The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction
50 Maple Street, Suite 3
Milford, MA 01757
Tel: (508) 422-3300
www.mass.gov/doc

MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

GINA K. KWON
Secretary

SHAWN P. JENKINS
Commissioner

PERSONAL DATA RELEASE FORM
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

Last Name: _____ First Name: _____ (MI): _____

Previous Name or Alias: _____

Maiden Name, if Married: _____

Residential Address: _____

Street City/Town Zip

Have you ever resided in another state? ☐ Yes ☐ No

If yes, which state? _____

License Number: ____/____/____ Date of Birth: ____/____/_____

Place of Birth: _____ Sex:_____ Race: _____

Mother's Maiden Name: _____

Father's Name: _____

I, ,_____ hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, from all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Massachusetts Department of Correction. I further understand that the Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal record check with the local police department, the State Police, the FBI in Washington and the Massachusetts Board of Probation, a neighborhood check as well as interview with my character references. The Department of Correction will conduct these checks as the Department deems necessary, including prior to obtaining permanent volunteer status every six (6) months.

_____

Signature Date

Massachusetts Department of Correction
Volunteer and Contractor Training and Acknowledgement of Prison Rape Elimination Act (PREA)
Attachment #4

I have been informed of and understand each of the following specific items about the PRISON RAPE ELIMINATION ACT (PREA) of 2003 listed below:

(1)	Federal law specific to incarcerated persons, the Prison Rape Elimination Act (PREA) of 2003, requires that the Department of Correction (DOC) take steps to prevent staff-on inmate and inmate on inmate sexual contact of any type from occurring in or around DOC institutions and/or property.
(2)	The Department has zero tolerance toward all forms of sexual abuse and sexual harassment and is committed to preventing, detecting, and responding to such conduct as outlined in *103 DOC 519, Sexual Harassment/Abuse Response Prevention Policy (SHARPP)*. The Department embraces the standards set forth by the National Prison Rape Elimination Commission and the American Correctional Association for all state correctional jurisdictions.
(3)	State and Federal law specific to incarcerated persons forbids sexual contact of any type or kind whatsoever by an employee/volunteer or contractor in or around DOC institutions and/or property
(4)	Sexual misconduct between an employee/volunteer or contractor and an inmate is forbidden and may result in discipline up to and including termination and referring for prosecution Department employees, contractors, volunteers and inmates who engage in sexually abusive behavior. Sexual misconduct can consist of conversations, gestures, or correspondence of a sexual nature. This includes demeaning references to gender or sexual preference, or sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures. Sexual misconduct also includes voyeurism which is an invasion of an inmate's privacy by peering at an inmate in private situations outside of those required by supervisory or security policies and procedures.
(5)	I have a duty to report any sexual misconduct between an employee, volunteer or contractor and an inmate that I observe or have reason to believe occurred and must report it to the Shift Commander as required. If I fail to do so and such is proven pursuant to policy, there could be disciplinary action up to and including termination and/or criminal action.

Print Name _____ Company _____

Signature _____ Date _____