



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

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:

- Application Checklist
- Cover Letter
- Resume
- DOCCS Application
- Official Transcript
- 500 Word Essay
- Written academic reference (CU faculty member)
- Cornell Release Form
- TB Report Form
- Photocopy of driver's license or passport

Please do not staple any of your documents.

Please complete 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 drivers license and are you willing to drive if a car is available?

- Yes No



Cornell University
Prison Education Program

Agreement & Release Form

Auburn and Cayuga Correctional Facilities Teaching Semester

1. I understand that participating in prison instruction is not a required part of a Cornell class and that Cornell is not providing supervision or support services for this program. I understand that my participation is entirely voluntary and may involve subjection to risks relating to or arising out of but not limited to traveling to and from Auburn Correctional Facility or Cayuga Correctional Facility for purposes of teaching. I understand that Cornell is not operating transportation and does not provide security or any other services associated with this work.
2. As an adult, I agree to assume all risks foreseen and unseen and I take sole responsibility for my health, safety, and property while traveling and participating.
3. I also agree to release, indemnify, and hold Cornell University, its officers, agents, and employees harmless from any and all liability, damage, or claim of any nature whatsoever (including a bodily injury or property claim) arising out of, or in any way related to my participation in this trip.
4. I certify that I am at least 18 years of age or older.

NAME: _____

SIGNATURE: _____

DATE: _____

Complete and return this form to:

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



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION

AUBURN CORRECTIONAL FACILITY

135 STATE STREET
AUBURN, NEW YORK 13021

BRIAN FISCHER
Commissioner

315-253-8401

HAROLD D. GRAHAM
Superintendent

Dear Prospective Volunteer,

Please fill out all pages clearly and answer all questions. Missing or illegible information will cause a delay in the processing of your application. (pages 6 & 7 of the application (not included) will be completed after orientation).

*****PLEASE NOTE: PAGE 5 MUST BE SIGNED EVEN IF THIS PAGE WAS LEFT BLANK BECAUSE IT IS NOT APPLICABLE TO YOU*****

Please read, sign & return signature pages for Standards of Conduct, Sexual Abuse of Inmates Policy, Sexual Harassment in Workplace and Nondiscrimination-Sexual Orientation, as well as the letter concerning writing letters of recommendation for inmates.

Concerning TB testing:

According to the Standards of Conduct (enclosed), which is part of the Departmental Directive 4750 – Volunteer Services Program:

“You must be tested if you enter a facility or combination of facilities for 8 hours or more, or if you enter a facility or facilities once a month or more. If you fail to have appropriate and timely TB testing/screening, you will not be allowed entry into a facility.”

Please attach a current copy of your TB test, completed within the last 12 months.

Please return:

- 1. A copy of a government issued identification (Driver’s License, State ID, etc.)**
- 2. Completed application (pages 1-5) – PAGE 5 SIGNED AS WELL**
- 3. Completed Reference for Volunteer Services Applicant form**
- 4. Signature page of Standards of Conduct**
- 5. Signed letter concerning letters of recommendation for inmates**
- 6. Signature pages of Sexual Abuse, Harassment & Nondiscrimination Policies**
- 7. Copy of current TB test**
- 8. Emergency contact number to be kept on file at the facility in case of emergency**
- 9. Any email address you would like kept on file as a means of contacting you**

Please return completed applications to:
Prison Education Program
115 Day Hall
Cornell University
Ithaca, NY 14853



**New York State Department of Corrections and Community Supervision
Division of Ministerial, Family and Volunteer Services**

“Application for Volunteer Status” Form
(Instructions for completing and submitting this form)

Part I – Volunteer Information (Pages 1 – 3):

1. Print information neatly and answer all questions. If not applicable, please indicate “N/A”.
2. Make sure to fill in the date at the top left corner of the form.
3. Make sure to fill in the name of the facility that you are applying to at the top right corner of the form. If you are applying to more than one facility, list the name of the facility where you are submitting your application form.
4. Question 1 (b) – this question is only for those applying as a religious volunteer. Please mark “N/A” if you are not applying as a religious volunteer.

Part II – Criminal History (Pages 4 & 5):

1. If you answered “Yes” to Part A, B or C of Question #30 on Part I, please complete this form to the best of your ability. Additional statements regarding your criminal history may be attached.
2. At the top of Page 4, print your name and date the form.
3. At the bottom of Page 5, please make sure you print and sign your name as well as date the form. Electronic signatures are accepted.

All volunteer applicants are required to show a Government agency issued ID at the time of application (i.e driver’s license, passport, Sherriff’s ID, non-driver ID). Please include a copy with your completed application.

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family, and Volunteer Services

____/____/____
DATE

APPLICATION FOR VOLUNTEER STATUS
PART I - Volunteer Information

FACILITY APPLYING TO

IMPORTANT:

COMPLETE PAGES 1-5. IF A QUESTION DOES NOT APPLY, ANSWER N/A. YOU MUST SIGN AND DATE PAGE 5

1. a) Activity/Group/Program applying for: _____
b) If religious program, please specify the religion: (i.e. Catholic, Protestant, Muslim, etc.) _____
2. Last Name: _____ First Name: _____ Full Middle Name: _____
3. Current Address: _____
City: _____ State: _____ Zip: _____ E-mail _____
Current Mailing Address, if Different From Above: _____
City: _____ State: _____ Zip: _____
4. a) Home Telephone # w/ Area Code: (____) _____
b) Work Telephone # w/Area Code: (____) _____
c) Cell phone # w/ Area Code: (____) _____
5. Social Security #: _____ Any other Social Security #(s) you have had: _____
6. Date of Birth: ____/____/____ Place of Birth: _____
(City, State, Country)
7. Person to contact in case of an emergency: Name: _____
Relationship: _____ Telephone: (____) _____
8. Name exactly as it appears on your Driver's License: _____
9. Other names you have been known by: Aliases / Maiden / Prior Marriage: _____

10. Current Driver's License Number: _____ State: _____
11. States in which you have or ever had a Driver's License or Non-Driver ID: _____
12. Sex: Female Male
13. Race: White Black Hispanic Asian Native American Other/specify _____
14. Eyes: Blue Black Brown Green Hazel Other/Specify _____
15. Hair Color: Black Brown Blonde Gray Bald Other/Specify _____
16. Complexion: Light Medium Dark
17. a) Height: Feet _____ Inches _____ b) Weight (lbs.): _____
18. List any scars, marks, or tattoos: _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family, and Volunteer Services
APPLICATION FOR VOLUNTEER STATUS
PART I – Volunteer Information (continued)

19. Have you or any member of your family ever been the victim of or witness to a crime where the perpetrator(s) were sentenced to a period of incarceration in a Federal, State or County Correctional Facility? YES NO

* If "YES", please answer the following questions:

Victim's relationship to you: _____ Date of Incident: _____

Name(s) of perpetrator(s): _____

Location of Incident / City/Town: _____ County and State: _____

20. A) Are you receiving telephone calls, on the telephone or visiting list, corresponding with or sending packages to any offender presently incarcerated in a NYS Correctional Facility? YES NO

- B) Do you reside with anyone who was previously incarcerated in a NYS Correctional Facility? YES NO
If "YES" to A or B, please provide the following information (attach additional sheets if necessary)

Offender Name: _____ DIN#: _____
Facility: _____ Relationship: _____

Offender Name: _____ DIN#: _____
Facility: _____ Relationship: _____

21. Are you currently or have you been previously employed, or had volunteer or contract service provider status with the New York State Department of Corrections & Community Supervision YES NO

a. If "YES", please check which one: Volunteer Contract Service Provider Employee

b. If "YES", please list the facilities: _____

Has status been revoked? YES NO If "YES", please list the facilities: _____

22. a. Name of the company or agency whom you represent as a volunteer: _____

Supervisor: _____ Phone Number: _____

Address: _____

- b. If you are employed by a Government Agency, and provide a service relevant to your function, do you have Peace or Police Officer status? YES NO

23. Is a Professional License required to perform your duties? YES NO

If "YES", Please specify the following: License # _____ State _____
Issuing Agency _____

24. Are there any specific needs that you require to perform the assignment under the Americans with Disabilities Act?

YES NO If "YES", please list: _____

25. (a) Are you a U.S. Citizen? YES NO (b) If "NO," provide Alien Registration # _____

26. Do you possess a valid Passport? YES NO

If "YES", please list issuing country & Passport Number: _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family, and Volunteer Services
APPLICATION FOR VOLUNTEER STATUS
PART I – Volunteer Information (continued)

27. Have you traveled outside the continental United States in the past five years? YES NO

If "YES," please list destination and date of travel: _____

If "YES," please list reason for traveling to the destination: _____
(Attach additional sheets if necessary)

28. List any previous volunteer experience outside Corrections: _____

29. Are you now, or have you ever been a member or associate of a criminal enterprise, street gang, or any other group which advocated violence against individuals because of their ethnic origin, religion, political affiliation, nationality, gender, sexual orientation, or disability? YES NO

If "YES," please explain: _____

30. (a) Have you ever been convicted of any crime, (felony, misdemeanor or violation). Traffic infractions/violations need not be reported): YES NO

(b) Any Charges Pending? YES NO

(c) Have you ever had an Order of Protection filed against you? YES NO

If you answered YES to questions A, B, or C you must fill out PART II – Criminal History, of this application. This information will not necessarily preclude admission to a correctional facility if declared during the application process.

31. List full name(s), addresses, telephone numbers of two individuals who can verify your skills/ ability to serve or perform your duties.

REFERENCE # 1

REFERENCE # 2

Name: _____

Name: _____

Address: _____

Address: _____

City/State/ZIP: _____

City/State/ZIP: _____

PHONE #: _____

PHONE #: _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

New York State Department of Corrections & Community Supervision
Division of Ministerial, Family, and Volunteer Services
APPLICATION FOR VOLUNTEER STATUS
PART II – Criminal History

COMPLETE NAME AND DATE, AND THEN ANSWER QUESTIONS 32-35 ONLY IF YOU ANSWERED "YES" TO PART A, B, OR C OF QUESTION #30 ON PART I – VOLUNTEER INFORMATION, OF THIS APPLICATION FOR VOLUNTEER STATUS FORM.

Name: _____ Date: ____ / ____ / ____

32. Criminal History: (Please provide the following information for all of your convictions. If you served time in a New York State, Federal or County Correctional Facility, please provide your Departmental Identification Numbers(s) and the names of the facilities in which you were incarcerated.

NOTE: REPORT CONVICTIONS FOR FELONY, MISDEMEANOR, AND VIOLATION OFFENSES. TRAFFIC INFRACTIONS / VIOLATIONS NEED NOT BE REPORTED.

A. Charge/Charges: _____ Arresting Agency: _____
Conviction Date: ____ / ____ / ____ Sentence: _____ DIN: _____
Facility(s) Where Incarcerated: _____ Time Served: _____
Date Released From Incarceration: ____ / ____ / ____ Date Released from Parole / Probation Supervision: ____ / ____ / ____
Name of Parole or Probation Officer: _____
Location: _____ Telephone Number: _____

B. Charge/Charges: _____ Arresting Agency: _____
Conviction Date: ____ / ____ / ____ Sentence: _____ DIN: _____
Facility(s) Where Incarcerated: _____ Time Served: _____
Date Released From Incarceration: ____ / ____ / ____ Date Released from Parole / Probation Supervision: ____ / ____ / ____
Name of Parole or Probation Officer: _____
Location: _____ Telephone Number: _____

If additional space is needed, please attach an additional sheet with the pertinent information.

33. Are you currently on active Probation or Parole Supervision? YES NO
If "YES," please provide the following information:

A. Nature of Crime: _____ Arresting Agency: _____
Conviction Date: ____ / ____ / ____ Sentence: _____ DIN: _____
Time Served: _____ Date Released from Incarceration: ____ / ____ / ____
Anticipated release date from Parole or Probation Supervision: ____ / ____ / ____
Name of Parole or Probation Officer: _____
Location: _____ Telephone Number: _____

New York State Department of Corrections & Community Supervision
 Division of Ministerial, Family, and Volunteer Services
APPLICATION FOR VOLUNTEER STATUS
PART II – Criminal History

NOTE: PAROLE / PROBATION INFORMATION – IF YOU ARE CURRENTLY ON PAROLE / PROBATION, YOU WILL NEED TO OBTAIN WRITTEN APPROVAL FROM YOUR PAROLE / PROBATION OFFICER FOR EVERY FACILITY IN WHICH YOU WISH TO PROVIDE A SERVICE.

34. If charges are currently pending against you, please explain the nature of the charges:

Date of arrest: _____ / _____ / _____ Police Agency: _____
 Crime: _____ Felony Misdemeanor Drug/Domestic Violence Violation
 Have you appeared in Court? YES NO Date: _____ / _____ / _____
 Next court Appearance: _____ / _____ / _____
 Have you forfeited bail bond to guarantee your appearance in court to answer these charges? YES NO
 Give brief description of the circumstances: _____

35. Please include the following information regarding any Order of Protection filed against you:

Date Order of Protection was filed: _____ / _____ / _____
 Court location where the Order of Protection was issued: _____
 Name of the person the order was filed on behalf of: _____
 Relationship: _____
 Is the order still in effect: YES NO If "NO", date ended: _____ / _____ / _____

I HEREBY ACKNOWLEDGE THAT THE STATEMENTS MADE ABOVE ARE TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

NOTE: FALSE OR KNOWINGLY OMITTED STATEMENTS MAY BE GROUNDS FOR TERMINATION OF VOLUNTEER STATUS AND PERMANENT EXPULSION FROM A CORRECTIONAL FACILITY. FALSE AND KNOWINGLY OMITTED STATEMENTS MAY BE GROUNDS FOR PROSECUTION IN ACCORDANCE WITH PENAL LAW SECTION 210.45.

APPLICANT NAME: (PRINT) _____ DATE: _____

APPLICANT'S SIGNATURE: _____

OFFICIAL USE ONLY

FACILITY(S) WHERE SERVICE WILL BE PROVIDED: _____
 FREQUENCY OF SERVICE (check one): Regular – Ongoing Occasional One-time

STAFF REVIEW

I have reviewed this application to ensure that it has been completed in its entirety and the individual has provided government issued identification to verify his / her identity. I also affirm that the signature herein is the signature of the applicant.

RECEIVING NYSDOCCS EMPLOYEE (PRINT): _____ TITLE: _____

RECEIVING NYSDOCCS EMPLOYEE: (SIGNATURE): _____

TELEPHONE #: _____ E-MAIL: _____ FINGERPRINTS REQUIRED: YES NO

STANDARDS OF CONDUCT FOR VOLUNTEERS
WITHIN THE NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES

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The New York State Department of Correctional Services welcomes and is fully supportive of members of the community who volunteer their time and talents to assist in providing meaningful, relevant programs and services to the inmate population.

Because these programs and services are provided within the confines of correctional facilities, the Department has certain expectations concerning the conduct of volunteers. As such, specific standards of conduct must be followed by all volunteers.

The following general guidelines and specific standards for volunteers must be complied with in order to ensure the safety and security of the facility staff, inmates and volunteers.

Questions or concerns related to these guidelines or standards should be presented to the appropriate facility staff person.

**GENERAL GUIDELINES FOR VOLUNTEERS**

1. As a volunteer, you must be registered prior to beginning your work within a correctional facility. If you meet the Department's requirements for annual Tuberculosis (TB) testing/screening, you must be tested if you enter a facility or combination of facilities for 8 hours or more, or if you enter a facility or facilities once a month or more. If you fail to have appropriate and timely TB testing/screening, you will not be allowed entry into a facility.
2. You must enter and exit the facility through the same gate, which will be designated by the facility. Upon entering the facility, you will be directed to pass through a metal detector, with the exception of our Department Camp, where you may be hand-scanned with a hand-held metal detector. You will be hand-stamped and you may be subjected to a search. The facility will provide you with an identification card, which you must wear while inside the facility. The identification card must be returned prior to your departure and retained on file at the facility. All items brought into the facility will be inspected.
3. You will be assigned a Staff Supervisor to work with while in the facility. You will be escorted by either this staff member, a Correction Officer, or another staff member, while in the facility.
4. It is expected that you will be dependable and punctual. If you are unable to provide your services at the appointed time, contact your Staff Supervisor, the Volunteer Services Office, or the Watch Commander, as far in advance as possible.
5. Any change in address or phone numbers should be reported to the Supervisor of Volunteer Services or your facility Volunteer Services Contact Person.

**SPECIFIC STANDARDS FOR VOLUNTEERS**

1. **Personal Vehicles** - Parking of vehicles on State property will be permitted only in those areas designated by the facility. All vehicles will have windows closed, ignition off, doors and trunk securely locked with keys removed at all times. The vehicle will contain no firearms, ammunition, or any other weapons, alcohol, illegal drugs, explosives or excessive civilian clothing.
2. **Sobriety** - Persons under the influence of illegal drugs or alcohol will not be allowed into any of our facilities. Prescription medication must be brought to the attention of security staff upon arrival. Only that prescription medication absolutely necessary for the duration of your service will be permitted into the facility, on your person.
3. **Contraband** - Do not bring into the facility any items that might be defined as contraband. In a correctional facility, promoting prison contraband is a felony offense. Contraband is defined as:

- a. Anything in possession that would constitute an offense under the law applicable to the public.
  - b. Any article or thing that is readily capable of being used to cause death or serious physical injury, including but not limited to, a hand gun, shoulder gun, cartridge, knife, explosive, or dangerous drug (including marijuana).
  - c. Anything that is introduced into a correctional facility with the intent to transfer to an inmate without the permission of the Superintendent or designee.
  - d. Anything that is not specifically authorized to be possessed by an inmate in a state correctional facility according to the rules and policies of the Department or local policies of the facility. (i.e. Alcohol and money are among the items inmates are not permitted to possess).
4. **Appropriate Dress** - Clothing should be appropriate and in general, keeping with Department requirements for all visitors (i.e. no halter/tank tops, mini skirts, shorts above the knee, see-through clothing, plunging necklines, T-shirts containing statements or references promoting crime, drugs, alcohol, or sadistic/violent, sexual, pornographic, vulgar, gang-related references, or ethnic slurs, shoes must be securely fitted to the foot, no flip flops, or sandals without a heel strap). If in doubt, you should not wear a questionable article of clothing, because you will not be admitted to provide your service at the facility.
5. **Articles Brought Into the Facility**
- a. If your program requires that you bring special material, clear the items in advance with your Staff Supervisor.
  - b. The taking of photographs anywhere on facility property or inside the facility is prohibited, without specific prior approval from the Superintendent. Tape recorders, cassettes or cameras may be brought into the facility only with special permission of the Superintendent.
  - c. Cellular phones, pagers, personal digital assistants, cameras, recording devices, two way radios, laptop computers or other similar electronic devices are not allowed into any area of the facility, including the front lobby, and should remain securely locked in your vehicle.
6. **Valuables and Handbags** - Do not carry large sums of money or wear expensive articles or jewelry while participating in programs at the facility. Handbags should not be left unattended at any time.
7. **Items Given To Or Taken From An Inmate**
- a. The exchange of money and/or gifts with inmates is prohibited.
  - b. Do not bring in or take anything from an inmate that is to be carried outside of the institution.
  - c. As a volunteer, you are not to carry oral messages or written correspondence in or out of the facility for an inmate.
  - d. Do not bring in literature which has not been pre-approved by facility staff.
8. **Facility emergencies** - In the event of an emergency of any kind, you will be required to immediately follow the direction of facility staff.
9. **Matters Of Inmate Discipline** - Matters of discipline are the responsibility of the security staff. Under no circumstances should you interfere. Any questions of judgment should be discussed privately with staff and never in the presence of an inmate. Matters of inmate misconduct should be reported immediately to your Staff Supervisor or to a security staff member, never an inmate.
10. **Confidentiality** - In your contacts outside the correctional facility, use discretion in revealing information you have acquired in the course of performing your service. Check with appropriate staff if you are doubtful about what requires confidentiality.

Information gained that could adversely affect the safety and security of staff, inmates, or volunteers, should immediately be reported to a security supervisor.

11. **Relationship with Inmates**
  - a. While working with inmates on a regular basis, a professional relationship must be maintained. Care should be taken to avoid becoming emotionally involved with inmates.
  - b. The New York State Department of Correctional Services has zero tolerance for sexual abuse. Sexual conduct or contact with a person committed to the custody of the Department is a crime, whether it occurs inside a correctional facility, during the transportation outside a correctional facility, or while the inmate is a participant in a temporary release program. Any sexual abuse of an inmate by a volunteer or intern will be prosecuted to the fullest extent of the law, even if the inmate “willingly” participates in the act.
  - c. Any volunteer or intern who receives a report that an inmate is the victim of an incident of sexual abuse, sexual threat, or staff voyeurism, must be aware of the sensitive nature of the situation. Any volunteer or intern who receives such a report shall immediately notify his or her staff supervisor who shall immediately notify the Watch Commander. If the staff supervisor is not available, the report shall be made immediately to the Watch Commander.
12. **Personal Information** about yourself, such as information pertaining to your family, home address, phone number, and personal habits should not be revealed.
13. **Correspondence, Visitation and Telephone Calls** - You are not permitted to correspond with, visit or accept phone calls from inmates at any of the facilities of the New York State Department of Correctional Services. Exemptions to this prohibition may only be granted by the Deputy Commissioner for Program Services or designee. If you wish to seek an exemption, you must submit a written request to the facility Superintendent, explaining the reason for your exemption request.
14. **Comments And Presentation Content** - It should be kept in mind that presentations and/or materials presented during a volunteer program should be kept positive in nature and that in a correctional setting, statements may be misconstrued or magnified by inmates to the extent that they could jeopardize the safety and security of community guests, volunteers, staff and inmates. To that end, profanity, vulgarity and comments that are critical of a particular agency or group of individuals will not be tolerated.
15. **Reentry** - Volunteers who choose to work with offenders upon release from the Department should only do so under a structured program whose focus is to assist formerly incarcerated persons in their community re-integration process. Before beginning to work with formerly incarcerated persons, the volunteer must communicate in writing their interest to the SCFVS. Such communication should be reported to the Superintendent and placed in the volunteer’s file.
16. **Criminal Charges** - *A Report of Criminal Charges* (see Directive 2112, “Report of Criminal Charges”) must be filed if you are charged with the commission of a felony or misdemeanor. Violations which allege possession and/or use of a controlled substance must also be reported. If you are charged with the above you must report in writing the required information to the facility Superintendent.
17. **Use Of Information Obtained While A Volunteer** - No information gained as a Department of Correctional Services volunteer may be used for an interview or publication. This includes publishing information on a web site. Any person working for any editorial or news department of any media or organization will not be allowed to serve as a volunteer without the specific approval of the Director of Public Information.



**I hereby acknowledge receipt of the Volunteer Standards of Conduct and Guidelines. I understand that I will be held accountable for, and act in accordance with these guidelines and standards of conduct. I further understand that any violation may result in my termination as an approved volunteer. I acknowledge that I am physically fit to participate in the approved activity.**

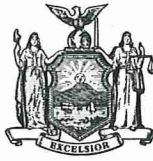
\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Volunteer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



STATE OF NEW YORK

**DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION**

THE HARRIMAN STATE CAMPUS – BUILDING 2

1220 WASHINGTON AVENUE

ALBANY, N.Y. 12226-2050

**ANDREW M. CUOMO**  
GOVERNOR

**ANTHONY J. ANNUCCI**  
ACTING COMMISSIONER

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."



STATE OF NEW YORK

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**ANTHONY J. ANNUCCI**  
ACTING COMMISSIONER

**JEFF MCKOY**  
DEPUTY COMMISSIONER  
PROGRAM SERVICES

**DIVISION OF MINISTERIAL, FAMILY, AND VOLUNTEER SERVICES**

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

-----  
**DIVISIÓN 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 encontrará 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





STATE OF NEW YORK

**DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION**

THE HARRIMAN STATE CAMPUS – BUILDING 2

1220 WASHINGTON AVENUE


ALBANY, N.Y. 12226-2050

ANDREW M. CUOMO  
GOVERNOR

BRIAN FISCHER  
COMMISSIONER

MEMORANDUM

TO: All Employees

FROM: Brian Fischer, Commissioner 

SUBJ: Reissue - NYS Department of Corrections and Community Supervision's Policy Statement on Sexual Harassment in the Workplace

DATE: August 3, 2012

It shall be the policy of the New York State Department of Corrections and Community Supervision to strictly adhere to the Statewide Policy on Sexual Harassment in the Workplace. The nature and orientation of the Department of Corrections and Community Supervision provides no latitude for the instigation of sexual harassment. Sexual harassment is an unlawful practice and a violation of the Civil Rights Act of 1964 as amended.

Sexual harassment is defined as unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature. Sexual harassment is also defined when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
2. submission to, or rejection of, such conduct by an individual is used as the basis for 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.

Sexual harassment has devastating economic, psychological and physical effects, not only on the victim, but on the employer in both human and financial terms. There is no place in the agency for any form of sexual harassment, and it will not be tolerated.

Accordingly, sexual harassment is considered a form of employee misconduct, and individuals guilty of such conduct will be subject to appropriate disciplinary action. Similarly, sanctions will be enforced against supervisory and managerial personnel who knowingly allow such behavior to continue.

Employees who find themselves subjected to any form of harassment may seek redress through the chain of command as appropriate or the Office of Diversity Management. It shall be the responsibility of the Office of Diversity Management to expeditiously investigate and resolve the complaint and to follow up each case to ensure the behavior has been effectively stopped. Such complaints will be kept strictly confidential to every extent possible. The Office of Diversity Management shall advise the employee as to other available avenues of administrative redress.

I hereby acknowledge receipt of Commissioner Brian Fischer's "NYS Department of Corrections and Community Supervision's Policy Statement on Sexual Harassment in the Workplace" (Reissue) dated August 3, 2012. 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



STATE OF NEW YORK

**DEPARTMENT OF CORRECTIONS  
AND COMMUNITY SUPERVISION**

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1220 WASHINGTON AVENUE

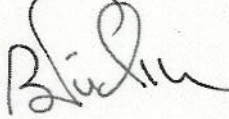
ALBANY, N.Y. 12226-2050

ANDREW M. CUOMO  
GOVERNOR

BRIAN FISCHER  
COMMISSIONER

MEMORANDUM

TO: All Employees

FROM: Brian Fischer, Commissioner 

SUBJ: Nondiscrimination In Employment Based On Sexual Orientation

DATE: August 3, 2012

It shall be the policy of the New York State Department of Corrections and Community Supervision not to discriminate against any applicant or employee because of sexual orientation in matters pertaining to employment. This policy is based upon New York State Executive Law, Section 296, which "prohibits discrimination based on sexual orientation in any matters pertaining to employment" by any state agency or department.

Sexual orientation is defined as a private preference of an individual for heterosexuality, homosexuality, bisexuality or a history of such a preference or an identification with having such a preference. It is considered to be discriminatory when any conduct is promulgated which has the purpose or effect of making sexual orientation the basis for an employment decision, or which interferes with the employee's work performance, or which creates an intimidating, hostile, or offensive work environment.

Harassment based on an individual's sexual orientation has devastating economic, psychological and physical effects, not only on the victim, but on the employer in both human and financial terms. There is no place in the agency for any form of harassment, and it will not be tolerated. Accordingly, harassment perpetrated because of an individual's sexual orientation is considered a form of employee misconduct, and individuals guilty of such conduct will be subject to appropriate disciplinary action. Similarly, sanctions will be enforced against supervisory and managerial personnel who knowingly allow such behavior to continue.

Employees who find themselves subjected to any form of harassment may seek redress through the chain of command as appropriate or the Office of Diversity Management. It shall be the responsibility of the Office of Diversity Management to expeditiously investigate and resolve the complaint and to follow up each case to ensure the behavior has been effectively stopped. Such complaints will be kept confidential to every extent possible. The Office of Diversity Management shall also advise employees as to other available avenues of administrative redress.



**BRIAN FISCHER**  
COMMISSIONER

STATE OF NEW YORK  
**DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION**  
THE HARRIMAN STATE CAMPUS – BUILDING 2  
1220 WASHINGTON AVENUE  
ALBANY, NY 12226-2050

**JEFF MCKOY**  
DEPUTY COMMISSIONER  
PROGRAM SERVICES

**DIVISION OF MINISTERIAL, FAMILY, AND VOLUNTEER SERVICES**

I hereby acknowledge receipt of Commissioner Brian Fischer's policy on "Nondiscrimination In Employment Based On Sexual Orientation" (Reissue) dated August 3, 2012. 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



BRIAN FISCHER  
COMMISSIONER

STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONAL SERVICES  
THE HARRIMAN STATE CAMPUS – BUILDING 2  
1220 WASHINGTON AVENUE  
ALBANY, N.Y. 12226-2050

KENNETH S. PERLMAN  
DEPUTY COMMISSIONER  
PROGRAM SERVICES

January 12, 2011

Dear New York State Department of Correctional Services Volunteer:

Please be advised that on occasion, a volunteer will be asked to write a letter of recommendation for an inmate. If you believe you have specific information pertaining to a particular inmate who participates in an approved program for which you are a volunteer, and you wish to provide information which relates to the inmate's participation and progress in that particular program, you are not to give any such correspondence to the inmate. The only approved avenue is to submit a letter to your Volunteer Staff Supervisor or to the Deputy Superintendent for Program Services at the facility where the inmate is incarcerated (see attached sample letter).

This letter is not to be of personal nature, and is to be limited to information regarding the kind of contact you have had with the inmate, and the observations which you have made regarding the inmates' participation in the program, and specific skills he or she have attained through the program.

If approved, the facility will forward the letter to the appropriate person(s) and/or agency and will place a copy of the letter in the inmate's Guidance folder. As a volunteer, you are not authorized to write such letters without following the above guidelines. Any violation of this procedure could result in your services as a volunteer being suspended.

Any questions regarding the above procedures are to be directed to the Office of Volunteer Services at the facility where you volunteer.

I hereby acknowledge receipt of this letter dated January 12, 2011, and understand the process to write a letter of recommendation.

Sincerely,

Cheryl Morris, Director  
Ministerial, Family and Volunteer Services

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Name of Volunteer (print) & Date

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Signature of Volunteer

CM:ms

cc: Kenneth S. Perlman, Deputy Commissioner, Program Services  
Catherine M. Jacobsen, Assistant Commissioner, Program Services  
Mary Bogan de Belmonte, Assistant Commissioner, Program Services  
All Deputy Superintendents for Program Services

**AGENCY LETTERHEAD (NOT DOCS)**

Date

Mr./Ms.  
Address  
City, State, Zip Code

Dear Mr./Ms. \_\_\_\_\_:

Mr./Ms. \_\_\_\_\_ has been an active participant in the \_\_\_\_\_ program at \_\_\_\_\_ CF where I am an active volunteer.

He/she has attended the program for each scheduled session, has conducted themselves appropriately and has made sufficient progress.

Sincerely,

\_\_\_\_\_  
Volunteer Name & Title



STATE OF NEW YORK

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**ANTHONY J. ANNUCCI**  
ACTING COMMISSIONER

**CARL J. KOENIGSMANN, M.D.**  
DEPUTY COMMISSIONER/CHIEF MEDICAL OFFICER

**MEMORANDUM**

**TO:** All Volunteers

**FROM:** Carl J. Koenigsmann, M.D., Deputy Commissioner/Chief Medical Officer  
Jeff McKoy, Deputy Commissioner

**DATE:** May 13, 2014

**SUBJECT:** Suicide Prevention

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Due to a recent rash of inmate suicides, it is important to review the basics of suicide prevention in a correctional setting.

As you interact with the inmates, you may observe, overhear or gather information that an inmate may be contemplating suicide. Some common indicators to be aware of are:

- Expressions of feeling hopeless and helpless
- Withdrawal from normal activities and/or contact with family and friends especially during the holidays
- Giving away personal possessions, sending possessions home, organizing personal concerns
- Personal loss such as death of a loved one, divorce, ending of a personal relationship
- Changes in normal pattern of behavior which may include mood changes, emotional distress, isolation, irritability and expressions of fearfulness toward others
- Impact of changes in confinement such as admission to DOCCS reception, admission to SHU, admission to protective custody, return from Central New York Psychiatric Center to DOCCS
- Setback in legal proceedings or Parole Board denial
- Victim of physical or sexual assault

You should be aware that in most adult suicides, the act is a premeditated one, carefully planned, and not an impulsive spur-of-the-moment decision. Because of this, alert staff and volunteers can spot the warning signs and intervene before it is too late. Whenever you feel that an inmate may be potentially suicidal, a referral should be made to the Office of Mental Health clinical staff, a counselor, or Health Services staff. Additionally, volunteers should immediately report to supervisory staff any unusual or aberrant behaviors being exhibited. These emotions are not always directed toward themselves, but may be directed toward others. Any inmate who is threatening suicide should not be left alone until help arrives.

CJK/lb



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**ANTHONY J. ANNUCCI**  
ACTING COMMISSIONER

**JEFF MCKOY**  
DEPUTY COMMISSIONER  
PROGRAM SERVICES

**DIVISION OF MINISTERIAL, FAMILY, AND VOLUNTEER SERVICES**

I hereby acknowledge receipt of the **Suicide Prevention Memo** from Deputy Commissioner Koenigsmann/Chief Medical Officer dated May 14, 2014. I understand that as I interact with inmates, I may observe, overhear or gather information that an inmate may be contemplating suicide. Therefore, it is my responsibility to report any changes in behavior or specific suicide threats immediately to the nearest NYS Department of Corrections and Community Supervision employee.

\_\_\_\_\_  
Name of Volunteer (please print)

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date





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

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)