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Attachment E

PERSONAL DATA RELEASE FORM  
COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION

Name or Alias:  
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? \_\_\_\_\_

Identification 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 any and all liability of every nature and kind arising out of 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 and every six months.

Signature \_\_\_\_\_ Date \_\_\_\_\_



*Massachusetts Department of Correction*  
**Volunteer and Contractor Training and  
 Acknowledgement of Prison Rape Elimination  
 Act (PREA) - Attachment IV**



Attachment I

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 facilities 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 <u>103 DOC 519 - SEXUALLY ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION POLICY</u> . The Department embraces the standards set forth by the National Prison Rape Elimination Commission and the American Correction 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 facilities 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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Return completed forms to: Director of Treatment  
 c/o Susan Dickey  
 PO Box 1218  
 Shirley MA 01464