



Carroll County Department of Corrections
Authorization to Release Information

I, _____, born in _____,
consent herein to have a criminal record inquiry made by the Carroll County
Department of Corrections as to my fitness for the position for which I have
applied. Furthermore, I agree to give any additional information that may be
required during the conduct of said inquiry.

I also authorize and request every person, firm, company, corporation,
partnership, governmental agency, court, association, school, college or branch of
the military having control of any documents, records or other written
information pertaining to me, to cooperate and allow inspection or provide copies
of such documents, records, reports or other written information to the Carroll
County Department of Corrections or its agents or representatives.

It has been explained to me, and I fully understand, that refusal to grant
this authorization will void my application process.

This authority shall continue for one year from the date below, unless
sooner revoked by me in writing.

(Signature of Applicant)

Date _____



Sean Eldridge
Superintendent

Cherie Iannuzzi
Administrative Assistant

CARROLL COUNTY DEPARTMENT OF CORRECTIONS

P.O. Box 688
50 County Farm Road
Ossipee, New Hampshire 03864
Phone 603-539-2282
Fax 603-539-7381



Patrick Bachelder
Deputy Superintendent

Michael Baker
Captain

Security Clearance Waiver

Please note that I have reviewed the below listed Carroll County Department of Corrections Policy #7-F200, Volunteers & Contractors. I understand that any violation of this policy may result in loss of my security clearance to enter the Carroll County House of Corrections.

Policy #7-F200 Volunteers & Contractors

Policy: It is the policy of the Carroll County Department of Corrections to use community resources to strengthen jail programs and promote community involvement in providing quality services to the inmate population. Furthermore, all volunteers and contractors must abide by Department safety and security rules including those related to sexual harassment. Any behavior deemed to be in violation of Department rules, or behavior deemed by the Department to be un-ethical or inappropriate, will result in a revocation of their security clearance and their removal from the Facility.

I have met with the Carroll County Department of Corrections Chief of Safety and Security regarding this policy who answered any questions I had regarding this policy.

I have a complete understanding of the given policy, and have no questions at this time.

Be advised, should your security clearance be rescinded by the Chief of Safety and Security, you have seven days to appeal this decision to the Superintendent.

Volunteer/Contractor

Date

Lt. Brian King, Chief of Safety and Security



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Name: _____

Security Information

Do you currently know or are related to any inmate that is currently or has been incarcerated at this facility?
Yes No

If yes, please explain:

Have you ever been arrested or detained by the police for any reason?
Yes No

Please explain:

Do you currently or have you ever used illegal drugs?
Yes No

Please Explain:

Have you ever worked at, or been a volunteer at any other correctional facility?
Yes No

If yes, where and when:

Have you ever been denied security clearance or entrance into any other correctional facility?
Yes No

If yes, please explain:

Are you or have you ever been affiliated with any anti-government, or anti law enforcement groups such as a motorcycle club gangs or anti-government militias?
Yes No

If yes, please explain:

Have you ever committed a crime that would be grounds to deny you a security clearance?
Yes No

If yes, please explain:

Have you ever stolen merchandise or money from a previous employer?
Yes No

If yes, please explain:

Have you ever abused prescription medication or taken prescription medication that were not prescribed to you?
Yes No



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Please Explain:

Have you ever sold illegal drugs or prescription medication?

Yes No

If yes, please explain:

Have you ever been convicted of a crime?

Yes No

If yes, please explain:

Have you ever been on probation or parole?

Yes No

If yes, please explain:

Have you ever been taken into protective custody by police because of intoxication?

Yes No

If yes, when was it?

Right Now, are you wanted by any law enforcement agency?

Yes No

Have you ever committed or covered up an act that you could have been fired or suspended for if you had been caught?

Yes No

If yes, please explain:

Are you aware of anything not asked within this form that may prohibit you from gaining security clearance at Carroll County Department of Corrections?

Yes No

If yes, please explain:

Signature: _____

Date: _____

Carroll County Chief of Security



Sean Eldridge
Superintendent

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Administrative Assistant

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Citizen Volunteers and Contractors Involvement Policy #7-F-200 Standard of Ethics for Contractors and Volunteers

Never use your position with the Carroll County Department of Corrections to:

1. Secure privileges for yourself or others,
2. Engage in activities that would constitute a "Conflict of Interest",
3. Accept a gift or gratuity from an inmate or an inmate's family or friends,
4. Participate in personal business transactions with an inmate or an inmate's family or friends,
5. Use your position for lobbying or to influence political agendas,
6. Discuss facility security measures or personal information about staff members.

Policy #4-D-200 Prison Rape Elimination Act (PREA)

1. A review of the PREA policy as applicable to volunteers,
2. What constitutes sexual abuse,
3. Reporting requirements when sexual abuse is reported or suspected,
4. Cross gender supervision announcement.
5. A recognition of the CCDOC's commitment to a zero-tolerance policy for jail sexual assault and sexual intimidation.

I have received training on the "Standard of Ethics for Volunteers and Contractors" and for PREA. I have also had the opportunity to ask questions or get clarification on any issue regarding my volunteer activities or contract services with the Carroll County Department of Corrections.

Volunteer's Printed Name

Volunteer's Signature

Date

Contractor's Printed Name

Contractor's Signature

Date

Contractor / Volunteer



Carroll County Department of Corrections Information Sheet

Last Name	First Name	MI
Date of Birth	Address	City and State
Phone Number	Email Address	Agency/Group Affiliation
Emergency Contact	Relationship	Phone Number