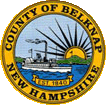
**BELKNAP COUNTY**

**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

Acknowledgement of Receiving “Program Volunteer Guidelines” and “8 Basic Rules – Volunteer Orientation”

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

By signing below, I acknowledge that I have received and have read both of the forms listed above. I further acknowledge that I understand and agree to follow all the guidelines and rules as addressed and outlined in those forms.

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

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