



**Volunteers, Contractors, and Interns  
Orientation Checklist and Agreement**

I, \_\_\_\_\_, hereby acknowledge receipt of the following  
(Print first name, middle initial, last name)  
policies, procedures, and guidelines provided and explained to me during this orientation

1	<i>DOC Mission statement (100.010)</i>	
2	<i>Volunteer Service Program (300.040)</i>	
3	<i>ID Card information (103.013)</i>	
4	<i>Appropriate Attire (302.100)</i>	
5	<i>Security, Code of Conduct, Boundaries (300.032)</i>	
6	<i>Personal Associations Between Staff &amp; Offenders (103.223)</i>	
7	<i>Sexual Abuse/Assault Prevention, Reporting and Response (202.057) PREA</i>	
8	<i>Anti-Discrimination &amp; Sexual Harassment (103.300)</i>	
9	<i>Contraband (301.030) (MN statute 243.55)</i>	
10	<i>Searches (301.010)</i>	
11	<i>Providing Access to and Protecting Government Data (106.210)</i>	
12	<i>Suicide and Self-Injury Prevention (500.306)</i>	
13	<i>Personal Firearms (103.135)</i>	
14	<i>Offender Telephone Use (302.210)</i>	
15	<i>Religious Programming (302.300)</i>	
16	<i>Tuberculosis Testing &amp; Control (105.180)</i>	
17	<i>Blood Borne Pathogen Exposure Control Plan – Facilities (105.171)</i>	
18	<i>Fitness for Duty (103.226)</i>	
19	<i>A Workplace Accident and Injury Reduction Program (AWAIR) (105.125)</i>	
20	<i>Minn. R. 5218.0250, “Comprehensive Managed Care.”</i>	
21	<i>Offender Contact with the Public News Media (303.110) and Media Contacts (101.310)</i>	
22	<i>Integrated Conflict Management System, ICMS, (103.229)</i>	
23	<i>Facility Specific Information</i>	

By signing below I acknowledge having completed volunteer orientation and training, and I agree to abide by all the policies and guidelines listed, which includes rules and regulations regarding the security and confidentiality of information about offenders.

I understand that I may be subject to possible administrative and/or criminal penalties for violations of these policies and associated statutes. I further understand that these policies and procedures are subject to change. Policies are available for review on the DOC website at [www.doc.state.mn.us](http://www.doc.state.mn.us)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Volunteer, Contractor, or Student Intern)

\_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Facilitator)