



North Carolina Department of Public Safety

Prisons

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.

Date

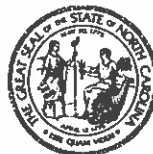
Time

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

www.ncdps.gov



An Equal Opportunity Employer

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: _____ Facility: _____

Community Volunteer: _____ Work Release: _____ Home Leave: _____ Transportation: _____

Type of Volunteer: _____

*Name _____
(Last) (First) (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 M _____ F _____

Signature: _____ Date: _____

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)

