

**RHODE ISLAND DEPARTMENT OF CORRECTIONS  
ACCESS TO FACILITIES APPLICATION**

*No application will be processed if information is omitted or illegible.*

**PART I: Applicants must complete Part I fully. Incomplete applications will be returned.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Alias(es): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Reason for Facility Access Request:**

Applicant's Agency/Organization Affiliation: A.A.

Agency/Organization Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Please explain the reason you will be working inside the facility(s): A.A. meetings in prison

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***Applicants who are on individual visit and/or telephone list(s), shall interact with those individuals in a professional capacity only.***

Any person who knowingly provides herein any statements which are false or erroneous, or defective in any important particular and which are intended to mislead may be deemed guilty of a misdemeanor, and, upon conviction, may be imprisoned, for a term not exceeding one year, or fined, an amount not exceeding one thousand dollars (\$1,000), pursuant to R.I.G.L § 11-18-1.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RHODE ISLAND DEPARTMENT OF CORRECTIONS

## Staff, Contractor and Volunteer PREA Information Acknowledgment Form

**The Rhode Island Department of Corrections mandates zero tolerance of inmate sexual abuse and sexual harassment!**

- If you have any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, all RIDOC staff, contractors and volunteers are mandatory reporters.
- All allegations of sexual abuse and sexual harassment shall be reported immediately to the nearest Superior Officer, Shift Commander, Special Investigations Unit or the Office of Inspection.

Special Investigations Unit: (401) 462-2282

Office of Inspection: (401) 462-2551

### Acknowledgment:

By signing below, I acknowledge that RIDOC notified me of RIDOC's zero tolerance policy regarding sexual abuse and sexual harassment and informed me how to reports such incidents. My signature indicates that I understand the training I received.

Print Name: \_\_\_\_\_

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

Unit:   A.A.  

Please check one:

RIDOC Staff:	<input type="checkbox"/>	Contractor	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>
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