

NEW MEXICO CORRECTIONS DEPARTMENT



PRISON RAPE ELIMINATION ACT

VOLUNTEER/LIMITED SERVICE CONTRATOR TRAINING ACKNOWLEDGMENT

Name: _____

Facility: _____

Group/Company: _____

How much time will you spend at the facility in a week's period: _____

Training previously received and materials given on:

1. The Prison Rape Elimination Act;
2. NMCD's Policy on Zero Tolerance;
3. Reporting incidents of sexual abuse;
4. State law 30-9-11.

I understand that if I engage in sexual abuse with inmates, I shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and will be reported to relevant licensing bodies.

By signing this document I acknowledge that I have received training on my responsibilities under the agencies sexual abuse & sexual harassment prevention, detection, response policies & procedures. I also understand that if I want to attend in person training on this topic again, I have the opportunity to ask the facility PREA compliance Staff.

Signature

Date

cc: Facility PREA Compliance Manager
Volunteer Coordinator