



**CHESTER COUNTY PRISON
Prison Rape Elimination Act (PREA)
Contractors and volunteers Acknowledgement**

Contractor / Volunteer: _____

Organization: _____

I acknowledge I have been educated on Chester County Prison's zero tolerance policy regarding sexual abuse and sexual harassment.

I have received, reviewed and have been trained in the Chester County Prison's safety procedures and policies on the dynamics of sexual abuse and sexual harassment in the prison.

By signing this form, I acknowledge my understanding of The Chester County Prison's zero tolerance policy standards for The Prison Rape Elimination Act.

Signature: _____ Date: _____

Witness Signature _____ Date: _____

By initialing here I acknowledge that I have received Chester County Prison's Sexual Assault & Harassment Prison Rape Elimination (PREA) handout.