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 New Hampshire Department of Corrections (NHDOC) 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 Persons Under Department Control (PUDC), 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 21 years of age or older, are required to complete a formal application and are subject to a background investigation to include a criminal history records check and fingerprinting. Academic intern applicants may be 18 years of age or older and are subject to the same criminal history record check and fingerprinting if required by designated area.

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 PUDC, 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 on site supervisor will be responsible to provide relevant data and statistics to the administrator of programs on a monthly basis.
I. Each on site supervisor in conjunction with the administrator of programs 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. 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 two weeks by the Director of Community Corrections or designee. Notice of decision will be given to all other Wardens/Division Directors and the Supervisor of Volunteer Activities.
K. Volunteers are encouraged to offer voluntary services at more than one prison or division.
L. Volunteers are not permitted to offer volunteer services and be on a PUDC visiting list.
M. Volunteers can either be a volunteer assigned to facilities or volunteers assigned to visiting room, not both, as outlined in Procedure C.
N. 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.
O. Former DOC employees may be considered for volunteer service following five (5) years separation from either full or part time employment with the agency.
Q. 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. The Citizen Involvement Application (Attachment 1 & 2) 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. Types of volunteers are:
   a. **Guest**: A person entering our facilities for 3 visits or under per calendar year.
   b. **Visit Room Only Volunteer**: Clergy, Social Service Agents and governmental representatives will be certified as official visitors only for individual offender services and counseling within the visit room only and subject to provisions of PPD 7.09.
   c. **Professional Liaison**: anyone who is conducting official business in our facilities with our offender population but is not employed by the Department of Corrections.
   d. **Regular Volunteer**: Applicants volunteering in areas to include but are not limited to: institutional services, Education, Health, Wellness and Recreation – fitness, nutrition and leisure pursuits, Life Skills – for cognitive learning, social learning and parenting training, recovery – all 12-step fellowships and addiction, relapse support and prevention, Re-Entry Preparation and Community Corrections – pre-
and post-release transitioning and mentoring, Spiritual Care – including all group cultural enrichment, faith tradition corporate worship, sacred ritual and religious education services.

e. **Internship:** A student from an approved location where an affiliation agreement is in place who is 18 years or older looking for school credit or experience in a particular field offered within the Department of Corrections.

4. Factors Disqualifying Volunteer Involvement:
   a. Current employee or contract service provider of the 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 individual under DOC custody (i.e. correspond with or on visiting or phone lists of an individual within the past 12 months);
   f. Person with unresolved criminal charges;
   g. Person with any level drug conviction in the past five years;
   h. Person with any other conviction within the past 12 months;
   i. Person with any conviction that is sexual in nature;
   j. Person subject to provisions of RSA 651-B (persons required to register their crime);
   k. Person filing an incomplete, deceptive or false Citizen Involvement Application;
   and
   l. Person found in violation of any State of NH Administrative Rules, COR Chapter 300 that pertains to the NHDOC.

m. Additionally, the Director of Community Corrections or designee has the authority to approve or deny a citizen involvement application based on the following criteria:
   i. It has been determined that the individual does not pose a safety threat, based on considerations such as the length of time that has passed since the activity described in standard 115.17(a)(1)-(3), the evidence of rehabilitation on the part of the individual, or other relevant factors, and documents all relevant factors and rationale leading to the safety threat determination;
   ii. The individual is considered to be important to the success of a specialized PUDC rehabilitative program;
   iii. The individual is not permitted to have contact with PUDC without staff supervision (e.g., circumstances where an individual would have the opportunity to potentially sexually abuse an individual, due to the ability to privately interact with, or to supervise, individuals). For example, a presentation by a previously incarcerated individual, to a group of PUDC, under constant in-person supervision, would be acceptable under this section, so long as the above requirements have been met.

B. Citizen Involvement Programs shall include any departmental program, event, service or activity provided on a voluntary basis for the benefit of PUDC 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 3) 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

PPD 2.24
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 4) 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. PUDC may not gather independent of qualified volunteers or authorized staff supervision.

C. Volunteer description, Training and Certification.

1. Guest
   a. Applicant will submit an Official Citizen Involvement Application (Attachment 1).
   b. Upon review with the on-site supervisor the applicant will sign off on Rules and guidance for Citizen Involvement and Volunteers, PREA and Sexual Harassment.
   c. Guests, special event volunteers and consultants will be certified for facility entry and restricted offender interaction that will be limited to a maximum of 3 visits to any facility in a calendar year. If said guest, after the 3rd visit would like to become a regular volunteer, they must fill out the “Volunteer” application and attend training prior to gaining entrance into any facilities.
   d. It is the responsibility of the requesting employee to coordinate with facility operations to have the guest cleared to enter the facility. A copy of said operations bulletin, the guest application and the signed “Rules and Guidance for Citizen Involvement and Volunteers” as a package should be sent to the Supervisor of Volunteer Activities.

2. Official Visitor (Visit Room Only)
   a. Applicant will submit an Official Citizen Involvement Application (Attachment 1).
   b. Ordained clergy or faith community appointees will be certified as Official Visitors offering pastoral visitation and spiritual guidance to a PUDC only within a correctional facility visiting room during established visitation schedule and subject to the provisions of PPD 7.09. This certification will not include privileges for individual’s group activity or services. Each 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.
   c. Applicant will attend an initial orientation prior to volunteering in a NHDOC facility.
   d. Social Service agents and governmental representatives will be certified as official visitors only for individual PUDC services and counseling within the visit room only and subject to provisions of PPD 7.09.
   e. Official visitors will remain on the list until they request to be removed or at the discretion of the Department.

3. Professional Liaison
   Professional Liaison is listed as anyone who is conducting official business in NHDOC facilities with the PUDC population but is not employed by the NHDOC.
   a. Applicant will submit an Official Citizen Involvement Application (Attachment 1).
b. Applicant will attend an initial orientation prior to working in our facilities.

c. Annually, a professional liaison must submit a new application; have a full background check completed and sign off on any relevant policy changes to continue to work in our facilities.

d. Applicant’s name will be removed from the gate list once business is no longer being conducted.

4. Regular Volunteer
   a. Applicant will submit an Official Citizen Involvement Application (attachment 1).
   b. Once application is accepted, volunteer will attend volunteer orientation training.
   c. Certification will be renewable annually anticipating continuous collaboration with supervision staff and submission of quarterly attendance sheets.
      Recertification will require a new application, a new background check, attendance at required training and signing off on any revisions of all applicable position descriptions for another renewable 1 year term.

5. Internship Applicant
   a. Applicants are requiring post-secondary academic study requiring a minimum of 120 contact hours per semester; applicant will submit an Official Citizen Involvement Application labeled Academic Internship (Attachment 2).
   b. Internship applicants must submit a learning contract and follow all other provisions of PPD 1.32.
   c. Internship applicants must be 18 years old, have a complete background check run and must attend orientation prior to being accepted as an intern with the NHDOC.

6. Orientation shall include instruction on the State of New Hampshire and NHDOC’s sexual harassment policies (PPD 2.39), undue familiarity with PUDC (PPD 2.16) and the Prison Rape Elimination Act (PREA) (PPD 5.19). Orientation attendance will be documented with the records retained during the certification term (Attachment 5).

7. Approved 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 6).

8. All Volunteers of all types will be required to sign off that they received and understand the following information:
   a. Rules and Guidance for Citizen Involvement;
   b. Types of Sexual Assault & Victimization Covered by PREA; and
   c. Sexual Harassment.

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.
      i. 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; and
         d) All hemlines can be no shorter than 2 inches above the knee.
      ii. 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.

PPD 2.24
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. Know that 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. 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 the following:
      i. Any existing or past association or personal connection to an PUDC;
      ii. Sexual misconduct alleged by an PUDC;
      iii. PUDC threat of self-harm or extreme hostility towards another person;
      iv. PUDC revelation of criminal activity or parole violation;
      v. Requests by an PUDC for personal favors or other non-authorized subjects; and/or
      vi. Personal criminal arrest or becoming the subject to a judicial order.

9. Communications with PUDC 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 PUDC/parolees. Know boundaries and maintain personal space.
   d. Respect PUDC/parolees’ privacy, confidentiality of records and privileged information.
   e. Respect diversity.
   f. Accept that certified volunteers cannot substantiate PUDC conversation
   g. Volunteers are prohibited to correspond with PUDC. Correspondence includes written or telephone communications. Volunteers may not facilitate communications between PUDC or parolees of any correctional jurisdiction.
h. Volunteers should protect personal identity information from PUDC and not reveal their address, phone numbers, social life or other confidential personal or family information.

i. Volunteers may not knowingly convey to a PUDC any information of a confidential or restricted nature (i.e. intended for staff use only).

10. Undue familiarity with PUDC 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 PUDC or their families or extending them any favors is not permitted by volunteers.
   a. Give nothing to a PUDC.
   b. Take nothing from a PUDC.
   c. Carry nothing out of a correctional facility for any PUDC.

13. Direct exchange of personal property between a volunteer and a PUDC 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 PUDC 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; and
   c. Be without:
      i. Cell phone, other small concealable electronics, photographic or audio recording devices;
      ii. Weapons of any kind;
      iii. Money in significant quantity, purse, wallet, unneeded items in pockets;
      iv. Tools;
      v. Books, newspapers or magazines;
      vi. Tobacco products;
      vii. Cosmetic or grooming supplies;
      viii. Food, beverage (especially glass containers, gum or personal photos); and/or
         ix. Any item not specifically authorized in writing by the Warden/Director or designee.
   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.

PPD 2.24
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 NHDOC 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 PUDC must be furnished through NHDOC 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 PUDC 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 PUDC counseling by any volunteer will be arranged by the staff supervisor following a request slip from the PUDC to the staff member and conducted outside of the normal visiting protocol.

20. Proselytizing is prohibited.

21. Volunteers in any capacity that resign or are terminated, must allow a minimum separation of one (1) year from their last instance of citizen involvement before consideration as an PUDC 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 NHDOC of all volunteers and accessible through the NHDOC 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 7).

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 reviews 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. A volunteer or applicant may appeal an adverse action decision in writing to the Director/Designee of the Division of Community Corrections within thirty (30) days from the date of the notice. The outcome of an appeal may affirm, reverse or modify the adverse decisions. A volunteer may further appeal to the Commissioner of Corrections for reconsideration within thirty (30) days 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 individuals 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 themselves, 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.

V. REFERENCES:

ACA
Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

PPD
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

OTHER
RSA 508:17
RSA 622:24, 25

MacKay/ib
STATE OF NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
CITIZEN INVOLVEMENT APPLICATION

Volunteer  Professional Liaison
Visiting Room Only  Guest

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

<table>
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<tr>
<th>GENDER</th>
<th>Dr.</th>
<th>Male</th>
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<td>Female</td>
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<td>Ms.</td>
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LEGAL NAME: First Name MI Last Name Suffix
List any other names held ever:
Date of Birth:
Last 4 of SSN 

Driver License # or valid government issued photo ID:
State Issuing DU/ID:
P.Mailing Address:
Town
State
Zip Code+

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

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<tr>
<th>Telephone</th>
<th>Work #</th>
<th>Work Ext. #</th>
<th>Cell or mobile #</th>
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<td>Home #</td>
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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 OR RECEIVED PHONE CALLS FROM AN INDIVIDUAL UNDER CUSTODY OF NH DOC? [ ] No, [ ] Yes, WHO
12. HAVE YOU EVER BEEN EMPLOYED BY THIS DEPARTMENT? [ ] No, [ ] Yes, WHEN

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...) [ ] No, [ ] Yes

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

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

<table>
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<tr>
<th>Reference Name</th>
<th>Address</th>
<th>Phone</th>
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NH DOC PPD 2.24 – Citizen Involvement Application  Revised 10/2017
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 Adminstrator: __________________________ 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 conclusion of each event. 3 guest passes per calendar year will be issued prior to a visitor application and orientation being required.

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.

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

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<th>State Prisons &amp; Institutions</th>
<th>Transitional Housing/Work Centers &amp; Field Services</th>
<th>Monday</th>
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<td>North End Transitional Housing (Concord) [males]</td>
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<td>Transient Work Center (Concord) [males]</td>
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<tr>
<td>Residential Treatment/Secure Psych. Units</td>
<td>Shea Farm Transitional Housing (Concord) [females]</td>
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<td>Central Office/HQ (Concord)</td>
<td>Probation-Parole District Office:</td>
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<td>Office Locations:</td>
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</table>

OTHER:

NH DOC PPD 2.24 – Citizen Involvement Application Revised 10/2017
**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.

<table>
<thead>
<tr>
<th>SPiritual Care</th>
<th>Health &amp; Wellness</th>
<th>Education – Adult Academic, Career/Technical &amp; Workforce Re-Entry</th>
</tr>
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<tbody>
<tr>
<td><strong>Pastoral Counseling</strong></td>
<td><strong>Diet &amp; Nutrition</strong></td>
<td><strong>HS/Hi Set Instruction</strong></td>
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<tr>
<td><strong>Inter-Faith/Ecumenical</strong></td>
<td><strong>Fitness/Yoga/Crafts/Arts/Hobbies/Sports</strong></td>
<td><strong>ESOL</strong> Translation Services</td>
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<td><strong>Kairos NH</strong></td>
<td><strong>Stress Management</strong></td>
<td><strong>Trades &amp; Technology Instruction</strong></td>
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<td><strong>Prison Fellowship Ministries</strong></td>
<td><strong>Addiction Recovery</strong></td>
<td><strong>Job Search/Interview Coaching</strong></td>
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<tr>
<td><strong>Group religious study</strong></td>
<td><strong>Period of Sobriety ___ years with</strong></td>
<td><strong>Money/Banking/Credit Counseling</strong></td>
</tr>
<tr>
<td><strong>Corporate worship &amp; ritual</strong></td>
<td><strong>AA __ NA __ Other Fellowship or local group</strong></td>
<td><strong>Identity Restoration &amp; Protection</strong></td>
</tr>
<tr>
<td><strong>Specify your House of Worship</strong></td>
<td><strong>Gender issues</strong></td>
<td><strong>Work-Release Site Supervision</strong></td>
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**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__ | __Keystone Hall__ |
| __Business & Industry Consultant__ | __Clif__ |
| __Educational Consultant__ | __NH Coalition against DV & Sexual Violence__ |
| __Victim-Witness Advocate__ | __Other__ |
| __Clerical/Office Support__ |

**Lifestyle Change & Accountability**

| __Communications skills__ | __Permaente & Family Connections__ |
| __Cognitive skills workshops__ | __Mentoring of released offender__ |
| __Cultural Awareness/Diversity__ | __Victim Impact__ |

**AGENCY:**

| __Keystone Hall__ | __Permaente & Family Connections__ |
| __Clif__ | __Mentoring of released offender__ |
| __NH Coalition against DV & Sexual Violence__ | __Victim Impact__ |

**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/sell 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 unlawful falsification pursuant to RSA 641:3.

**SIGN HERE**

Submit completed form to:

Tina Thurber
Supervisor of Volunteer Activities
Division of Community Corrections
New Hampshire Department of Corrections
105 Pleasant Street
PO Box 1806
Concord, New Hampshire 03301

*tina.thurber@doc.state.nh.us*

**DATE:**

---

NH DOC PPD 2.24 – Citizen Involvement Application

*Revised 10/2017*
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

STATE(s) You have held a valid Drivers Lic

_X__ MOTOR VEHICLE RECORD CHECK

_X__ CRIMINAL RECORD CHECK _X_ FINGERPRINTING

DEPARTMENT OF CORRECTIONS

NAME:

LAST FIRST MIDDLE

ADDRESS:

DATE OF BIRTH*: __ / ___ / ___ SEX: _______ RACE: _______

*YR MO DAY

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
Supervisor of Volunteer Activities & Internship Program
New Hampshire Department of Corrections
Division of Community Corrections
105 Pleasant Street
PO Box 1806
Concord, New Hampshire 03302
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/skirts
         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 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 or telephone 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. 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. 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 individual’s 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.

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.

The outcome of an appeal may affirm, reverse or modify the adverse decision.

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 themselves, 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

Volunteer Signature

Date Received

NH DOC PPD 2.24 – Citizen Involvement Application

Revised 10/2017
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 watch while a 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, special consideration or 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 NHDOD staff member constitutes sexual coercion.

I. Staff Sexual Misconduct

1. Definition of Sexual Misconduct

   Sexual Misconduct (as it relates to NHDOD) 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
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. Complainants may also be 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 ____________________________
# Academic Internship Application

**State of New Hampshire Department of Corrections**

**Citizen Involvement Application**

**Academic Internship**

**Please Type or Print Clearly**

**Allow 15 Business Days For Processing.**

Incomplete applications will **NOT** be considered.

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## Required Personal Information

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<th>Category</th>
<th>Information</th>
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**E-Mail Address:** *(This will be the main form of contact, if that does not work for you please list preferred method.)*

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**Above sections must be completed in full for compliance with State of NH Administrative Rules & Departmental Policies**

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**Other Personal Information**

<table>
<thead>
<tr>
<th>Category</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Telephone</strong></td>
<td><img src="#" alt="Home #" /> <img src="#" alt="Work #" /> <img src="#" alt="Work Ext #" /> <img src="#" alt="Cell or mobile #" /></td>
</tr>
<tr>
<td><strong>Language Skills:</strong></td>
<td><img src="#" alt="Are you multilingual?" /> <img src="#" alt="If yes, list language(s) other than English:" /></td>
</tr>
<tr>
<td><strong>Emergency Contact Information:</strong></td>
<td><img src="#" alt="Name" /> <img src="#" alt="Relationship" /> <img src="#" alt="Contact Phone" /></td>
</tr>
</tbody>
</table>

**Answer Each Question. Full Disclosures 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. **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 residing within the NH DOC?**
    - ![No](#) ![Yes, who](#)
11. **Correspond with or receive phone calls from an individual under custody of NH DOC?**
    - ![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:** 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.

<table>
<thead>
<tr>
<th>Reference Name</th>
<th>Address</th>
<th>Phone</th>
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**NH DOC PPD 2.24 – Citizen Involvement Application**

**Revised 10/2017**
ACADEMIC INTERNSHIP

Authorization valid only during the term/course of post-secondary academic study. Applicant must be 18 years or older.

Campus of Student ___________________ Course/Class ___________________ Internship Start Date ____________ End Date ____________

Campus Advisor/Instructor ___________________ Phone # ____________ Day(s) ____________ Hours ____________

Hours Required ___________________ Areas of Interest ___________________

Objective of Internship Project:

Things we will need: Insurance Binder from your school, Learning Contract and all internship requirements prior to being assigned an internship supervisor.

VOLUNTEER ORIENTATION is required before assignment of any internship with the NHDOC. Family members of individuals under the supervision of the NHDOC may not be designated as interns. Applicant must be 18 years or older. Official Interns are not authorized to be on the personal visiting, phone lists of, or to correspond with, an incarcerated individual.

FACILITIES OF INTEREST
(check all that may apply)

<table>
<thead>
<tr>
<th>State Prisons &amp; Institutions</th>
<th>Transitional Housing/Work Centers &amp; Field Services</th>
<th>WHEN AVAILABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH State Prison for Men (Concord)</td>
<td>Calumet Transitional Housing (Manchester) [males]</td>
<td>Monday</td>
</tr>
<tr>
<td>NH Correctional facility for Women (Goffstown)</td>
<td>North End Transitional Housing (Concord) [males]</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Northern NH Correctional Facility (Berlin)</td>
<td>Transitional Work Center (Concord) [males]</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Residential Treatment/Secure Psych. Units</td>
<td>Shea Farm Transitional Housing (Concord) [females]</td>
<td>Thursday</td>
</tr>
<tr>
<td>Central Office/HQ (Concord)</td>
<td>Probation-Parole District Office:</td>
<td>Friday</td>
</tr>
<tr>
<td></td>
<td>Office Locations:</td>
<td>Saturday</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sunday</td>
</tr>
</tbody>
</table>

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
Supervisor of Volunteer Activities
Division of Community Corrections
New Hampshire Department of Corrections
105 Pleasant Street
PO Box 1806
Concord, New Hampshire 03301

tina.thurber@doc.nh.gov
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

STATE(s)You have held a valid Drivers Lic

X MOTOR VEHICLE RECORD CHECK

X CRIMINAL RECORD CHECK

X FINGERPRINTING FOR FIELD SERVICES/CJIS

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

DATE OF BIRTH*: / /  

SEX: RACE:

*YR MO DAY

HEIGHT: WEIGHT: EYE COLOR: HAIR COLOR:

PLACE OF BIRTH: City State

SIGNATURE DATE:

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
Supervisor of Volunteer Activities & Internship Program
New Hampshire Department of Corrections
Division of Community Corrections
105 Pleasant Street
PO Box 1806
Concord, New Hampshire 03302
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 decal 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 or telephone communications. Volunteers may not facilitate communications between individuals or residents in custody or parolees/probationers under supervision, of any correctional jurisdiction.

h. Volunteers should protect personal identity information from individuals 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, grooping 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. 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. 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 individual’s 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.

   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.

   The outcome of an appeal may affirm, reverse or modify the adverse decisions.

   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

NH DOC PPD 2.24 – Citizen Involvement Application

Revised 10/2017
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 watch while a 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 or 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.
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
STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
Division of Community Corrections
P.O. BOX 1806
CONCORD, NH 03302-0014
603-271-5601 FAX: 603-271-5643
TDD Access: 1-800-735-2964

William Wrenn
Commissioner

Helen Hanks
Assistant
Commissioner

Kim MacKay
Director of Community
Corrections

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.

<table>
<thead>
<tr>
<th>Program Title</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity/Event/Course</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Particulars</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>specific details of curriculum, syllabus, handouts, lesson plans, resource and reference materials</td>
<td></td>
</tr>
<tr>
<td>Program is:</td>
<td></td>
</tr>
<tr>
<td>☐ New to Division</td>
<td></td>
</tr>
<tr>
<td>☐ Change from current activity</td>
<td></td>
</tr>
<tr>
<td>☐ Special Event</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Population Of Individuals</th>
<th>Individual Classification</th>
<th>Gender</th>
<th>Anticipated # of Participants</th>
<th>Other Participant Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Outcomes Expected for this program</th>
<th></th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposal Prepared by</th>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Affiliation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Endorsing Entity or Outside Authority Address Phone Contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Attachment 3
Page 1 of 2
10/2017
Attach additional pages and support documents to thoroughly present this proposal.

### Outside Leaders / Facilitators

<table>
<thead>
<tr>
<th>Lead Outside Participants</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Participants</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Requested Scheduling and Facility Support

**Subject to facility/security constraints**

<table>
<thead>
<tr>
<th>Location</th>
<th>Division Name: Prison or Correctional facility</th>
<th>Room or Site Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>How Often</th>
<th>Day(s) of Week</th>
<th>Hours: Start &amp; End times</th>
<th>Program Cycle or Duration</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment &amp; Supplies</th>
<th>Audio-Visual equipment</th>
<th>Room set-up - tables &amp; chairs</th>
<th>Food Service</th>
<th>Paper Goods</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

From DOC

Carried in/out

Donated (per PPD 3.30 thru warehouse)

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### NH DOC STAFF ONLY --- Division Review & Disposition Process

Modify activity proposal as necessary

1. Staff Member Assigned/ Accountable

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Bureau/Office Recommendation

<table>
<thead>
<tr>
<th>☐ Accept</th>
<th>☐ Reject</th>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**Volunteer credential/qualification requirement**

**Volunteer gender restriction**

| ☐ None | ☐ Male Only | ☐ Female Only |

3. Division Director or Designee

<table>
<thead>
<tr>
<th>☐ Accept</th>
<th>☐ Reject</th>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

4. Forwarded to NH DOC Volunteer Activities Office:

a) preparation of Citizen Involvement Position Description & b) records retention

Attachment 3
Page 2 of 2
**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF CORRECTIONS**

**Division of Community Corrections**

P.O. BOX 1806
CONCORD, NH 03302-0014
603-271-5601  FAX: 603-271-5643
TDD Access: 1-800-735-2964

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**CITIZEN INVOLVEMENT POSITION DESCRIPTION**

<table>
<thead>
<tr>
<th>Position Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Position Title</strong></td>
</tr>
<tr>
<td><strong>Division Location</strong></td>
</tr>
<tr>
<td>Position Reports to Staff Member</td>
</tr>
<tr>
<td>Staff Member Title</td>
</tr>
<tr>
<td>Phone #</td>
</tr>
<tr>
<td>Outside Team Leader (if any)</td>
</tr>
</tbody>
</table>

**Position Duties & Expectations:**

Anticipated Outcomes for Clients or Department:

Training, Certification or Licensing Requirements:

| Client Profile (Individual, Offender, Resident Participants) |
| Classification Level | Participant Gender | Anticipated # of Clients |

| Equipment Needs |
| Carried In & Out |

| Gender Restrictions on Position Candidate |
| None | Female Only | 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.
## Orientation Checklist for Citizen Involvement

Name: ____________________________ Date: ____________________________

THE FOLLOWING REPRESENTS ONLY THE MINIMUM TOPICS FOR ORIENTATION

<table>
<thead>
<tr>
<th>Topic</th>
<th>Learner's Initials</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Overview of Department of Corrections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Mission and Values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Facilities &amp; Field Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Access/Entry to departmental facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. What to Wear, How to Act</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Rules of Conduct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Confidentiality of Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Sexual Harassment Policy (PPD 2.39 Received &amp; Understood by participant)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Sexual Misconduct &amp; Undue Familiarity with the incarcerated (Received &amp; Understood by participant)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Offender classification system and custody levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Individual movement and accountability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Security &amp; Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Contraband control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Anatomy of a set-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Communications with incarcerated individuals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Requests of incarcerated individuals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Duty to Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Identification procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Supervision of incarcerated individuals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Equipment and Supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. PREA (Received &amp; Understood by participant)</td>
<td></td>
<td></td>
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<tr>
<td>6. Emergency situations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Fire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Disturbance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Hostage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Information Specific to Assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Position Description or Service Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Supervising Staff Member Contact Info</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Event Exiting Report &amp; Evaluations</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Voluntary Service Position/Role: ____________________________

Signature of Participant: ____________________________

This form will be void when volunteer certification period expires.

Oriented by NH DOC Staff Member: ____________________________

PPD 2.24 Attachment 5
Revised 10/2017
Date:

Dear ____________________

You are hereby recognized as a facility volunteer with the New Hampshire Department of Corrections (NHDOC). Please advise this office if you are unclear as to who your NHDOC site contact is and how to reach them.

Your tenure as a volunteer will continue until __________ with renewal then considered, or until your resignation or termination 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, incarceration of a family member, personal charges, etc.) from that as furnished on your application. Failure to do so could potentially result in termination of your volunteer status.

Thank you for your service to the New Hampshire Department of Corrections.

Sincerely,

Supervisor of Volunteer Activities & Internship Program
New Hampshire Department of Corrections
Division of Community Corrections
105 Pleasant Street
PO Box 1806
Concord, New Hampshire 03302
(w) (603) 271-5648 (f) (603) 271-0414
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: __________

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

♦ What established program has shown the most improvement?
♦ Have the individuals 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 individual 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: ____________________________