



## **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.

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(Signature of Applicant)

Date \_\_\_\_\_



## 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



*Sean Eldridge*  
Superintendent

*Patrick Bachelder*  
Deputy Superintendent

*Cherie Iannuzzi*  
Administrative Assistant

*Michael Baker*  
Captain

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### 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.

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Volunteer/Contractor

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Date

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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 no 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**



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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***

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## **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