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

KENCH/pf

Attachments

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.

| | |
|-----------------------|--|
| Program Title | |
| Activity/Event/Course | |

| | |
|--|--|
| Program Particulars | |
| 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 criminal offenders | Inmate Classification | Gender | Anticipated # of Participants | Other Participant Characteristics |
|--|-----------------------|--------|-------------------------------|-----------------------------------|
| | | | | |

| | |
|---|--|
| Outcomes Expected for this program | |
|---|--|

| | | |
|-----------------------------|-----------|------|
| Proposal Prepared by | Signature | Date |
|-----------------------------|-----------|------|

| | |
|---|--|
| Program Affiliation | |
| Endorsing Entity or Outside Authority Address Phone Contact | |

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

| Outside Leaders / Facilitators | 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 Offenders or Department: | | | |
| Training, Certification or Licensing Requirements: | | | |
| Position Scheduling | | | |
| Frequency | | | |
| Day(s) of week | | | |
| Hours (start & end) | | | |
| Cycle or Duration | | | |
| Inmate Profile of Offender Participants | | | |
| Classification Level | Participant Gender | Anticipated # of Participants | |
| 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 three (3) years, or limit of authorization, 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 *[3 years from effective date]* 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



STATE OF NEW HAMPSHIRE

DEPARTMENT OF CORRECTIONS

CITIZEN INVOLVEMENT APPLICATION

PLEASE PRINT – ATTACH STATEMENTS OF EXPLANATION AS NEEDED. ALLOW 15 BUSINESS DAYS FOR PROCESSING.

___ Original ___ Renewal (Renewal Required every 3 years)

REQUIRED PERSONAL INFORMATION

STRINGENT PERSONAL DATA CONFIDENTIALITY MAINTAINED

| | | | |
|--|--|--|--|
| GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Rev. <input type="checkbox"/> _____ | LEGAL NAME: First Name MI Last Name Suffix Social Security Number | Title Date of Birth mm/dd/yy |
| Driver License # or valid government issued photo ID# | | State Issuing DL/ID | Place of Birth: Citizenship [] USA; [] Other Country: |
| Mailing Address | | Town | State Zip Code+4 |
| List any other address used in the last 5 years | | | |

**** ANSWER EACH QUESTION. PROVIDE COMPLETE DETAILS & NAMES FOR AFFIRMATIVE ANSWERS BELOW OR ON ATTACHED PAGES AS NEEDED ****

ANY CURRENT/PAST CITIZEN INVOLVEMENT OR VOLUNTEER SERVICE IN CORRECTIONS? [] No, [] YES, WHERE & WHEN
 FORMER NAMES IN PAST, PRIOR TO MARRIAGE, ADOPTION, OR RELIGIOUS CONVERSION? [] No, [] YES
 HAVE ANY MEDICAL CONDITION OR DISABILITY THAT MAY RESTRICT INVOLVEMENT? [] No, [] YES
 EVER CONVICTED OF ANY CRIME? [] No, [] YES
 ARE YOU SUBJECT TO ANY ORDER OF THE COURT OR OTHER JUDICIAL AUTHORITY? [] No, [] YES
 BEEN INCARCERATED, ON PROBATION OR PAROLE IN PAST 5 YEARS? [] No, [] YES
 ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW? [] No, [] YES
 ANY FAMILY MEMBER AN INMATE WITH THE NH DOC? [] No, [] YES, WHO
 ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF NH DOC? [] No, [] YES, WHO
 DURING THE PAST 3 YEARS, ON ANY INMATE VISITING LIST? [] No, [] YES, WHO
 CORRESPOND WITH OR RECEIVE PHONE CALLS FROM ANY INMATE? [] No, [] YES, WHO

AFFILIATION - CORRECTIONS INVOLVEMENT OFFERED ON BEHALF OF THIS ORGANIZATION, AGENCY, GROUP, CAMPUS, OR FAITH COMMUNITY:

Organization/Group
 Name, Address
 Phone #

OTHER PERSONAL INFORMATION

Applicant Employment History: List current or most recent first

| Occupation | Employer & Town | Start | End |
|------------|-----------------|-------|-----|
| | | | |
| | | | |
| | | | |

| | | | |
|---|--------|--|------------------|
| 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: | |
| Emergency Contact Information: Name | | Relationship | Contact Phone |

ALL PERSONS AND VEHICLES ARE SUBJECT TO SEARCH WITHOUT PRIOR WARNING AT NH DEPARTMENT OF CORRECTIONS FACILITIES {RSA 622: 24, 25}

Persons intending to be on any property of or in contact with an Offender under the supervision of the NH DOC are subject to Criminal History Records Review

I do hereby certify that all information I have provided the department is accurate and complete. I agree to abide by all applicable New Hampshire laws, and New Hampshire 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 New Hampshire Department of Corrections, whether said records are of a public, private or confidential nature. I also certify that any persons, agencies, or businesses who may furnish such information concerning me shall be held harmless for releasing said information, and I do hereby release said persons, agencies or businesses from any and all liability which may be incurred as a result of furnishing such information. I understand such review is required before I am allowed to enter/serve at NH DOC facilities and that refusal to provide all necessary information may result in 1) denial of entry and 2) denial of

volunteer/contract status. This authority shall continue for one year from date signed unless revoked by me in writing. A photocopy or facsimile of this release form will be valid as an original, even though said copy does not contain an original signature. I recognize the potential risks with, and assume personal responsibility for, my involvement with felony offenders. 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.**

SIGN HERE 

DATE: _____

Complete both pages of this application
Attachment 4 Page 2 of 2

INSTRUCTIONS: Complete Page 1 in full. Complete Page 2 for only the section or subsection applicable to the involvement you seek.

Submit completed form, with attachments as needed, to Office on Citizen Involvement & Volunteers, NH State Prison, PO Box 14, Concord, NH 03302-0014

PLEASE PRINT

| |
|-----------------------|
| APPLICANT NAME |
|-----------------------|

OCCASIONAL OUTSIDE CONSULTANT OR SOCIAL SERVICES AGENT – SECTION A

(if applying for position requiring license or certificate, attach current document photocopy & professional liability rider)

| | | |
|------------------------|--------------------|-----------------------|
| Agency/Employer: | Address: | Phone # |
| Contract Administrator | Nature of Services | DOC Service Locations |

CLERGY OR OFFICIAL RELIGIOUS DELEGATE FOR INMATE VISITATION – SECTION B

Access limited to PASTORAL VISITATION in VISITING ROOM ONLY for individual inmate contact during established visitation schedule at state prisons, institutions or correctional centers. Applicant must attach a letter from affiliated ecclesiastic authority specifying an endorsement of religious qualification, preparation, experience and competence for spiritual counseling of criminal offender(s) incarcerated within the NH state prison system.

Any group religious study, corporate worship, or temporal activity with offenders must be conducted as an authorized Volunteer. A person may not be designated as both an approved religious visitor and an authorized volunteer without compelling justification.

THERE IS A 12-MONTH SEPARATION OF STATE CORRECTIONAL INVOLVEMENT REQUIRED TO CHANGE DESIGNATION BETWEEN VOLUNTEER AND VISITOR.

VOLUNTEER, GUEST, OR ACADEMIC INTERN – SECTION C

Personal References: List persons who may attest to your character and/or hold a leadership role in the organization for which you intend to offer your service

| Reference Name | Address | Phone |
|----------------|---------|-------|
| | | |
| | | |
| | | |

VOLUNTEER ORIENTATION is required before assignment of any person anticipating more than six (6) hours of voluntary service per year with the NHDOC for any event or combination of events. Family members of inmates under the supervision of the NHDOC may not be designated as volunteers. Applicant must be 20 years or older.

Official Visitors & Volunteers are not authorized to be on the visiting or phone lists of, or to correspond with, an inmate.

WHERE SERVICE TO BE OFFERED

(check all that may apply)

WHEN AVAILABLE

| State Prisons & Institutions | Community Corrections Centers & Field Services | Mornin g | Afternoo n | Evening |
|---|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> NH State Prison for Men (Concord) | <input type="checkbox"/> Calumet House (Manchester) [males] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> NH State Prison for Women (Goffstown) | <input type="checkbox"/> North End House & MSU (Concord) [males] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Lakes Region Facility (Laconia) | <input type="checkbox"/> Shea Farm & MSU (Concord) [females] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Northern NH Correctional Facility (Berlin) | <input type="checkbox"/> Probation-Parole District Office: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Secure Psychiatric Unit (Concord) | Office Locations: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Central Office/HQ (Concord) | Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CATEGORY OF VOLUNTEER SERVICE (check all that apply)

| | | |
|--|--|---|
| __ Spiritual: Religious study & corporate worship | __ Occupational: Workforce Guidance & Readiness | __ Aftercare: Mentoring, Re-entry support |
| __ Education: Academic Aide, Tutor, Literacy, Vocational Consultant, Health & Nutrition | __ Social Dynamics: Cultural Awareness, Diversity, Parenting, Alternatives to Violence, Victim Impact, Communication skills | __ Support: Victim-Witness Advocate, Advisory Board, Family Services |

- c. Event Evaluations
- d. Quarterly Attendance Report
- e.

Voluntary Service Position/Role

Date

Signature of Participant

This form will be void 3 years from date signed.

Orientation by NH DOC Staff Member _____

Rules for Citizen Involvement & Volunteers
DO REMEMBER when on PRISON PROPERTY

1. Lock your Vehicle
Completely close all windows & secure all doors
2. Remove Personal Belongings from view in vehicle
Place in trunk or glove box, or leave home
3. Empty your Pockets
Remove items inappropriate for prison
4. Bring only
 - ✓ The **KEY** needed to unlock your vehicle
 - ✓ Your **Photo ID**
 - ✓ A focus on your voluntary service, activity or commitment
 - ✓ Personal property pre-approved by Warden
5. Prison grounds are **Tobacco-Free**
6. Communications, Imaging, Photographic & Recording devices are prohibited
7. Use of, or being under the influence of, alcohol or drugs is prohibited
8. ***You, your Vehicle, and your Property are Subject to Search without Warning***
9. Possession of **Contraband** is **prohibited** and subject to criminal prosecution
10. Dress Properly
 - ✓ Keep clothing conservative
 - ✓ Avoid similar style or color as offender population
 - ✓ Avoid shirts with slogans, decals, advertising
 - ✓ No shorts, tight or revealing clothing
 - ✓ No jewelry, cologne or perfume
11. Be Punctual
Prison processing and movement is closely controlled
12. Sign In and Sign Out
13. Walk at all times
14. Stay with others in your group & escorting staff
15. Use appropriate language
16. **Give Nothing** to an incarcerated criminal offender
17. **Take Nothing** from an incarcerated criminal offender
18. Correspondence and Telecommunications is prohibited between volunteers and incarcerated criminal offender. Volunteers are accountable to higher standards of conduct and subject to more restrictive communications regardless of other designations as citizens involved with this agency.
19. Activity on the outside on behalf of an inmate by a volunteer is prohibited.
20. Activity with parolee only by authorization of Field Service Division and CPPO.
21. **Ask for Help from Staff Supervisor or Officer-in-Charge**
 - ✓ Rules in prison are very different from outside society
 - ✓ Seek answers only from supervisor or corrections staff
 - ✓ Tell Supervisor if you are a relative, or acquainted with, any incarcerated criminal offender
 - ✓ Report inmate pressure, threat, excessive or unusual requests
 - ✓ Report concerns on inmate welfare
22. Keep everything in the open. Do not say anything or do anything with an incarcerated criminal offender you would be embarrassed to share with your peers or supervisors
23. Complete activity/event reports as requested
24. **Cooperate Immediately** with any Officer Request
25. Offenders have been sentenced by society through the judicial system for serious crimes
26. Maintain a Clinical/Professional Distance with offenders
27. Keep your Focus on the voluntary service you offer
28. Know your own boundaries and maintain your personal space
29. Be careful about physical contact. Limit to brief handshake or handclasp, if at all.

30. Be aware of **Con Games**
 - ✓ Don't bend any rules
 - ✓ Offenders can be very manipulative and may try to trap or blackmail you
31. Be Friendly, but don't over identify
32. Be Supportive without becoming manipulated
33. Be aware of your surroundings
34. Be accountable for Tools & Equipment
35. Respect Offender Privacy, Confidentiality of Records and Privileged Information
36. Accept that volunteers cannot substantiate offender conversation
37. Maintain a Positive Attitude
38. Be Patient and Persistent. Think in the long-term
39. Proselytizing is prohibited
40. Respect Diversity
41. Citizen Involvement Application and Orientation valid for a maximum 3 year term with renewal then required
42. There shall be a 12-month separation of state correctional involvement to change designation between volunteer and incarcerated criminal offender visitor.

| |
|---|
| THINGS you will <u>NOT</u> NEED on Prison Property |
|---|

1. Money, Wallet or Purse, Debit, Credit or Calling Cards
2. Cell Phone, pager, or handheld computing devise
3. Photographic or audio recording devises
4. Books, newspapers or magazines
5. Food, Gum, Beverage in glass container
6. Cosmetics or grooming supplies
7. Pets (not even left in vehicle)
8. Photos of family, friends, pets
9. Any item not specifically authorized in writing by the Warden or Director
10. Any person under 18 years of age
11. Friends or guests not currently approved by NH DOC. They will be refused admission. All members of the public must apply, be subject to a background investigation and attend orientation prior to authorized entry
12. Cigarettes, lighters, other tobacco products, matches
13. Weapons of any kind

| |
|-------------------------------------|
| DON'T DISCUSS with Offenders |
|-------------------------------------|

1. Your Social Life
2. Incarcerated criminal offender's past, crime, or the criminal justice system
3. Politics or political activities
4. Religion (unless as your authorized voluntary service)
5. Home and Family
6. Work, School, Neighborhood
7. Business Transactions with any offender
8. Your **OUTSIDE IDENTITY**

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; incarcerated criminal offenders using group to socialize or exchange unrelated information or things) | | | |
| Were you asked to do anything for an incarcerated criminal offender? 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.

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 offenders incarcerated 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 incarcerated criminal offenders 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: _____