



VOLUNTEER POLICY REVIEW CHECK SHEET

Name: _____ Unit name: _____

I have reviewed and understand the following policies and publications as they pertain to orientation training and my volunteer service with the Department of Corrections.

For the policies in the *Review If Applicable* section, initial in the space next to the policy/publication you are required to review as outlined by the Volunteer Specialist. Once you have read all of the required and applicable policies/publications, sign and return this document to the Volunteer Specialist.

| REVIEW REQUIRED | |
|-----------------|---|
| | Volunteer Guidebook |
| DOC 490.800 | Prison Rape Elimination Act (PREA) Prevention and Reporting |
| DOC 490.850 | Prison Rape Elimination Act (PREA) Response |
| DOC 490.860 | Prison Rape Elimination Act (PREA) Investigation |
| DOC 530.100 | Volunteer Program |
| DOC 800.010 | Ethics |
| DOC 810.015 | Criminal Record Disclosure and Fingerprinting |
| DOC 850.030 | Relationships/Contacts with Offenders |
| DOC 850.625 | Sexual Harassment |

| REVIEW IF APPLICABLE | |
|----------------------|--|
| Initial | |
| _____ | DOC 230.500 Vehicle Use |
| _____ | DOC 280.100 Acceptable Use of Technology |
| _____ | DOC 280.310 Information Technology Security |
| _____ | DOC 560.200 Religious Programs (Religious volunteers only) |
| _____ | Title: _____ |
| _____ | Title: _____ |
| _____ | Title: _____ |
| _____ | Title: _____ |

Name Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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