Roy Cooper, Governor Erik A. Hooks, Secretary Timothy D. Moose, Chief Deputy Secretary Todd E. Ishee, Commissioner of Prisons Kenneth E. Lassiter, Director

MEMORANDUM

DATE: September 7, 2022

TO: All Caswell CC Community Volunteers/Group Leaders

FROM: Brian Underwood, Program Supervisor

Caswell Correctional Center

REF: Mandatory Annual PREA Facility Training/Orientation

The North Carolina Department of Corrections is committed to a zero-tolerance of sexual assault/misconduct by staff, community volunteers, employers, or by inmates. In order to meet this commitment all persons coming in contact with the inmate population must be trained on the Prison Rape Elimination Act (PREA). This will include all volunteers that provide service at Caswell Correctional Center. Please note that the Facility Orientation/PREA training is MANDATORY and you must attend in order to remain a blue card volunteer. If you can or can't attend please advise. If you don't make one of these training you will become an inactive volunteer.

<u>Date</u>	<u>Time</u>		
	November 3, 2022	10:00 am	
	November 15, 2022	10:00 am	
	November 21, 2022	10:00 am	

Thank you for your continued support of the Community Volunteer Program and if you have any questions, please contact Mr. Underwood at 336-694-4531 ext. 236 or Ms. Massey at 336-694-4531 ext. 281.

MAILING ADDRESS: 444 County Home Road Blanch, NC 27212





OFFICE LOCATION: 444 County Home Road Blanch, NC 27212 Telephone: (336) 694-4531 Fax: (336) 694-5098

NC Department of Public Safety, Prisons DCI RECORD REQUEST/VERIFICATION

*In order to ensure the most accurate and complete investigation, please provide all information as requested.

Person(s) requesting information:						
Title:						
Community Volunteer: Work Release	: Home Leave: Transportation:					
Type of Volunteer:						
*Name(Last)		(Middle Name)				
*Address(Street)	(City)	(State) (Zip)				
Home Phone Number://	Cell Phone Number:					
*Date of Birth:/	*Social Security Number://					
*Driver's License Number:	*Race	*Sex MF				
Signature:	Date:					
		ations in a second second second second second				
DCI search completed by:Name	Title	Date				
Final disposition Approved:	Disapproved:					
Comments:						

CC: File

Note: (It is not required to keep a copy of the report, unless you feel it is necessary. However, this form must be kept on file in a confidential locked location for verification of Approval/Disapproval)

DC-345 Revised November 2013

N.C. Department of Public Safety – Division of Adult Correction and Juvenile Justice Rehabilitative Programs and Services COMMUNITY VOLUNTEER APPLICATION

	1. Name:			
	First	Middle	Last	
	2. Home Address:	Ŵ		
	Street Address	City	State	Zip
•	3. Mailing Address (if different from	above):		
	4. Home Telephone #:	Cell #:		
	5. Date of Birth://	6. Gender: 7. SS #		
8	3. Driver's License #:	State:	9, Race:	
10	. Employer's Name:	Address:		-
11		r in the Division of Adult Correction as When?		
12	If yes, Where?	Volunteer by the Division of Adult Cor When?		
13.	Have you ever been dismissed as a If yes, Where?	Visitor by the Division of Adult Correc When?	ation and Juvenile Justice?	
14.		serving as a Volunteer?		
15.	Why do you wish to serve as a Volu	inteer?		
	•			
16.	Are you related to an inmate current If yes, Who?	tly housed at this facility?What	Yes No is the relationship?	
17.	Are you currently visiting any inmat If yes, Who?	tes assigned to this facility?What	Yes No is the relationship?	
18.	Are you applying to be a Community If yes, Name of the inmate and how	y Leave Sponsor? Yes	No No	
19.	Would you serve as a Community L	eave Sponsor for an inmate that you de	o not know? Yes	No
20.	Have you ever been convicted of a configuration of the second of the sec	crime other than a minor traffic violatio	On? Yes Date:	No
21.	Would you have objections to the D	ivision of Adult Correction and Juveni	ile Justice making inquiries	s necessary for

I understand that I will not receive any compensation for serving as a volunteer, by the Department of Public Safety, Division of Adult Correction and Juvenile Justice, Rehabilitative Programs and Services for an Inmate.

I understand that there are certain risks inherent in volunteering within the confines of a Correctional Facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. I am aware that my giving false information may result in the rejection of this application or termination of my volunteer status. The information will be used for a background check and/or investigation.

I have read (or h	ave had it read to me) this ap	plication and unde	erstand the informa	tion contained in it.	
Date:	Sig	Signed:			
*********	DO NOT FILL IN				
Interviewer's Co	omments and Recommendat	ions:			
	Signatu Approved f	oisapproved	On Site	Off Site	
Comments:					
	proving Authority:			Date:	
Staff Use Only	Notified of Decision: <u>I certify that</u>	all information	has been Verifie	<u>d</u>	
DATE	STAFF NAME	FACILITY		New Application Required Yes or No	
				1	
3)				,	