

**DEPARTMENT OF CORRECTIONS  
NOTICE OF VOLUNTEER/CLIENT RELATIONSHIP**

Policy 90.2.6 – Volunteer/Student Interns: H(1.)a: “The volunteer must complete an Inmate Relationship form (CD#14XX).”

**SECTION ONE: TO BE COMPLETED BY VOLUNTEER**

Volunteer Name: \_\_\_\_\_ Work Section: \_\_\_\_\_

Inmate-Offender Name: \_\_\_\_\_ SID (if known): \_\_\_\_\_

How long have you known Inmate-Offender? \_\_\_\_\_

Please describe the circumstances and extent of your acquaintance with the above named Inmate-Offender. Be as specific as possible. Be sure to include any pertinent information, such as: how you became acquainted; whether the relationship is of the past or still current; how this conflict would prevent you from performing your duties and any other details to explain the relationship. You may use the back of the form if additional space is needed.

<b>Specify Relationship:</b> _____ _____
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Sign and Date:** \_\_\_\_\_

SUBMIT FORM WITH THIS SECTION COMPLETE TO THE ISM

**SECTION TWO: Supervisor**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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

**SECTION THREE: Institution Security Manager**

Upon review of the preceding information, I recommend the following action:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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

Assistant Superintendent

**SECTION FOUR: SUPERINTENDENT/ACTION TAKEN**

Based on the information provided above, the following action was taken:

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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

Superintendent

copy: Superintendent; ISM; Program Manager; Personnel; Working file; Employee

(Vol/ClientRelationship)

**Corrections Information System entry date:** \_\_\_\_\_