Cornell University
Prison Education Program
115 Day Hall | Ithaca, New York 14853

Returning Teaching Assistant Application Checklist

Name________________________ Email___________________ Date________________

Staff, undergraduates or graduate students interested in supporting courses as teaching assistants should provide the following information.

All materials MUST be submitted together. Late or incomplete applications will not be considered.

Required Materials:
☐ Prior Application complete within past 2 years
☐ DOCCS Returning Volunteer Application Form
☐ TB Report Form

Please do not staple any of your documents.

Please provide the following information:

Areas of interest: ______________________________________________________

Areas NOT of interest: ________________________________________________

Days you are available to TA:
☐ Monday    ☐ Tuesday    ☐ Wednesday    ☐ Thursday

Time of day you can TA: (you must be at the facility ½ hour before your class)
☐ 8am – 10:30am    ☐ 12pm – 2:30pm    ☐ 7pm – 9:30pm

Do you have a car?    ☐ Yes    ☐ No

If not, do you have a driver’s license and are you willing to drive if a car is available?
☐ Yes    ☐ No

Are you involved in the Government Minor in Crime, Prisons, Education and Justice?
☐ Yes    ☐ No

Please provide us with your anticipated graduation year and Cornell Student ID #:
Graduation anticipated (semester): ________________ Cornell ID #: ________________
PERSONAL INFORMATION UPDATE FORM
REVISED 8/28/13

PLEASE PRINT:

NAME:_____________________________        GROUP:_________________________

ADDRESS:_________________________       CITY:___________________________

MAILING ADDRESS:_________________________ (if different than above)

PRIMARY PHONE #:_________________     SECONDARY PHONE #:________________

EMAIL ADDRESS:_________________________

EMERGENCY CONTACT NAME:_________________ PHONE #:_________________

EMERGENCY CONTACT ADDRESS:_________________________

VOLUNTEER STATUS: _____ ACTIVE    _____ INACTIVE

OTHER FACILITIES WHERE CURRENTLY VOLUNTEERING:
MEMORANDUM

TO: All Employees, Contractors, Volunteers and Interns

FROM: Anthony J. Annucci, Acting Commissioner

SUBJ: Policy on the Prevention of Sexual Abuse of Offenders (revised)

DATE: September 4, 2013

The New York State Department of Corrections and Community Supervision has zero tolerance for sexual abuse and sexual harassment. Today marks the 10 year anniversary of the Prison Rape Elimination Act (PREA) passing into law, and just over one year since the adoption of the National PREA Standards. Accordingly, this is the opportune time to remind all employees, contractors, volunteers and interns of DOCCS policy with respect to the prevention of sexual abuse and harassment, and response to reports of sexual abuse and harassment.

It has long been the policy of the Department that staff-on-inmate, inmate-on-inmate and inmate-on-staff sexual abuse will not be tolerated — all sexual conduct, including sexual contact, is against the Department’s rules. The Department’s policy is consistent with the goals of the Prison Rape Elimination Act of 2003 (PREA), and national efforts to address inmate-on-inmate and staff-on-inmate sexual abuse in all United States federal, state, and local correctional facilities.

What is Sexual Abuse?

Inmate-on-Inmate Sexual Abuse is when one or more inmates engage in coercive sexual conduct, including sexual contact, with another inmate against his or her will or by use of threats, intimidation or other coercive actions. A sexual act committed by an offender under community supervision who is placed in a community residential program (a “resident”) against another resident of that program is also sexual abuse when the sexual act is against the victim’s will by use of force, threats, intimidation, or other coercive actions.

Staff-on-Offender Sexual Abuse is when an employee, volunteer, intern or outside contractor engages in sexual conduct, including sexual contact, with an inmate or with any offender committed to the care and custody or supervision of the Department, including a person under parole or other community supervision.
New York Penal Law § 130.05

Under Section 130.05 of the Penal Law, an offender is incapable of consent to any sexual act with an employee. This statute makes it a crime for an employee to engage in a sexual act with an inmate where that employee performs duties in a state correctional facility in which the victim is confined at the time of the offense consisting of providing custody, medical or mental health services, counseling services, educational programs, vocational training, institutional parole services or direct supervision to inmates. The law also applies to any contract employee or volunteer who regularly provides services to inmates. An employee who engages in sexual conduct or sexual contact with an inmate is guilty of a sex offense even if the inmate “willingly” participates.

The law has also been amended to make it a crime for an employee to engage in a sexual act with a person under community supervision where that employee performs duties of supervising persons released on community supervision and supervises the victim at the time of the offense. This law also extends to such employees who previously supervised the victim if the victim is still under community supervision at the time of the offense.

Any sexual abuse of an inmate or offender committed to the care and custody or supervision of the Department by a staff member, contractor or contract employee, intern or volunteer will result in appropriate disciplinary or administrative action and will be prosecuted to the fullest extent allowed by law.

Duty to Report

All employees, regardless of title, are under a duty to report (1) any coerced or forcible sexual act against an inmate; (2) any sexual conduct between a staff member and an inmate or offender subject to the supervision of the Department; (3) any inappropriate relationship between an employee and an inmate or offender subject to the supervision of the Department; (4) any act of staff voyeurism or sexual harassment; or (5) any allegation of retaliation against an inmate or staff member for reporting an incident of sexual abuse or for participating in an investigation of an allegation of sexual abuse. The duty to report includes third-party and anonymous reports.

The reported information shall be kept confidential and only discussed with employees and law enforcement officials involved in the reporting, investigation, discipline and treatment process, or as otherwise required by law.

All allegations of sexual abuse, sexual harassment, or staff voyeurism will be thoroughly investigated. Furthermore, any perpetrator of a sexual abuse or harassment incident will be dealt with severely through discipline and/or prosecution to the fullest extent permitted by law.

The Department’s policy on the Prevention of Sexual Abuse of Inmates, including the duty to report, is set forth in Directive #4027A “Sexual Abuse Prevention & Intervention - Inmate-on-Inmate” and Directive #4028A “Sexual Abuse Prevention & Intervention - Staff-on-Inmate.”
I hereby acknowledge receipt of Acting Commissioner Anthony Annucci’s Policy on the Prevention of Sexual Abuse of Inmates (revised) dated September 4, 2013. I understand that I will be held accountable for, and act in accordance with, this policy as a registered volunteer in the New York State Department of Corrections and Community Supervision.

______________________________
Name of Volunteer (please print)

______________________________
Signature of Volunteer

________________
Date

DIVISION DE SERVICIOS RELIGIOSOS, PARA LA FAMILIA Y VOLUNTARIOS

De esta manera, acuso recibo de la Política sobre la Prevención del Abuso Sexual de los Reclusos (revisada), fechada el 4 de septiembre de 2013, del Comisionado Interino Anthony Annucci. Entiendo que se me encontraré responsable de y actuaré de acuerdo con, esta política como un voluntario registrado con el Departamento de Correcciones y Supervisión Comunitaria del Estado de Nueva York.

______________________________
Nombre del Voluntario (en letra de molde)

Firma del Voluntario

________________
Fecha
TB STATUS FORM

NAME ____________________________________________

(Please Print)

____ I HAVE SUBMITTED CURRENT TB TEST RESULTS

____ I HAVE NOT SUBMITTED CURRENT TB TEST RESULTS

____ I AM NOT SURE IF I HAVE SUBMITTED CURRENT TB TEST RESULTS
   *You will be contacted with the last date submitted on file.

____ MY TB TEST RESULTS ARE ATTACHED
   *Make sure to attach current results

REMEMBER, TB TESTS ARE A REQUIREMENT FOR VOLUNTEER STATUS. FAILURE TO COMPLY WILL RESULT IN TERMINATION OF ACTIVE VOLUNTEER STATUS.

10/28/11
MEMORANDUM

To: All Superintendents

From: Joseph F. Bellnier, Deputy Commissioner for Correctional Facilities

Subject: Wrist Watches/Devices-Revised

Date: September 3, 2015 (revised from March 27, 2015)

Recent advances in technology have resulted in the commercial production of wrist watches such as the Apple Watch, and other electronic devices which have cell phone, Wi-Fi, internet access, recording and numerous other capabilities. These devices are no larger than a standard LED-type watch and are difficult to detect without close examination. This emerging electronics market will likely involve numerous manufacturers marketing their own versions and styles of units.

Items with these capabilities as previously described, including electronic bracelets such as Fitbit activity trackers, are not permitted inside correctional facilities under any circumstances. They may not be possessed by staff, visitors, or received in packages.

All staff should be aware of this latest technology when processing visitors and packages into our facilities. Staff should also be aware of these devices when frisking inmates and searching inmate property or living areas.

Questions regarding this matter may be addressed to Gary Waldron, Technical Security Specialist in Special Operations, at 518-457-2006.
DIVISION OF MINISTERIAL, FAMILY AND VOLUNTEER SERVICES

I hereby acknowledge receipt of Deputy Commissioner Bellnier’s memorandum dated September 3, 2015 (revised from March 27, 2015) on “Wrist Watches/Devices”. I understand that I will be held accountable for, and act in accordance with, this memorandum as a registered volunteer in the New York State Department of Corrections and Community Supervision. I further understand that any violation may result in my suspension as an approved volunteer.

___________________________
Name of Volunteer (Print Please)

___________________________
Signature of Volunteer

___________________________
Date

KRB (11/20/2015)
Volunteer Name: 

Date: 

Acknowledgement of “Standards of Conduct for Volunteers” and All Applicable Policies 2015

I hereby acknowledge receipt of the following standards and policies for volunteers. I understand the training that I have received and that I will be held accountable for, and act in accordance with, these standards and policies. I further understand that any violation may result in my termination as an approved volunteer:

- Standards of Conduct for Volunteers (12/2012)
- Policy on the Prevention of Sexual Abuse of Inmates (9/4/2013)
- Copies of Directives #4027A and #4028A (8/6/2011)
- NYSDOCCS Policy Statement on Sexual Harassment in the Workplace (3/3/2015)
- Nondiscrimination in Employment Based on Sexual Orientation & Gender Identity (12/23/2014)
- Writing Letters of Recommendation for Inmates (3/26/2014)
- Language Access (9/25/2013)
- Suicide Prevention Memorandum (5/14/2014)
- Wrist Watches/Devices Memorandum (9/3/2015)

Signature: ________________________________

Witness: ________________________________
Please have physician fill out bottom portion of the form: or attach a copy from Gannett Health Services.

SKIN TEST FOR TUBERCULOSIS

Name:_________________________________________________________ Date:__________________

Physician:_____________________________________________________

Tuberculosis History:

Have you had tuberculosis? Yes_______ No_______ If yes when? __________________

Treatment given________________________________

Has anyone in your family or immediate household had TB?

Yes_______ No_________ If yes, relationship:__________________________

Have you had a previously “positive” tuberculin skin test?

Yes_______ No_________ If yes, when:_________________________________ and

Did you receive prophylactic treatment? __________________________

Have you had an allergic reaction to testing agents? Yes___________ No___________

Have you had a BCG? Yes_______ No______ If yes, approximate date:___________

SKIN TEST FOR TUBERCULOSIS

Intermediate strength purified protein derivative (PPD) 0.1 cc given intradermal.

Date and time given:___________________________________________

Test side:_____________________________________________________

Given by:_____________________________________________________

To be completed by the tuberculin skin test reader:___________________________________________

Signature of Reader

Date and time read:___________________________________________

Results: _______________ Negative no indurations (or 0-4mm) _______________ Doubtful 5-9 mm (please be specific) _______________ Positive 10 mm (please be specific)