

# Volunteer Requirements

## CERTIFIED VOLUNTEER QUALIFICATIONS MUST:

- Deliver a service that meets a need that has been identified by facility staff.
- Make a commitment to provide on-going service.
- Provide references to be checked for positive evidence of ethical, professional, and personal integrity.
- Complete a formal, documented, orientation/training program prior to assignment.
- Agree in writing to abide by all agency policies particularly those relating to confidentiality of information and security practices, using Attachment 1 (Volunteer Service Agreement) to SOP 109.01.
- Agree to fingerprinting and background checks.
- Provide required assurances regarding performance of duty, confidentiality, personal/business dealings with offenders and liability.
- Work under the direction of a staff supervisor with a written "Description of Duties".

## Volunteers SHALL NOT:

- Be under 18 years of age.
- Be a family member or close friend of an offender in the same facility in which the Volunteer's work takes place.
- Be on an offender's visitor list.
- Be an ex-offender, unless approved following the procedures described SOP 109.01 paragraph 9.
- Perform professional services unless certified or licensed.
- Represent in an official or unofficial way, or be a member of, an organization identified as a "hate group" by the Office of Professional Standards or otherwise espousing an ideology of discrimination or violence toward others based upon an individual's race, gender, religion, national origin, or other identity.
- Be a registered sex offender or listed on a sex offender registry.

## FORMER OFFENDERS AS VOLUNTEERS

Ex-offenders can be valuable as staff resources, as well as powerful role models in offender rehabilitation programs. Security considerations require careful and consistent supervision of any ex-offenders in correctional service. To that end, an ex-offender may become a Certified Volunteer provided that:

- There is no evidence of criminal behavior since release from prison.
- Maximum time served and released offenders have been out for three (3) years with no probation, parole, or pending criminal charges.
- Maximum released offenders have been out for three (3) years with no probation, parole or pending criminal charges.
- Probationers and Parolees are completely off parole and/or probation and have been out for three (3) years.
- In all felony cases and misdemeanor criminal offenses, offenders must be totally "off paper" for three (3) years to be considered for GDC volunteer service. Infrequent traffic related moving violation offenses are subject to review but do not absolutely disqualify volunteer service under this 3 year "off paper" policy.
- Reference checks provide evidence of maturity, sobriety and a record of responsible citizenship.
- All normal procedures for certification have been satisfactorily completed as described above.
- The application for certification has been cleared by the State Director of Volunteer Services for final approval by the Commissioner or his designee.

## DEPARTMENT EMPLOYEES AS VOLUNTEERS

Department employees may serve as Certified Volunteers provided that:

- The volunteer work in no way conflicts with employee responsibilities; including that GDC employees shall not volunteer at the facility where they are employed.
- They conduct their services as volunteers, under existing SOP regulations, identification and supervision, not as employees.
- They are placed on the Facility Volunteer list, assigned a staff supervisor and NOT issued a Volunteer I.D. card, following all standard procedures for volunteer certification.

**NOTE:** The agency reserves the right to refuse anyone access to any facility or to terminate volunteer status at any time and for any reason.



# OFFICE OF THE WARDEN

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329 BLACKS BLUFF ROAD • ROME, GEORGIA 30161

PHONE: 706.236.2490 • [www.floydcountyga.gov](http://www.floydcountyga.gov)

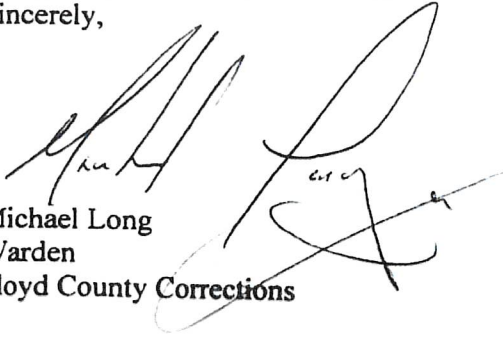
Dear Volunteer,

Thank you for your willingness to volunteer your valuable time. You have graciously accepted the challenge to enrich the lives of the offenders at Floyd County Corrections and we are looking forward to working with you.

According to Georgia Department of Corrections policy you must submit to a criminal background check, complete the enclosed packet, and maintain an issued ID card to enter our facilities. You will also receive training regarding working in a correctional institution and policies that apply to you during an orientation.

You are an important part of the Floyd County Corrections family and we truly appreciate your dedication. If you have any questions or concerns, please feel free to contact us at any time.

Sincerely,



Michael Long  
Warden  
Floyd County Corrections

**BOARD OF COMMISSIONERS**  
RHONDA WALLACE, CHAIR  
SCOTTY HANCOCK, VICE CHAIR  
MIKE BURNES  
ALLISON WATTERS  
DAVID THORNTON

**ADMINISTRATION**  
JAMIE McCORD, COUNTY MANAGER  
MICHAEL LONG, WARDEN  
JOHN BLALOCK, PUBLIC SAFETY DIVISION DIRECTOR

## VOLUNTEER SERVICE AGREEMENT

### GENERAL STANDARDS

As a volunteer of the Georgia Department of Corrections, herein referred to as GDC, I agree to the following standards of general conduct.

1. I will conduct the activities related to my volunteer service in accordance to the Standards of Conduct and Standard Operating Procedures as set forth in SOP 109.01. I will not knowingly violate any part of these policies or seek to circumvent the intent of the same. If at any time I am unclear or uncertain concerning a policy or procedure, it is incumbent upon me to contact my group leader for clarification.
2. I will be respectful to all staff, offenders, and other volunteers during each part of my volunteer service.
3. I will not disparage, disregard, or be dismissive of another person's faith while performing my volunteer service. I will not coerce any offender or staff to alter or change their belief system.
4. I understand that I may be denied access to any unit at any time for any reason. I understand that any program may be delayed or cancelled due to institutional needs at any time for any reason.
5. I will not discuss GDC issues with the media or make public statements on behalf of GDC.
6. I understand that my status as a volunteer can be terminated at the discretion of GDC and that upon termination I am without recourse. I understand that if terminated I can at a future time reapply for active status.
7. I understand that GDC has completed a criminal background check in response to my application and will complete a criminal background check each year to renew my status. If I choose not to have a criminal background check performed, I will notify GDC Volunteer Services in writing. This will terminate my status as a volunteer.
8. I consent to a search of my person, my property, and my vehicle at any time while on the property of GDC.
9. I will maintain control of my personal property at all times and immediately report any lost or stolen items.
10. I agree to assume fully all the risks, which may result from my volunteer service in and for GDC and agree to indemnify, defend, and hold harmless GDC and the State of Georgia. Furthermore, I agree to waive all claims of any nature that I may have against GDC and the State of Georgia, its agencies, departments (including the Department), authorities and instrumentalities (including the State Tort Claims Trust Fund), and the officers, directors and employees of each, waiving all rights against any of them (collectively, the "State"), for personal injury, property loss, or property damage arising from or in connection with my service as a volunteer.

### PROHIBITED ACTIVITIES

I understand that in the performance of my duties as a volunteer for GDC I will be entering a secure facility. As such, there are certain activities that are strictly prohibited. I agree to fully abide by the policies concerning these activities.

1. I understand that unauthorized items are considered contraband and the introduction of any contraband into a secure facility is a violation of state law and is subject to criminal prosecution. Restricted items must be approved by facility leadership (usually Warden, DW C/T, DW Security, or designee). I will only bring in items that have been preapproved and that are designated for my volunteer services.

Contraband includes, but is not limited to: alcoholic beverages, tobacco products and paraphernalia, narcotics and drugs and related paraphernalia, explosive devices, lighters, mace or related objects, knives, firearms, or any item that may threaten the safety and security of the institution, its population, staff, or volunteers.

Restricted items include, but are not limited to: cell phones, pagers, computers, cameras, audio/visual equipment, prescription drugs, and tools.

2. I will not give anything to an offender nor (receive) anything from an offender.

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.

3. I will not engage in a romantic or sexual relationship with an offender even if the offender gives their consent. I will not perform nor allow to be performed upon me any form of sexually gratifying contact with an offender even if the offender gives their consent. I will not engage in lewd or sexually suggestive conversation with an offender nor allow an offender to engage in lewd or sexually suggestive conversation with me.
4. I will have minimal physical contact with offenders.
5. I will have no personal dealings with an offender, either giving or receiving. This includes, but is not limited to, making phone calls, mailing letters, delivering packages, relaying messages, making purchases, selling or buying items, or entering into any business or profit relationship with an offender or their family.
6. I will maintain legal and ethical boundaries with all offenders.
7. I will not engage in any personal communication with an offender that is housed in the facility where I am a volunteer. This includes, but is not limited to, letters, emails, and phone calls. I understand that if I am selected to serve as an approved mentor, I will then be allowed to communicate with my mentee under the parameters of the Mentor Agreement.
8. I will not allow any offender to reside in my residence or be employed under my direct supervision upon their release from incarceration.
9. If I assist an offender with their reentry upon their release, and thereafter they are reincarcerated, I will immediately notify GDC.
10. I will not divulge any confidential or private information concerning an offender or staff member and will seek to maintain the highest level of respect for the right of privacy for all offenders and staff.

#### **PRISON RAPE ELIMINATION ACT (PREA) NOTIFICATION**

1. I understand that GDC has a zero-tolerance policy toward any sexual misconduct, sexual harassment, or sexual abuse between offenders and between offenders and staff or volunteers.
2. I understand that I am obligated to report all sexual abuse or sexual harassment between offenders or between offenders and staff or volunteers whether I observe the incident, or the incident is reported to me.
3. I understand that all romantic and/or sexual relationships and/or activities between an offender and a volunteer are strictly prohibited even if the offender gives their consent and is a willing participant in the activity.
4. I understand that if I am suspected of engaging in a romantic or sexual relationship with an offender, I will be terminated as a volunteer with the GDC and will be banned from all GDC facilities.
5. I understand that if I am suspected of engaging in a romantic or sexual relationship with an offender, I will be referred to the appropriate law enforcement agency for a full investigation and possible criminal prosecution under Georgia law.

#### **PRECAUTIONS FOR AVOIDING AIRBORNE AND BLOODBORNE INFECTIOUS DISEASES**

Though the risk of contracting such diseases is very low for the volunteer, observing common sense precautions does mitigate the risk to a greater degree.

1. If you believe an offender has an infectious illness, ask them to cough or sneeze into a tissue and dispose of such properly.
2. Do not touch the bodily fluid (blood, mucus, semen, saliva, etc.) of anyone for any reason. If you see the aforementioned, contact a staff person.
3. If you accidentally come into contact with bodily fluid, wash area immediately with warm soapy water for at least 20 seconds, report incident to group leader or officer.

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.

**I AGREE**

By signing this agreement, I affirm that I have carefully read its content and have had each part of it fully explained to me. I agree to adhere and abide by each part of this agreement as a condition of my status as a volunteer with the GDC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HOST FACILITY

## GDC VOLUNTEER APPLICATION Personal Data Sheet

### Identification:

Name \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact Name and Relationship \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Your Preferred method of notification when access to your preferred facility is limited or suspended? (Text to Cell Phone, Email, or Telephone Call) \_\_\_\_\_

### Group Affiliation:

Group/Organization you are Volunteering with \_\_\_\_\_

Group Facilitator/Group Leader Name \_\_\_\_\_

Group Facilitator/Group Leader Email Address \_\_\_\_\_

Group Facilitator Phone Number \_\_\_\_\_

Group Emergency Contact Name \_\_\_\_\_

Group Emergency Contact Number \_\_\_\_\_

### Personal Motivation:

Why are you interested in volunteer in corrections? \_\_\_\_\_

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## Volunteer Preferences:

**Areas of Interest:** Academic Education  Administrative Clerical Areas  Behavioral Programs   
Bill Glass Prison Ministries  Chaplaincy  Gideons  Grief Counseling   
Holiday/Special Events Only  Mentoring  Substance Abuse Groups  Vocational Education   
Other  \_\_\_\_\_

**Special Skills:** Career Training  Counseling Services  Family and Parenting   
Job Search and Interviewing  Juvenile and Young Adult Outreach  Library Services  Mentoring   
Minister  Recreational Services  Teacher  Not Applicable  Other  \_\_\_\_\_

**Professional Credentials/Certificates/Licenses:** Bachelor's Degree  Master's Degree   
Doctorate Degree  Teaching Certificate  Counseling Certification  Not Applicable   
Other  \_\_\_\_\_

In What Facility are you interested in Volunteering? \_\_\_\_\_

Have you ever Volunteered in a Correctional Facility? Example: County Jail, Prison Camp, Juvenile Detention Center Career  
YES  NO

Have you ever volunteered in a state other than Georgia?  
YES  NO

Are you authorized to work in the U.S. ?  
YES  NO  Naturalized

Did you see us on a social networking service?  
Facebook  Twitter  Pinterest  Snapchat  You Tube

I understand that I cannot volunteer at a facility where I have a relative incarcerated. YES  NO

I understand a Volunteer must be 18 years or older. (Select One)

Yes, I am 18 years or older   
No, I am not 18 years old yet

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.



**IDENTIFICATION CARD ISSUANCE TO CARD HOLDER**

**CARD HOLDER ACKNOWLEDGES RECEIPT OF**

(Check applicable line)

**EMPLOYEE I.D.** \_\_\_\_\_

**VOLUNTEER I.D.** \_\_\_\_\_

**CONTRACTOR I.D.** \_\_\_\_\_

**LOCATOR CARD** \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Date)

Retention Schedule: Retain permanently in local personnel file (official personnel file if made in CPA); copy retained for two (2) years at imaging site for any employee from a non-imaging site.





GEORGIA DEPARTMENT OF CORRECTIONS  
*Office of Professional Standards*  
*State Offices South at Tift College*  
*P. O. Box 1529*  
*Forsyth, Georgia 31029*



Brian P. Kemp  
*Governor*

Timothy C. Ward  
*Commissioner*

Dear Applicant,

Thank you for your interest in volunteering with the Georgia Department of Corrections. All volunteers are now required to successfully complete a background investigation. As part of the application process you will be required to complete and submit the information requested herein. Enclosed you will find the Background Packet consisting of a Questionnaire and Authorization for Release of Personal Information, along with instructions for each. Please complete and submit along with the volunteer application. **Any applicant, who fails to complete the required forms and to supply proper documents will be removed from further consideration.**

It is vitally important that you provide full and complete information. **Any evasion, omission or deliberate false statement by you will invalidate your application.**

Sincerely,

**Clay Nix**

Clay Nix  
Director of Office of Professional Standards  
Georgia Department of Corrections

GEORGIA DEPARTMENT OF CORRECTIONS  
*Office of Professional Standards*  
**Background Screening Packet**

**INSTRUCTIONS FOR COMPLETION OF YOUR  
BACKGROUND PACKET**

- ***Incomplete forms/packets will not be accepted.***
- You must answer all questions correctly. **Do not use “N/A”**, meaning not applicable. *Failure to furnish the pertinent information requested on the application may result in the Office of Professional Standards being unable to complete a background investigation and may disqualify you as a candidate for volunteering. Intentional omissions or false answers will be a basis for the termination of the application process.*
- If you are unable to provide any of the information requested, an explanation must be given as to the reason.
- ***The information provided by you will be subject to a background investigation.***
- Questions concerning your background packet may be directed to Volunteer Services at 478-992-6406 or Chaplaincy Operations at 478-992-5908.
- Any information received throughout the review process including, but not limited to, the background packet, release forms, employment information, psychological reports, credit information, medical information, etc., are the sole property of GDC and no information will be released back to the applicant.
- Please read the following statements, then sign and date this form. Your signature denotes that you have read and understand the statement:
  - 1) **I UNDERSTAND THAT IF I DO NOT WISH TO ANSWER A QUESTION IN THIS BOOKLET, I MAY CHOOSE NOT TO DO SO AND MY APPLICATION WILL BE TERMINATED.**
  - 2) **I UNDERSTAND THAT IN ORDER TO PROMOTE AND ENCOURAGE CANDID EVALUATIONS BY PERSONS INTERVIEWED DURING APPLICANT BACKGROUND INVESTIGATIONS, ALL EVALUATIONS SHALL BE CONFIDENTIAL, PURSUANT TO THE OPEN RECORDS ACT. CONFIDENTIAL EVALUATIONS ARE INFORMATION OR RECORDS WHICH ASSESS WORK PERFORMANCE, PREJUDICES, INTEGRITY, ETHICAL CONDUCT, HONESTY, FINANCIAL RESPONSIBILITY, OR PAST PERSONAL BEHAVIOR.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**GEORGIA DEPARTMENT OF CORRECTIONS**  
*Office of Professional Standards*  
**Background Screening Packet**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Office of Professional Standards, whether such records are of a public, private, or confidential nature.

The intent of this authorization is to give my ongoing consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of financial or credit institutions (including records of loans), records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, and any other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

*I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be used in determining my suitability and continuing suitability for volunteering.* I authorize the disclosure of the aforementioned personal information to any person(s) deemed by the Office of Professional Standards within the Georgia Department of Corrections to be a participant in the determination process of volunteer suitability. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be as valid as the original form, even though the photocopy does not contain my original signature.

I have read and fully understand the contents of this Authorization for Release of Personal Information Document.

_____		_____	
Last Name	First Name	Signature	
_____		_____	
Street Address		Date	
_____		_____	
City		Sex	Race
_____	_____	_____	_____
State	Zip	Date of Birth / Driver License # / State	
_____	_____	_____	
Social Security Number			

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.

GEORGIA DEPARTMENT OF CORRECTIONS  
Office of Professional Standards  
Background Screening Packet

**PERSONAL HISTORY**

DATE: \_\_\_\_\_ FACILITY IN WHICH YOU WILL BE VOLUNTEERING: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name Middle Name

LIST ANY OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY & WHY: (IF NONE, SO STATE:)

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
Month/Day/Year City/State

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

HEIGHT (ft/in): \_\_\_\_\_ WEIGHT (lbs.): \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ Email address: \_\_\_\_\_

PLEASE LIST ANY OTHER CELL PHONE OR EMAIL ADDRESS IN WHICH YOU ARE ASSOCIATED:

YOUR OCCUPATION: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

LIST ANY SOCIAL MEDIA ACCOUNTS THAT YOU POSSESS:

FACEBOOK: Yes  No  USERNAME: \_\_\_\_\_

INSTAGRAM: Yes  No  USERNAME: \_\_\_\_\_

TWITTER: Yes  No  USERNAME: \_\_\_\_\_

OTHER: \_\_\_\_\_ USERNAME: \_\_\_\_\_

**GEORGIA DEPARTMENT OF CORRECTIONS**  
*Office of Professional Standards*  
**Background Screening Packet**

**PERSONAL HISTORY**

List addresses of all residences for the last FIVE (5) years, starting with present.

<u>From</u> Month / Year	<u>To</u> Month / Year/ (Present)	<u>Address</u>	<u>City</u>	<u>State</u>
/				
/				
/				
/				

**CRIMINAL HISTORY**

Have you ever been arrested or been the subject of a criminal complaint or indictment or been required to appear as a suspect or defendant in any criminal proceeding?

Yes  No

Have you ever been a member of a Street Gang?

Yes  No

To your knowledge, are any of your friends, associates or family Street Gang members?

Yes  No

**CONTRABAND/PERSONAL DEALINGS/SEXUAL CONTACT**

CONTRABAND: ANY ITEM NOT ISSUED BY THE DEPARTMENT OF CORRECTION (CELL PHONES, TOBACCO, DRUGS, FINANCIAL TRANSACTION CARD NUMBERS, ETC.)

PERSONAL DEALINGS: ANY CONTACT WITH A PERSON IN CUSTODY OR ON PROBATION/PAROLE WHICH IS NOT IN CONJUNCTION WITH YOUR OFFICIAL DUTIES

SEXUAL CONTACT: ANY TYPE OF SEXUAL CONTACT WITH A PERSON IN CUSTODY OR ON PROBATION/PAROLE (KISSING, FONDLING, GROPING, INTERCOURSE, ORAL SEX, ANAL SEX, ETC.)

GEORGIA DEPARTMENT OF CORRECTIONS  
*Office of Professional Standards*  
**Background Screening Packet**

Have you ever intentionally introduced contraband into a correctional facility? Yes  No

Have you ever been accused of introducing contraband into a correctional facility? Yes  No

*If yes, when was the last time?* \_\_\_\_\_

Have you ever accepted any form of payment or gift from anyone related to contraband and/or personal dealings with offenders? Yes  No

Have you ever given contraband to an offender? Yes  No

Have you ever had any type of sexual contact with an offender? Yes  No

Have you ever been accused of any type of sexual contact with an offender? *If yes, when was the last time?* \_\_\_\_\_

Do you have any relatives/ friends or associates that are incarcerated? Yes  No

*If you answered "yes" to any of the above questions, an explanation is required:*

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**SECURITY**

Have you ever been a member of any group or organization that advocates violent dissent or the overthrow of this government or any other government? Yes  No

Have you ever been a member of a group or organization that advocates violence, racism, or other illegal activities? Yes  No

Have you ever been involved in any type of riot, illegal demonstration or illegal strike? Yes  No

Have you ever participated in the use or manufacture of explosive devices or firebombs?? Yes  No

*If you answered "yes" to any of the above questions, an explanation is required:*

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**GEORGIA DEPARTMENT OF CORRECTIONS**  
*Office of Professional Standards*  
**Background Screening Packet**

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Full-Time  Part-time

Work / Volunteer Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Full-Time  Part-time

Work / Volunteer Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Title \_\_\_\_\_

Name of Organization \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Full-Time  Part-time

Work / Volunteer Activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.

**GEORGIA DEPARTMENT OF CORRECTIONS**  
*Office of Professional Standards*  
**Background Screening Packet**

**CERTIFICATION THAT MY ANSWERS ARE TRUE**

I have read and understand each question on this questionnaire. My responses on this questionnaire are true, complete and correct to the best of my knowledge and are made in good faith. I understand that making a knowing and willful false statement on this questionnaire is a crime. I further understand that making a false or misleading statement or failing to answer a question(s) will result in my disqualification from consideration for volunteering with the Georgia Department of Corrections. I do hereby authorize the Georgia Department of Corrections to conduct a review of all records concerning myself, whether such records are of a public, private or confidential nature.

Full Name Printed: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.

**COMMUNITY RESOURCES FOR CORRECTIONS**

**Visiting Volunteer Waiver of Liability**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address (Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Group and Activity in GDC Facility \_\_\_\_\_

Date \_\_\_\_\_ Time In \_\_\_\_\_

In consideration of having been accepted as a volunteer for the above listed activity, and with the knowledge that I will be working, directly and indirectly, with offenders, I recognize fully that my presence may involve some element of risk.

I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature which may exist or accrue in the future against Georgia Department of Corrections, (Name of Facility), its personnel, employees, staff or agents because of, as a result of, or in connection with the duties, responsibilities and work which I will undertake.

In making this application, I hereby give the Georgia Department of Corrections authority to make inquiries with police records as may be deemed necessary to ascertain my suitability as a volunteer.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Have you ever been convicted of a criminal offense? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain briefly: \_\_\_\_\_

Are you currently on parole or probation? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain briefly? \_\_\_\_\_