

**RHODE ISLAND DEPARTMENT OF CORRECTIONS
ACCESS TO FACILITIES APPLICATION**
No application will be processed if information is omitted or illegible.

BADGE ID# _____

PART I: To be completed and signed by the applicant.

Date: _____

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Alias(es): _____

Street Address: _____ City/State/Zip: _____

Last 4 digits of SSN: _____ Gender: Male Female

Date of Birth: __ / __ / ____ Height: __ ft. __ in. Weight: _____ lbs.

Home Telephone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Emergency Contact/Relationship: _____ Phone Number: _____

Agency/Organization Affiliation (if applicable): _____

Agency Contact: _____ Telephone Number: _____

Agency Street Address: _____ City/State/Zip: _____

Nature of Business: _____ Projected Term of Service: _____

Have you ever been charged and/or convicted of a crime? Yes No **If yes, please explain below.**

Are you currently or have you ever been on an inmate's Visit List? Yes No

Are you currently or have you ever been on an inmate's Telephone List? Yes No

Do you currently have relative(s) or relationships to anyone incarcerated at the ACI? Yes No

If yes to any, your relationship to inmate and his/her name: _____

Additional comments: _____

Applicant's Signature: _____

STOP HERE.

**RIDOC 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 Inspections.
 - Special Investigations Unit (401) 462-2282
 - Office of Inspections (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: _____