



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF CORRECTIONAL OPERATIONS
PO BOX 41118 • Olympia, Washington 98504-1118 • (360) 753-1573
FAX (360) 586-6582

I, _____ attended the Washington State Department of
(Print Name of Volunteer)
Corrections orientation session on the Prison Rape Elimination Act (PREA)
on _____ provided to volunteers. The orientation included
(Date of session)
a PowerPoint presentation with discussion. I was provided with a copy of
the PowerPoint presentation and a brochure titled: "Sexual Misconduct with
Offenders -A guide for vendors, contractors and volunteers of the
Washington State Department of Corrections."

(Signature of Volunteer and date)

(Signature of DOC employee, date & position)

Original:

Volunteer File

Copy: Volunteer