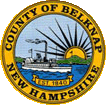
**BELKNAP COUNTY**

**DEPARTMENT OF CORRECTIONS**

76 COUNTY DRIVE

LACONIA, NEW HAMPSHIRE 03246-2922

[*www.belknapcounty.org*](http://www.belknapcounty.org)

TELEPHONE: 603.527.5480

FAX: 603.524.2574

KEITH C. GRAY STEPHANIE COLCORD Superintendent Administrative Assistant

CAPTAIN JAMIE S. LARAMIE

Deputy Superintendent

PREA Waiver for Volunteers

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

By signing below, I acknowledge that I have received the PREA INFORMATION brochure and understand its content. As such, I have been trained on the policy regarding the Prison Rape Elimination Act and understand that there is zero tolerance for any form of sexual abuse at Belknap County Department of Corrections. I understand that, as an employee, volunteer or contractor at Belknap County, it is my responsibility to set proper boundaries with inmates whether they are currently incarcerated or not. Those boundaries include, but are not limited to, undue familiarity with any inmate to include association with inmates and/or their families outside the scope of my professional duties.

I also understand that relationships with an inmate which occurred before my association with Belknap County must be reported immediately upon discovery to my supervisor.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_