The Commonwealth of Massachusetts
Executive Office of Public Safety & Security
Department of Correction
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MAURA T. HEALEY
Governor

KIMBERLEY DRISCOLL
Lieutenant Governor

TERRENCE M. REIDY
Secretary

SHAWN P. JENKINS
Commissioner

Attachment E

PERSONAL DATA RELEASE FORM
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION

Name Or Alias:
Last Name: _____ First Name: _____ (MI): _____

Previous Name Or Alias: _____

(Maiden Name, If Married): _____

Residential Address:_____
Street City/Town Zip

Have you ever resided in another state? ( ) Yes ( ) No

If yes, which state? _____

Identification Number: _____/_____/_____ Date Of Birth: _____/_____/_____

Place of birth: _____ Sex: _____ Race: _____

Mother's Maiden Name: _____
Father's Name: _____

I,_____, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or in behalf of the Massachusetts Department of Correction.

I further understand that the Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal record check with the local police department, the State Police, the FBI in Washington and the Massachusetts Board of Probation, a neighborhood check as well as interview with my character references. The Department of Correction will conduct these checks as the Department deems necessary including prior to obtaining permanent volunteer status and every six months.

_____
Signature Date

Attachment F

EMERGENCY PERSONAL INFORMATION

The following VOLUNTARY information shall be confidential and maintained in a secure location to be accessed only by the Shift Commander in and emergency situation. This information shall be used to ensure proper medical treatment and actions used to respond to a lockdown, hostage, or serious emergency incident.

COMPLETION OF SECTION A IS REQUIRED
I choose not to complete sections B and C ☐

A. IDENTIFICATION INFORMATION

Name (Print):_____
Last First Middle

Signature: _____

Address: _____
Street Town/City Zip Code

Telephone #: _____ Employee ID #: _____

Date of Hire: _____ Area Assigned: _____

Position: _____ Supervisor: _____

Vehicle Information:

Year: _____ Model: _____ Make: _____

License Plate: _____ State of Registration:_____

Class of Employment (Check one box):

Employee ☐ Contractor ☐ Volunteer ☐

Response Time (Check one box):
Zone 1 15 – 30 Minutes ☐ Zone 4 60 – 75 Minutes ☐ Zone 3 45 – 60 Minutes ☐
Zone 2 30 – 45 Minutes ☐ Zone 5 75 Minutes or more ☐

B. MEDICAL INFORMATION

Physician(s) Information

Blood Type _____ Name _____
Allergies: _____ Address _____

Medical Conditions:_____ Phone: _____

C. EMERGENCY NOTIFICATIONS

PRIMARY

Name: _____

Address: _____

Phone #
Day: _____ Night: _____

SECONDARY

Name: _____

Address: _____

Phone #
Day: _____ Night:_____