STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

CITIZEN INVOLVEMENT APPLICATION

*Required ___ **Volunteer** ___ **Professional Liaison**
___ **Visiting Room Only** ___ **Guest**

*Required ___ **Original** ___ **Renewal**

PLEASE TYPE OR PRINT CLEARLY

ALLOW 15 BUSINESS DAYS FOR PROCESSING.

Incomplete applications will **NOT** be considered.

REQUIRED PERSONAL INFORMATION

STRINGENT PERSONAL DATA CONFIDENTIALITY MAINTAINED

GENDER		**LEGAL NAME:** **First Name** **MI** **Last Name** **Suffix**		
❑ Female ❑ Male	❑ Dr. ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Rev. ❑ _____	**List any other names held ever.**	**Date of Birth :**	**Last 4 of SSN #** **XXX-XX-**
Driver License # or valid government issued photo ID#		**State Issuing DL/ID**		
Mailing Address		**Town**	**State**	**Zip Code+4**
*E-MAIL Address – (**THIS WILL BE THE MAIN FORM OF CONTACT**, If that does not work for you please list preferred method.)				

ABOVE SECTIONS MUST BE COMPLETED IN FULL FOR COMPLIANCE WITH STATE OF NH ADMINISTRATIVE RULES & DEPARTMENTAL POLICIES

OTHER PERSONAL INFORMATION

Telephone Home #	Work #	Work Ext. #	Cell or Mobile #
Language Skills: Are you multilingual? ___ No ___ Yes	If yes, list language(s) other than English:		
Emergency Contact Information: Name	Relationship	Contact Phone	

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. DO YOU CURRENTLY HAVE ANY CRIMINAL CHARGES PENDING? [ ] NO, [ ] YES_____
8. DO YOU HAVE A FAMILY MEMBER UNDER THE SUPERVISION OF THE **NH DOC?** [ ] NO, [ ] YES, WHO_____
9. ANY HOUSEHOLD RESIDENT UNDER SUPERVISION OF **NH DOC?** [ ] NO, [ ] YES, WHO_____
10. **DURING THE PAST 3 YEARS**, HAVE YOU BEEN ON THE VISITING LIST OF ANYONE INCARCERATED? [ ] NO, [ ] YES, WHO_____
11. **IN THE PAST 5 YEARS** HAVE YOU CORRESPONDED WITH AN INDIVIDUAL UNDER CUSTODY OF THE NHDOC? (**PHONE, LETTER, E-MAIL, SOCIAL MEDIA**) [ ] NO, [ ] YES, WHO_____
12. HAVE YOU **EVER** BEEN EMPLOYED BY THIS DEPARTMENT? [ ] NO, [ ] YES, WHEN_____

13. *The following question is being asked to cover Federal mandated guidelines regarding The Prison Rape Elimination Act. Please disclose any incident or conduct which may fall under the full intent of disclosure in the realm of the following question.*
Have you ever been convicted, disciplined, investigated or accused of sexual misconduct of any nature? (Examples: sexual harassment, undue familiarity, rape…) **Please explain a YES answer including final outcome of any investigation, conviction or discipline.** [ ] NO, [ ] YES, WHO

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

Personal References or DOC Staff Member Recommendation: List persons or staff whom 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

THERE IS A 12-MONTH SEPARATION OF STATE CORRECTIONAL INVOLVEMENT REQUIRED WHEN CHANGING DESIGNATION BETWEEN VOLUNTEER AND VISITOR

*Please only fill out the section below if it pertains to the type of volunteer you are. Descriptions listed in each section.

❑ OCCASIONAL OUTSIDE PROFESSIONAL CONSULTANT OR SOCIAL SERVICES AGENT (PROFESSIONAL LIAISON ONLY)

(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
Business purpose:	Frequency of visits:	Duration of service:

○ OFFICIAL VISITATION – (VISIT ROOM ONLY)

CLERGY OR RELIGIOUS DELEGATE FOR PERSONAL SPIRITUAL CARE

PRIVILEGES of **PASTORAL CARE VISITATION** in the **VISITING ROOM ONLY** for **INDIVIDUAL** contact during established visitation schedule at state prisons, institutions or correctional centers. Each applicant must **attach a letter from affiliated ecclesiastic authority** specifying an endorsement of religious qualification, preparation, experience and competence for spiritual counseling of incarcerated individuals within the NH state prison system.

Special Notes: Any group religious study, corporate worship, or secular activity with incarcerated individuals must be conducted as an authorized Volunteer.

A person may not be designated as both an official visitor and an authorized volunteer.

○ GUEST OR SINGLE EVENT VOLUNTEER (GUEST ONLY)

Authorization terminates at the conclusion of each event. Three guest passes per calendar year will be issued prior to a visitor application and orientation being required. A new application is needed per event.

Description of Event/Guest Activity & Location	Date(s)	Time

If you plan to attend another event within a calendar year at **ANY of our facilities, you will need to fill out a Volunteer application and attend orientation **prior** to being authorized to enter any of the NHDOC facilities again within the current calendar year.

VOLUNTEER ORIENTATION is required before assignment of any voluntary service with the NHDOC. Family members of individuals under the supervision of the NHDOC may not be designated as volunteers. Applicant must be 21 years or older. Official Visitors & Volunteers are not authorized to be on the personal visiting lists, phone lists of, or to correspond in any way with, an incarcerated individual.

WHERE SERVICE TO BE OFFERED (check all that may apply) **AVAILABILITY**

State Prisons & Institutions	Transitional Housing/Work Centers & Field Services		Morning	Afternoon	Evening
		Monday	❑	❑	❑
❑ NH State Prison for Men (Concord)	❑ Calumet Transitional Housing (Manchester) [males]	**Tuesday**	❑	❑	❑
❑ NH Correctional facility for Women (Concord)	❑ North End Transitional Housing (Concord) [males]	**Wednesday**	❑	❑	❑
❑ Northern NH Correctional Facility (Berlin)	❑ Transitional Work Center (Concord) [males]	**Thursday**	❑	❑	❑
❑ Residential Treatment/Secure Psych. Units	❑ Shea Farm Transitional Housing (Concord) [females]	**Friday**	❑	❑	❑
❑ Central Office/HQ (Concord)	Probation-Parole District Office:	**Saturday**	❑	❑	❑
❑	Office Locations:	**Sunday**	❑	❑	❑

OTHER:

CATEGORY OF VOLUNTEER SERVICE (check all that apply) Certification and/or experience required for most volunteer positions. Not all service opportunities available at every facility.

SPIRITUAL CARE

__Pastoral Counseling
Inter-Faith/Ecumenical
__Kairos NH
__Prison Fellowship Ministries
__Group religious study
__Corporate worship & ritual
Specify your House of Worship
_____

AFFILIATION – CORRECTIONS INVOLVEMENT OFFERED ON BEHALF OF THIS ENTITY, ORGANIZATION, AGENCY, CAMPUS, OR HOUSE OF FAITH:

ORGANIZATION/GROUP:

NAME:
ADDRESS:
PHONE NUMBER:

ADMINISTRATIVE & INSTITUTIONAL SERVICES

__Citizen Advisory Board
__Business & Industry Consultant
__Educational Consultant
__Victim-Witness Advocate
__Clerical/Office Support

HEALTH & WELLNESS

__Diet & Nutrition
__Fitness/Yoga/Crafts/Arts/Hobbies/Sports
__Stress Management
__Addiction Recovery
Period of Sobriety ____ years with
___AA____NA_____Other Fellowship or local group
__Gender issues

LIFESTYLE CHANGE & ACCOUNTABILITY

__Communications skills
__Cognitive skills workshops
__Cultural Awareness/Diversity
__Parenting & Family Connections
__Mentoring of released offender
__Victim Impact

AGENCY:_____
__ Keystone Hall
__ Clif
__NH Coalition against DV & Sexual Violence
__Other_____

EDUCATION – ADULT ACADEMIC, CAREER/TECHNICAL & WORKFORCE RE-ENTRY

__HS/HI SET Instruction
__ESOL __Translation Services
__Trades & Technology Instruction
__Job Search/Interview Coach
__Money/Banking/Credit Counseling
__Identity Restoration & Protection
__Work-Release Site Supervision

PROFESSIONAL-TECHNICAL SKILL:
please specify:

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

TRAINING WILL BE REQUIRED PRIOR TO ENTRANCE INTO THE FACILITIES IF YOU NEED TO ENTER OUR SECURE PERIMETER TO CONDUCT YOUR SERVICE

☐ **PLEASE CHECK HERE IF YOU WILL ONLY BE CONDUCTING YOUR SERVICE IN OUR FACILITY VISITING ROOMS**

Other:

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 individual 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: _____

Submit completed form to:

Tina Thurber
Program Information Officer
New Hampshire Department of Corrections
105 Pleasant Street, 2nd Floor, Field Services
PO Box 1806
Concord, New Hampshire 03301
tina.thurber@doc.nh.gov

STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

P.O. BOX 1806
CONCORD, NH 03302-1806
603-271-5600 FAX: 603-271-5643
TDD Access: 1-800-735-2964

Helen Hanks
Commissioner

Benjamin Jean
Assistant
Commissioner

This form will be used to conduct criminal records check, motor vehicle check and for fingerprinting processing.

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF STATE POLICE
COMMUNICATION CENTER

REQUESTING AGENCY	**DEPARTMENT OF CORRECTIONS**

STATE(s)You have held a valid Drivers Lic _____

___X_____ MOTOR VEHICLE RECORD CHECK

___X_____ CRIMINAL RECORD CHECK __X__ FINGERPRINTING (PPO Interns Only)

NAME: _____ _____ _____
LAST FIRST MIDDLE

ADDRESS: _____

DATE OF BIRTH*: _____ / _____ / _____ SEX: _____ RACE: _____**SSN:**_____
***YR MO DAY** ***Interns Only**

HEIGHT:_____WEIGHT:_____EYE COLOR:_____HAIR COLOR:_____

PLACE OF BIRTH:_____
City State

_____ DATE: _____
SIGNATURE

FOR OFFICE USE ONLY:

Facility where fingerprinting conducted:_____(please print) Date:_____
Employee who conducted fingerprinting:_____(please print first and last name)

Return this release with your Application to the Supervisor of Volunteer Activities

Tina Thurber
Program Information Officer
New Hampshire Department of Corrections
105 Pleasant Street, 3rd Floor
PO Box 1806
Concord, New Hampshire 03302

Rules and Guidance for Citizen Involvement and Volunteers

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
            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 individual
        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 individual for personal favors or other non-authorized subjects
        6) Personal criminal arrest or becoming the subject to a judicial order
9. Communications with individual's 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 individual s/parolees. Know your own boundaries and maintain your personal space.
    d. Respect individual s/parolees' privacy, confidentiality of records and privileged information.
    e. Respect diversity.
    f. Accept that certified volunteers cannot substantiate offender conversation.

g. Volunteers are prohibited to correspond with individuals under supervision with the NHDOC Correspondence includes written, telephone, electronic or social media communications. Volunteers may not facilitate communications between individual's or residents in custody or parolees/probationers under supervision, of any correctional jurisdiction.
h. Volunteers should protect personal identity information from individual's and not reveal their address, phone numbers, social life or other confidential personal or family information.
i. Volunteers 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 volunteer. Undue familiarity includes unprivileged touching, kissing, groping or hugging or conduct that is likely to result in intimacy or close personal association. Volunteers shall not permit persons under departmental control or their families to become unduly familiar towards them.
11. Sexual contact, misconduct or indecent behavior with persons under departmental control or their families is prohibited for 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 volunteers.
    a. <u>Give nothing</u> to a person under departmental control
    b. <u>Take nothing</u> from a person under departmental control
    c. <u>Carry nothing out</u> of a correctional facility for any persons under departmental control
13. Direct exchange of personal property between a volunteer and an individual under DOC custody is prohibited. All items received by, in the possession of, or being relinquished by any individual 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 individuals under DOC custody 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 PPD 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 individual programs or activities. All food items available to Individual s must be furnished through DOC oversight. An exception for light refreshments may be given with written approval by Warden/Director or designee for a volunteer activity exceeding 7 continuous hours, and only by donation following PPD 3.30.
18. Volunteer events continuing through individual meal schedules may receive that meal at an alternate location from the prison kitchen. Volunteers may be authorized to join the Individual s 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 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. Volunteers in any capacity, who resign or are terminated, must allow a minimum separation of one (1) year from their last instance of citizen involvement before consideration as an individual under DOC custody'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 Supervisor of Volunteer Activities. 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. Administrator of Programs will submit a quarterly report to the Director of Community Corrections with a copy to the Supervisor of Volunteer Activities, containing relevant data as described in (attachment 8.)
6. Institutional entry officers will verify volunteer status and authorized access from available rosters.
7. Volunteers not on the approved roster or approved operations bulletin will not be authorized access into the facilities questions and concerns with the list should be forwarded to the Department Supervisor of volunteer activities.

F. Adverse Action Towards a Citizen/Volunteer

1. The Director of Community Correction in conjunction with the Supervisor of Volunteer Services 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 volunteer found in violation of departmental policies and procedures is subject to suspension or termination and shall receive written notice of the adverse action.
4. A volunteer or applicant may appeal an adverse action decision in writing to the Division of Community Corrections 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 by an on-site NH DOC 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 Individual s through the regular visitation process or to the Citizen's Advisory Board that is appointed by the Governor pursuant to RSA 21-G.

J. All incident reports or correspondence regarding a volunteer should be forwarded to the Supervisor of Volunteer Activities to be placed in their individual file.

K. In the case of a serious medical incident or injury where the volunteer/intern is incapacitated and unable to speak for them-selves, only the individual designated by the volunteer/Intern as an emergency contact will be notified. Emergency contact can be found on the most recent volunteer/intern application. An emergency contact must be designated prior to entrance into any facility. Emergency contact information should only be accessed by the shift commander, Chaplain, Supervisor of Volunteer Activities or the Division Director or Designee. When the incident has been resolved, proper notifications and copies of all incident reports should be sent to the Director of Community Correction and the Supervisor of Volunteer activities.

_____ _____

Volunteer Name Printed Date Received

_____

Volunteer Signature

TYPES OF SEXUAL ASSAULT & VICTIMIZATION COVERED BY PREA

Sexual victimization: Encompasses all acts listed below and any act perpetrated by an offender that involves unwanted sexual attention or solicitation, whether forced or coerced, physical or verbal as well as any consensual act that is committed by a person with authority over or control of another individual.

Sexual Solicitation: Any request of a sexual nature; a request for sexual contact or for performance of sexual act, or a request to allow another to perform a sexual act, includes requests to watch or be watched while any act is performed for the purpose of sexual gratification, or while sexual contact is initiated or while a body part is exposed for the purpose of sexual gratification.

Sexual Coercion: Any attempt to influence an individual to consent or participant in sexual contact including bribes, promises of remuneration or special consideration and threats of force or violence or harm to others and or repercussions such as deprivation of privileges. Any sexual relationship between an offender and a NHDOC staff member constitutes sexual coercion.

1. Staff Sexual Misconduct

I. Definition of Sexual Misconduct

Sexual Misconduct (as it relates to NHDOC) is conduct of a sexual nature that is directed by staff toward offenders, by offenders toward other offenders, or by offenders toward staff. An "offender" is anyone under the care, custody and supervision of the Department of Corrections. **"Staff" or "staff member" is anyone employed by, contracted by or volunteering for the Department of Corrections.** Sexual misconduct includes, but is not limited to the following acts or attempted acts:

1. Sexual contact and/or intercourse
2. Requiring or allowing an offender to engage in sexual contact, sexual intercourse, or other sexual conduct for any reason (e.g., the sexual gratification of a staff member).
3. Any action designed for sexual gratification of an offender or staff member, such as masturbating in front of another person
4. Making or encouraging obscene or sexual advances, gestures or comments or exposing genitalia, buttocks or female breasts.
5. Touching of self in a sexually provocative way
6. Beginning any form or type of communication of a sexual nature
7. Influencing or making promises regarding safety, custody, parole status, privacy, housing, privileges, work assignments, program status, etc., in exchange for sexual favors. This includes an exchange of anything of value between staff and offender or offender and offender.
8. Threats, intimidation or retaliation for reporting an incident of sexual assault.

Under NH law, an offender cannot legally consent to sexual activity with anyone while incarcerated.

- It is never appropriate for a staff member to make sexual advances or comments, or to engage in sexual contact with an offender.
- A staff member would be committing a criminal offense by participating in any sexual activity with an offender.
- It is not appropriate for an offender to approach a staff member in a sexual manner. This type of behavior is prohibited and corrective action will be taken to stop such behavior from occurring.
- No one has the right to pressure anyone to engage in sexual acts.

II. What happens to reports of sexual misconduct?

Investigation

All allegations of sexual misconduct, sexual harassment, over-familiarity and retaliation will be investigated.

Retaliation is intimidation to prevent an offender from filing a complaint or participation in an investigation of sexual misconduct. The DOC prohibits anyone from interfering with an investigation, including by intimidation or retaliation against witnesses or victims. Any form of retaliation should be reported to a trusted staff member, the warden or investigations.

Anyone who sexually abuses or assaults an offender will be disciplined and may be criminally prosecuted. Discipline and criminal prosecution are more likely to be successful if the abuse is reported immediately; but regardless of when the assault occurred, it should be reported.

_____ _____

Volunteer Name Printed Date Received

_____

Volunteer Signature

THE STATE OF NEW HAMPSHIRE
POLICY ON SEXUAL HARASSMENT

I. POLICY STATEMENT

All employees of the State of New Hampshire are entitled to work in an environment free of sexually inappropriate behavior. The State of New Hampshire is committed to preventing and eliminating such misconduct in the workplace before it rises to the level of sexual harassment. To accomplish these goals, the state's policy against sexual harassment shall be clearly and regularly communicated to all state employees, both supervisory and non-supervisory, through periodic educational programs and training. In addition, this policy shall be implemented through the complaint investigation procedures set forth below. This policy shall also serve as a guideline for the investigation of any other type of discrimination prohibited by law.

All complaints of sexual harassment or retaliation shall be promptly and thoroughly investigated. Particular care shall be taken in the course of investigations to protect the confidentiality of all involved to the extent possible. Should it be determined that a state employee has violated this policy, immediate and appropriate corrective and/or disciplinary action shall be taken. This may include discharge and/or other forms of discipline. The type and extent of corrective action regarding non-employees will depend on the amount of control the agency has over the non-employee.

II. POLICY PURPOSE – STATEMENT OF PROHIBITED CONDUCT

Harassment and discrimination in employment based on sex are illegal under federal and state law and shall not be tolerated in state employment. Maintenance of a discriminatory work environment is also prohibited. Every state employee has a duty to observe the law and shall be subject to appropriate disciplinary action such as discharge for failing to do so.

SEXUAL HARASSMENT: an unwelcome sexual advance, a request for a sexual favor, or other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for the employment decisions affecting such individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Any supervisor who threatens or suggests, either explicitly or implicitly, that an employee's refusal to submit to sexual advances or other conduct of a sexual nature will adversely affect the employee's job and/or working conditions has committed sexual harassment. Any supervisor who threatens or suggests, either explicitly or implicitly, that an employee's refusal to submit to sexual advances or other conduct of a sexual nature will adversely affect the employee's job and/or working conditions has committed sexual harassment. In order to rise to the level of legally actionable sexual harassment, conduct creating a hostile work environment must be severe or pervasive. However, it is the intent of the State to prevent conduct from escalating to the point that a hostile work environment exists. To that end, the following conduct is considered inappropriate and is prohibited from the workplace regardless of whether it rises to the level of being severe or pervasive: verbal abuse of a sexual nature, unwelcome, offensive sexual flirtation; unwelcome, graphic verbal comments about an individual's body; sexually degrading words to describe an individual; unwelcome brushing, touching, patting or pinching an individual's body; sexually explicit gestures; the display in the workplace of sexually suggestive, sexually demeaning or pornographic objects, pictures, posters or cartoons; unwelcome inquiry or comment about sexual conduct or sexual orientation or preferences; or verbal abuse consistently targeted at only one sex, even if the content of the abuse is not sexual. Sexual harassment is unlawful and hurts other employees. Whether the conduct is severe or pervasive shall be considered in determining the level of appropriate corrective action.

III. PROCEDURES FOR MAKING, INVESTIGATING AND RESOLVING SEXUAL HARASSMENT AND RETALIATION COMPLAINTS

A. COMPLAINTS

Complaints of sexual harassment or of retaliation for making such complaints shall be made, either in writing or verbally, to the Director of the Division of Personnel or the agency Human Resource Administrator, who shall then refer the complaint to the Director. Complaints may also be made/submitted to the employee's supervisor, who shall be responsible for transmitting any complaint received to the agency Human Resource Administrator. If the employee's supervisor is involved in the alleged harassment, the employee may submit the complaint to the next supervisor in their direct chain of command, who shall be responsible for transmitting any complaint received to the agency Human Resource Administrator. The Director of Personnel shall then assign as appropriate, one or two investigators. If only one investigator is assigned, the investigator shall be from outside the complainant's agency. No employee shall be required to file a complaint with a supervisor who hostile to that employee and/or who engages in conduct or has been alleged to have engaged in conduct which could be considered sexual harassment. Any supervisor who has knowledge of sexual harassment or retaliation against a person who has reported sexual harassment, shall be required to report it to the Director of personnel or the agency human resource administrator. Failure to report may result in appropriate corrective action, which may include discipline. During the pendency of the investigation, the agency, in consultation with the Director of Personnel, shall promptly take such action as is reasonably calculated to prevent further harassment from occurring.

B. INVESTIGATIONS – CONFIDENTIALITY

All complaints shall be investigated with reasonable thoroughness and as expeditiously as possible by the investigator(s). Subject to the limits or requirements of the law, investigations shall be conducted with particular care to preserve the confidentiality of all persons involved. Only those who need to know in order to accomplish the purposes of the investigation shall be provided with the identity of the complainant and the allegations. All parties including the complainant and the alleged harasser contacted in the course of an investigation shall be advised of the necessity of confidentiality and that any breach of confidentiality shall be treated as misconduct subject to disciplinary action. Copies of the investigators' final report shall be submitted to the Director of Personnel, who shall share it with the agency Human Resource Administrator and Agency Head. The complainant and the alleged harasser shall be advised of the findings reached on the complaint. If a violation of this policy is found to have occurred, the complainant will be advised that appropriate corrective action will be taken. This is in accordance with RSA 91-A, which provides that specific personnel actions must remain confidential. All individuals are required to be truthful, forthcoming and cooperative in connection with the complaint investigation. An investigation shall begin promptly. The investigators shall provide the Director of Personnel with progress reports every thirty days. Upon completion, a written report shall be prepared and submitted to the Director of Personnel who will share it with the agency Human Resource Administrator and the Agency Head. The agency officials and the Director of Personnel shall review the report. The agency shall make a determination as to whether or not disciplinary or corrective action is warranted.

C. RETALIATION PROHIBITED

Retaliation of any kind against anyone who is involved in the investigation of or in making an allegation of sexual harassment is prohibited and may result in disciplinary action against the retaliator, up to and including termination from employment.

IV. STATE EMPLOYEE EDUCATION AND TRAINING

The State's policy against sexual harassment shall be communicated in writing to all employees. Educational posters communicating the State's opposition to sexual harassment shall be conspicuously and continuously displayed in the workplace. Such notices shall advise employees of the right to initiate a sexual harassment complaint through the procedures outlined in this policy as well as the right to initiate complaints with the New Hampshire Commission on Human Rights and/or the Equal Employment Opportunity Commission. Each state department or agency shall conduct periodic training to inform employees of the state's policy prohibiting sexual harassment and retaliation and the complaint and investigation procedure set forth herein. Such training shall include the following components:

A. For all employees: as part of general orientation, each recently-hired employee shall be provided a copy of this policy and during their first year of employment shall attend a training session regarding this policy.

B. For all supervisory employees: All supervisory personnel shall annually participate in a training session on sexual harassment and other forms of discrimination which includes information about the types of conduct which will not be tolerated in the workplace.

_____ _____

Volunteer Name Printed Date Received

_____

Volunteer Signature

WAIVER OF LIABILITY TO PARTICIPATE IN THE NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS VOLUNTEER PROGRAM

I hereby assert that I am in good health and have no medical problems, conditions or infirmities that would prevent me from voluntarily participating with volunteer services with the New Hampshire a Department of Corrections. I understand that the visit/activity is likely inside the secure perimeter of a New Hampshire Department of Corrections facility and there is a potential for danger. I hereby release the New Hampshire Department of Corrections, and their respective agents, from any claims of personal injury suffered by me while voluntarily participating in the prison facility visit/activity. I have read this statement, understand the terms of this waiver of liability and have executed it of my own free will, without coercion of any kind.

_____ _____

Participant Printed Name **Date**

_____ _____

Participant Signature **Date**