

## ACTIVITY PROPOSAL AND CURRICULUM REVIEW PROCESS

### FOR VOLUNTEER-DIRECTED OR FACILITATED PROGRAM

PRINT OR TYPE ALL RESPONSES

Attach additional pages and support documents to thoroughly present this proposal.

<b>Program Title</b>	
Activity/Event/Course	

<b>Program Particulars</b>	
specific details of curriculum, syllabus, handouts, lesson plans, resource and reference materials	
Program is: <input type="checkbox"/> New to Division <input type="checkbox"/> Change from current activity <input type="checkbox"/> Special Event	

Target Population Of criminal offenders	Inmate Classification	Gender	Anticipated # of Participants	Other Participant Characteristics

<b>Outcomes Expected</b> for this program	
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<b>Proposal Prepared by</b>	Signature	Date
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<b>Program Affiliation</b>	
Endorsing Entity or Outside Authority Address Phone Contact	

New Hampshire Department of Corrections  
Office on Citizen Involvement and Volunteers

Attach additional pages and support documents to thoroughly present this proposal.

<b>Volunteer Leaders / Outside Facilitators</b>	<b>Address</b>	<b>Phone</b>	<b>Email</b>	
Lead Outside Participants				
Other Volunteer Participants				
<b>Requested Scheduling and Facility Support</b> Subject to facility/security constraints				
<b>Location</b>	<b>Division Name: Prison or Correctional facility</b>		<b>Room or Site Requested</b>	
<b>Time Frame</b>	<b>How Often</b>	<b>Day(s) of Week</b>	<b>Hours: Start &amp; End times</b>	<b>Program Cycle or Duration</b>
<b>Equipment &amp; Supplies</b>	<b>Audio-Visual equipment</b>	<b>Room set-up - tables &amp; chairs</b>	<b>Food Service</b>	<b>Paper Goods</b>
From DOC				
Carried in/out				
Donated (per PPD 3.30 thru warehouse)				

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<b>NH DOC STAFF ONLY - - - Division Review &amp; Disposition Process</b> Modify activity proposal as necessary				
1. Staff Member Assigned/ Accountable	Print Name	Title	Phone Number	
2. Bureau/Office Recommendation	<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Print Name	Signature	Date
Volunteer credential/qualification requirement			Volunteer gender restriction <input type="checkbox"/> None <input type="checkbox"/> Male Only <input type="checkbox"/> Female Only	
3. Division Director or Designee	<input type="checkbox"/> Accept <input type="checkbox"/> Reject	Signature	Title	Date
4. Forwarded to NH DOC Volunteer Activities Office: a) preparation of Volunteer Position Description & b) records retention				