



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
- DOCCS Returning Volunteer Application Form
- TB Report Form

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

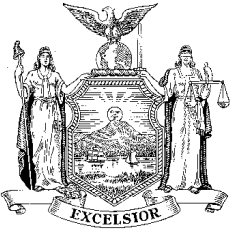
Time of day you can TA: (you must be at the facility ½ hour before your class)

- 8am – 10:30am 12pm – 2:30pm 7pm – 9:30pm

Do you have a car? Yes No

If not, do you have a driver's license and are you willing to drive if a car is available?

- Yes No



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

PERSONAL INFORMATION UPDATE FORM

REVISED 8/28/13

PLEASE PRINT:

NAME: _____

GROUP: _____

ADDRESS: _____

CITY: _____

MAILING ADDRESS: _____
(if different than above)

PRIMARY PHONE #: _____

SECONDARY PHONE # _____

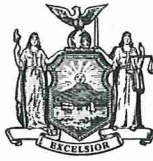
EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ **PHONE #** _____

EMERGENCY CONTACT ADDRESS: _____

VOLUNTEER STATUS: _____ **ACTIVE** _____ **INACTIVE**

OTHER FACILITIES WHERE CURRENTLY VOLUNTEERING:



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."



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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



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BRIAN FISCHER
Commissioner

HAROLD D. GRAHAM
Superintendent

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.



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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)