

4337 State Road 14, Santa Fe, NM 87508 - PO Box 27116, Santa Fe, NM 87502-0116  
Phone: 505.827.8645 Fax: 505.827.8533 [www.cd.nm.gov](http://www.cd.nm.gov)

Form CD-060201.1  
Reviewed/Revised 04/08/22  
Page 1

# **VOLUNTEER Application Packet**

***\*\*Please note: Volunteers must complete an application annually. After completing the initial training, volunteers must attend a NMCD Volunteer training session every third year. Failure to follow this process may result in suspension of your volunteer privileges.\*\****

Department Use:

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*Date Application Received*

**Please print in blue ink or Type**

Last	First	Middle	Maiden Name or other Names Known by
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Address	City	State	Zip Code
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Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Driver's License or State ID Card Information – Please provide a copy of your driver's license**

<u>Age</u>	<u>Date of Birth (Month, Day, Year)</u>	<u>Race</u>	<u>Gender</u>	<u>ID Type</u>
	□ □ □ □ □ □ □ □ □ □		□ □ □ - □ □ - □ □ □ □	
<u>Issuing State</u>	<u>ID Number</u>		<u>SSN</u>	

### Emergency Contact Information

Last	First	Relationship	Address
City	State	Zip Code	Phone

### **Motor Vehicle Insurance Information**

This is to certify that I have adequate motor vehicle liability insurance. My motor vehicle is insured according to the New Mexico Mandatory Financial Responsibility Act with:

Company name:\_\_\_\_\_ Policy number: \_\_\_\_\_

**Medical Information**

Do you have any allergies or medical conditions that may cause a medical alert? Yes\_\_\_\_ No\_\_\_\_

If yes, and you wish to disclose the information, please list the allergy or medical condition.

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

**Interests**

Your interest in volunteering with the Department of Corrections is for: (Circle one or more)

Public/Community Service

Future Employment

Internship

**Assignment Preferences:**

*(Circle one or more skill areas)*

Academic

Behavioral Health

Career Technical

Cognitive

Clerical Support

Employee Assistance

Health Wellness

Interpersonal

Parenting

Recreation

Reentry

Religious

Name of Volunteer Program/Ministry/Religious  
organization\_\_\_\_\_

Name of Group Leader \_\_\_\_\_ Contact Phone number\_\_\_\_\_

Address of Volunteer Program/Ministry/Religious  
organization:\_\_\_\_\_

\_\_\_\_\_

Group Leader/Supervisor/Pastor Signature\_\_\_\_\_

Print\_\_\_\_\_

**\*\*Professional Services**

Description\_\_\_\_\_

\_\_\_\_\_

**\*\*If you are applying to provide a professional service, please cite your credentials, such as certification, license, etc.  
Attach copies of license or certification.**

\_\_\_\_\_

**Availability**

When would you be able to provide volunteer services? (Circle one or more)

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Weekly ? \_\_\_\_\_ No of days a month \_\_\_\_\_ From \_\_\_\_\_ (time) to \_\_\_\_\_ (time).

Beginning \_\_\_\_\_ (date) until \_\_\_\_\_ (date).

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### **Application Questions**

Do you have a relationship (e.g. parent, spouse, friend, etc.) with or are you on the visiting list of any person currently in NMCD custody and/or on probation and/or parole supervision. **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain the nature of the relationship, give the name of the person, inmate number, and assigned location.

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Have you ever been incarcerated or on probation and/or parole supervision? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain the incarceration and/or supervision and provide the dates and locations. Please note: omissions may be cause for termination or denial. **(Former offenders are not necessarily excluded from participating as volunteers.)**

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Are you currently volunteering at any other correctional agency (e.g. county jail, federal prison, etc.)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, name of agency \_\_\_\_\_ Supervisor \_\_\_\_\_

Do you have any special knowledge about the criminal justice system or this assignment that you gained through education or experience? If yes, please list by date, giving the name of your supervisor or instructor, his/her phone number, and a brief description of your prior work experience.

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How do you feel about the New Mexico Corrections Department can help offenders change their pattern of criminal and/or violent behavior?

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Provide a brief summary of your interests and desired outcome as a volunteer with the New Mexico Corrections Department. (What do you see as your role?)

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Select which correctional facility/recovery academy would you prefer to volunteer?

\_\_\_\_\_ Central New Mexico Correctional Facility (CNMCF)

\_\_\_\_\_ Springer Correctional Center (SCC)

\_\_\_\_\_ Southern New Mexico Correctional Facility (SNMCF)  
\_\_\_\_\_ Western New Mexico Correctional Facility (WNMCF)  
\_\_\_\_\_ Northeastern New Mexico Detention Facility (NENMDF)  
\_\_\_\_\_ Northwestern New Mexico Correctional Center (NNMCC)  
\_\_\_\_\_ Guadalupe County Correctional Facility (GCCF)  
(NMMRA)  
\_\_\_\_\_ New Mexico Women's Recovery Academy (NMWRA)

\_\_\_\_\_ Roswell Correctional Center (RCC)  
\_\_\_\_\_ Penitentiary of New Mexico (PNM)  
\_\_\_\_\_ Otero County Prison Facility (OCPF)  
\_\_\_\_\_ Lea County Correctional Facility (LCCF)  
\_\_\_\_\_ New Mexico Men's Recovery Academy  
\_\_\_\_\_ The Pavilions

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Qualified applicants receive consideration without discrimination based on marital status, race, color, creed, national origin, age, or the presence of a non-service related handicap.

PLEASE NOTE: In signing this application, an applicant agrees to the following conditions of acceptance as a volunteer:

- A. Be 18 years of age or older and submit proof of age, if required.
- B. Submit proof of credentials when providing professional services.
- C. Meet attendance and performance commitments.
- D. Receive no monetary compensation for their services, except as provided for selected programs and services.
- E. Complete mandatory volunteer and site-specific orientation, and/or other training as required.
- F. Conform to other New Mexico Corrections Department policies, regulations, and instructions.

Please read carefully before you sign this application. False statements on this application shall be sufficient cause for termination.

\_\_\_\_\_  
Application Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Warden or their designee

\_\_\_\_\_  
Date



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

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CD-060201.2

## NCIC VOLUNTEER CLEARANCE INFORMATION PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE

**ALL ITEMS MUST BE FILLED OUT BEFORE THE APPLICATION WILL BE PROCESSED.**

**APPLICANT NAME** (please print): \_\_\_\_\_

**SOCIAL SECURITY:** -- **DOB** (MM/DD/YY): //

**CURRENT ADDRESS:** \_\_\_\_\_ **CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FACILITY VOLUNTEERING AT:** \_\_\_\_\_

**CITY/STATE OF BIRTH:** \_\_\_\_\_

**STATES LIVED IN:** \_\_\_\_\_

**SEX:** M ☐ F ☐ **DRIVER'S LICENSE #:**  **ISSUING STATE:** \_\_\_\_\_

**ETHNICITY:**

☐ CAUCASIAN ☐ HISPANIC ☐ NATIVE AMERICAN ☐ PACIFIC ISLANDER ☐ AFRICAN AMERICAN

I, \_\_\_\_\_, UNDERSTAND AND ACKNOWLEDGE THAT OFFICIALS OF THE NEW MEXICO CORRECTIONS DEPARTMENT WILL CONDUCT BACKGROUND CHECKS AND BACKGROUND INVESTIGATIONS AS NEEDED AS A CONDITION OF MY VOLUNTEERING AT ANY AND ALL NMCD CORRECTIONAL FACILITIES.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### FOR DEPARTMENT USE ONLY

THE SIGNATURE BELOW ACKNOWLEDGES THAT THE DEPUTY WARDEN/DESIGNEE HAS REVIEWED THE NCIC DOCUMENTS PRIOR TO APPROVAL/DISAPPROVAL.

**FACILITY DEPUTY WARDEN/DESIGNEE:** \_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_ **DATE DISAPPROVED:** \_\_\_\_\_

**REASON FOR DENIAL:**

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

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Guidelines for Volunteers**

1. You are working in a Department facility program to provide the service specified in your Volunteer Agreement. Do not do anything else. Do not make phone calls, give or lend money or do favors for inmates or residents. Do not mail anything for inmates or residents. There are Department policies governing inmate mail, phone calls, and possession of money.
2. Since you are to provide a specific service, you will not be helping if you get involved in the internal affairs of the institution.
3. You are not an advocate for inmates. It is better for the inmate to learn to work through administrative procedures for grievances and complaints.
4. Do not provide professional counseling or legal advice unless you are contracting for that particular service. These kinds of services require professional credentials.
5. At no time shall a volunteer transport anything from the outside to the inside of a facility without prior written authorization from the Warden or designee. If you need supplies or equipment transported for a class, ask for staff assistance.
6. Leave all cell phones, purses, bags, and money in your car and have your car locked at all times.
7. At no time shall a volunteer transport anything from the inside of the facility to the outside for any reason without prior written authorization from the Warden or designee. Even if you are asked to take notes out, or anything that appears insignificant, it could be counter-productive to rehabilitation.
8. If for any reason you cannot be available at the time expected, please let your contact person at the institution know.
9. Do not bring in friends or other volunteers to help you without previous approval.
10. You are responsible for complying with the rules and regulations of the institution in which you work.
11. You are required to respect the confidentiality of records and privileged information you may have access to as a volunteer. You have an obligation to report any information you may obtain relating to the life and safety of inmates or staff to the Coordinator of Volunteer Program and Services.
12. You are expected to conduct yourself in a professional and proper manner at all times; intimate contact and gestures are prohibited, i.e., embracing (of a romantic nature) and kissing.

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Statement of Understanding for Volunteers**

It is a violation of state law for any person to introduce, or attempt to introduce, into a correctional facility, any article of contraband including deadly or explosive materials, currency, weapons, ammunition, intoxicants, or controlled substances. Introduction of cell phones is prohibited. All persons entering a medium or maximum correctional facility will be required to pass through a metal detector. All packages and items carried into the Institution are subject to search by correctional employees and/or state or county law-enforcement officials.

Where there exists a reasonable suspicion that a particular volunteer is attempting to introduce contraband into the institution, the duty officer at the facility may order at any time that the volunteer be subjected to a more thorough search. A volunteer may be requested to remove his or her clothing to submit to a strip search only where the duty officer determines that there is probable cause to believe that the particular volunteer possesses contraband. In such an instance, the search may be conducted only by an employee of the same sex as the volunteer in an area that provides the volunteer the greatest possible privacy. If the volunteer refuses to be searched, he or she will be refused entry and will be immediately escorted from the institutional grounds.

As a volunteer working in the institution, I will abide by all rules and regulations of the institution. I will respect the confidentiality of records and/or other privileged information of which I may become aware. [ **standard deleted**]

I agree to take part in a minimum of two (2) hours of initial volunteer orientation training and annual refresher/recertification training for volunteers each year. I understand that I may not provide any volunteer services until this training has been completed.

.....  
**Acknowledgement**

I Acknowledge that I have read, or have had read to me,  
and understand all of the above.

Volunteer: \_\_\_\_\_ / \_\_\_\_\_  
(Print) (Sign) Date

Social Security #: \_\_\_\_\_

# Prison Rape Elimination Act – New Mexico Corrections Department



## Summary and Overview

### ·What is PREA and what are PREA Standards?

**Prison Rape Elimination Act (PREA) of 2003:** Federal statute 42 U.S.C.A. § 15601 enacted in September 2003 requiring all Correctional Institutions to assess all incarcerated offenders, whether adult or juvenile, for propensity to commit or to be victimized by sexual behavior/activity and to prevent, detect and respond to those crimes. It is NMCD Policy to Investigate all allegations and prosecute criminal matters.

**Prison Rape Elimination Act (PREA) Standards:** The Department of Justice released the final rule to prevent, detect and respond to sexual abuse in confinement facilities in accordance with the PREA act of 2003. There are four distinct sets of standards, each apply to a different type of facility: Adult Prisons and Jails; Lockups; Community Confinement facilities and Juvenile facilities. Specific PREA standards are noted in Administrative Regulations by adding the corresponding number and new policy language. Adult Prisons and Jail standards are numbered 115.11 through 115.89 and Community Confinement standards are numbered 115.211 through 115.289.

The New Mexico Corrections Department has a **ZERO-TOLERANCE** for all forms of Sexual Abuse, Sexual Activity, Sexual Assault and Sexual Harassment. That means that NMCD will investigate and follow through on all allegations that are brought forth.

## Ways to Report

### Staff/Contractors/Volunteers Reporting

Advise your supervisor

Advise the PREA Coordinator

Tell the Warden or Director

Send Anonymous email to  
[PREAReporting@state.nm.us](mailto:PREAReporting@state.nm.us)

### Inmate Reporting

Advise any Staff Member, Contractor and Volunteer, or File a Grievance, or call the NMCD Reporting Line at \*88 or 505-827-8524

Use our third Party Reporting address at: IG, 1250 Academy Park Loop  
Colorado Springs, Colorado 80910

### Family or Friend Reporting:

Have a family or friend report to the facility, call the NMCD Reporting Line at 505-827-8524 or email  
[PREAReporting@state.nm.us](mailto:PREAReporting@state.nm.us)



*In New Mexico and while in our facilities, all Staff, Volunteers and Contractors are Mandatory Reporters, which means you MUST report all suspicion, signs and knowledge of threatened or actual abuse and harassment. To learn about NMCD and PREA and how to fulfill your responsibilities to prevent, detect, report and response, please review NMCD policy 150100, at <http://cd.nm.gov/policies/Inmate Rights/150100 - Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures; PREA>*

## Rights

Inmates and staff have the right to be free from retaliation for reporting or participating in an investigation relating to sexual abuse or sexual harassment

Inmates have a right to be free from sexual abuse and harassment

You should always avoid inappropriate relationships with inmates by setting boundaries and remaining consistent with your job duties. Undue familiarity matters will be investigated as PREA matters in most if not all cases. Be confident in your role. If a situation does not feel right, trust your instincts. REPORT.

Inmates involved in incidents may become withdrawn, act out or begin to behave differently. If you notice this, please report and follow up immediately. Victims of sexual abuse or assault, even if it was prior to incarceration, may exhibit signs of PTSD. Report and submit for mental health referrals when necessary.

## Effective Communication with Inmate

- Lesbian – a woman who is emotional, romantically and sexually attracted to other women
- Gay - a man who is emotional, romantically and sexually attracted to other men
- Bi-Sexual – a man who is emotionally, romantically and sexually attracted to both men and woman
- Straight – A person who is emotionally, romantically and sexually attracted to the opposite gender
- Asexual – a person who is not attracted to either sex or gender
- Intersex: A term used for people who are born with external genitalia, chromosomes or internal reproductive systems that are not traditionally associated with either a “standard” male or female. (usually has both genitalia).
- Transgender: a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person’s assigned sex at birth.
- Gender Conforming describes a person who expresses their gender in a manner that is consistent with societal norms for one’s gender
- Gender Non-Conforming describes someone whose gender identity and/or expression breaks societal norms

Remember LGBTQI individuals are at higher risk of sexual assault and abuse in confinement facilities.

In addition, dynamics in prisons will differ if you are working in a male facility versus a female. When it comes to relationships in mens prisons, assaults and incidents tend to be based on power and control. In female facilities, we tend to see more nurturing and incidents that are based on personal relationships and perceived friendships.

You WILL learn about these topics and more when you attend the required Correctional Academy, Corrections 101 or Volunteers class when you begin your employment, contract or volunteering. If you have questions at any time, please reach out to our statewide PREA Coordinator at [PREAReporting@state.nm.us](mailto:PREAReporting@state.nm.us).

Inmates and staff who are in need of advocacy can also reach out to the Local Rape Crisis Centers, with who we partner with, for help.



# NEW MEXICO CORRECTIONS DEPARTMENT

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## PRISON RAPE ELIMINATION ACT

## TRAINING ACKNOWLEDGEMENT

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

Facility: \_\_\_\_\_

Group/Company: \_\_\_\_\_

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

Training received:

1. The Prison Rape Elimination Act;
2. NMCD's Policy on Zero Tolerance;
3. Reporting incidents of sexual abuse;
4. Mandatory Reporters;
5. 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 and I further acknowledge that I understood the training that I received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc: Facility PREA Compliance Manager

Volunteer Coordinator

## **ACA CODE OF ETHICS**

### *AMERICAN CORRECTIONAL ASSOCIATION*

#### **Relationships with clients/colleagues/other professions/the public --**

Members will respect and protect the civil and legal rights of all clients.

Members will serve each case with appropriate concern for the client's welfare and with no purpose of personal gain.

Relationships with colleagues will be of such character as to promote mutual respect within the profession and improvement of its quality of service.

Statements critical of colleagues or their agencies will be made only as these are verifiable and constructive in purpose.

Members will respect the importance of all elements of the criminal justice system and cultivate a professional cooperation with each segment.

Subject to client's rights of privacy, members will respect the public's right to know, and will share information with the public with openness and candor.

Members will respect and protect the right of the public to be safeguarded from criminal activity.

#### **Professional conduct/practices --**

No member will use his/her official position to secure special privileges or advantages.

No member, while acting in an official capacity, will allow personal interest to impair objectivity in the performance of duty.

No member will use his/her official position to promote any partisan political purposes.

No member will accept any gift or favor of such nature to imply an obligation that is inconsistent with the free and objective exercise of professional responsibilities.

In any public statement, members will clearly distinguish between those that are personal views and those that are statements and positions on behalf of the agency.

**CODE OF ETHICS**  
(Continued)

Members will be diligent in their responsibility to record and make available for review any and all case information that could contribute to sound decisions affecting a client or public safety.

Each member will report, without reservation, any corrupt or unethical behavior which could affect either a client or public safety.

Members will not discriminate against any client, employee, or prospective employee on the basis of race, sex, creed, religion or national origin.

Members will maintain the integrity of private information; they will neither seek personal data beyond that needed to perform their responsibilities, nor reveal case information to anyone not having proper professional use for such.

Any member who is responsible for agency actions will make all appointments, promotions, or dismissals only on the basis of merit and not in the furtherance of partisan political interests.

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**Acknowledgement**

I Acknowledge that I have read, or have had read to me,  
and understand all of the above.

Volunteer: \_\_\_\_\_ / \_\_\_\_\_  
(Print) (Sign) Date

Social Security #: \_\_\_\_\_



# NEW MEXICO

## CORRECTIONS DEPARTMENT

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### **Volunteer/Vendor Virtual Program/Service Acknowledgement**

All Volunteers/Vendors must review and comply with all NMCD policies and procedures for volunteers and vendors.

The Volunteer/Vendor must be trained by an NMCD authorized volunteer/vendor trainer. All required documentation must be signed and submitted to the facility Chaplain/volunteer coordinator and approved by the Warden.

Volunteer/Vendor agrees to the following when providing virtual program/service for NMCD:

1. Volunteer/Vendor will conduct themselves in a professional manner.
2. The virtual space designated by the Volunteer/Vendor should be treated as if the Volunteer/Vendor is inside an NMCD facility, as much as possible. This means:
  - The space should be safe and appropriate for all NMCD inmates with no or minimal distractions – it should be as plain as possible. Spaces may also use virtual backgrounds, as available and appropriate, for privacy concerns and to limit distractions. Virtual spaces are subject to review by NMCD staff to ensure compliance with these requirements.
  - NMCD credentials should be available upon request.
  - Appropriate attire is required at all times.
  - Personal items or objects that a volunteer/vendor would not bring into the facility (e.g., family pictures, political posters, etc.) should not be visible.
  - No unauthorized participants (e.g., spouses, children, pets, family members, etc.) should be present in the room.
  - No items or objects promoting political affiliation, gang or illegal activity, or drug and alcohol use visible to attendees.
  - No items or objects of a religious nature when providing a non-religious program/service should be visible.
  - No eating during the program/service.
  - No smoking, vaping or drinking alcoholic beverages.
  - No unauthorized or inappropriate audio.
  - No screen sharing.
3. Volunteer/Vendor will respect time allotted for program and service and will not start early or late or end early or late to model accountability. Time is valuable and should be honored.



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4. For safety and security reasons, Volunteer/Vendor will not pan camera to share their location with attendees and will take all necessary precautions in protecting their whereabouts and any personal information potentially revealed on camera. NMCD is not liable for Volunteer/Vendor carelessness.
5. It is strictly prohibited to record virtual meetings, take screenshots, or capture media content from any virtual meeting without prior approval from the NMCD Public Information Officer.
6. If the Volunteers/Vendors should appear on screen in a group, all COVID-19 safety protocols should be followed, including social distancing and wearing appropriate masks.
7. The Volunteer/Vendor should contact the facility Chaplain/volunteer coordinator with any questions or concerns related to virtual programming/services.

## Acknowledgement

I acknowledge that I have read, or have had read to me, and understand all of the above.

Volunteer: \_\_\_\_\_ / \_\_\_\_\_  
(Print) (Sign)

Date

Last Four of Social Security #: \_\_\_\_\_