

NEW: \_\_\_\_\_

RECERT: \_\_\_\_\_

VOLUNTEER FORMS IN FILE

\_\_\_\_\_  
(INSTITUTION)

VOLUNTEER NAME: \_\_\_\_\_

GROUP: \_\_\_\_\_

\_\_\_\_\_ FORM #A06 (GCIC Background)

\_\_\_\_\_ Form #A02 (Waiver of Liability)

\_\_\_\_\_ Form #A03 (Orientation Checklist)

\_\_\_\_\_ Form #A04 (Personal Data Sheet)

\_\_\_\_\_ Form #A05 (Service Agreement)

\_\_\_\_\_ Form #A07 (Request for ID Card)

\_\_\_\_\_ Employee Standards of Conduct

\_\_\_\_\_ Commissioner's Statement Prohibiting Unlawful Harassment

(including Sexual Harassment)

\_\_\_\_\_ Finger Print Cards

\_\_\_\_\_ Post Test

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Date Badge Issued/Expires

Note "OF" means "On File in Regional Office"

**GCIC/NCIC CONSENT FORM**  
**Volunteer Services Form**

**VF01-0001**  
**Att 6**  
2/01/01

I hereby authorize the Georgia Department of Corrections to receive any criminal or driver's license history information, at anytime, pertaining to me which may be in the files of any state or local criminal justice agency.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      Zip Code

\_\_\_\_\_  
Weight                  Height                      Hair                      Eyes

\_\_\_\_\_  
Sex                      Race                      DOB                      SSN

\_\_\_\_\_  
Drivers License #                      Birthplace (City, State)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Notary                      Date

\_\_\_\_\_  
Approved/Disapproved – (Circle one) By Appointing Authority (signature)

(Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_)

Institution/Center/Office \_\_\_\_\_ Date \_\_\_\_\_

For Ex-offenders ONLY: Approved/Disapproved by Regional Director

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

(To be placed in personnel file at Facility)

**RETENTION SCHEDULE:**  
Upon completion this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.



DEPARTMENT OF CORRECTIONS  
**FACILITIES DIVISION**  
 Floyd Veterans Memorial Building  
 Room 652 - East Tower  
 Atlanta, Georgia 30334

VF01-0001  
 ATT 2  
 2/01 /01

Jim Wetherington  
 Commissioner

Information (404) 656-4582

**COMMUNITY RESOURCES FOR CORRECTIONS**  
**Visiting Volunteer Waiver Of Liability *Form A02***

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

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

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

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

Name of Institution and Activity in Institution/Center \_\_\_\_\_

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 inmates, 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, Valdosta State Prison, 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 inquires with police records as may be deemed necessary to ascertain my suitability as a volunteer.

Signed

\_\_\_\_\_  
 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?

**RETENTION SCHEDULE:**

Upon completion, this form will be maintained at the participating facility for a period of six months after the visitation of the volunteer, then destroyed.



**GEORGIA DEPARTMENT OF CORRECTIONS**  
PROGRAMS DIVISION-CHAPLAINCY SERVICES  
Floyd Veterans Memorial Building Room 1566 - East Tower  
2 Martin Luther King, Jr. Drive SE  
Atlanta, Georgia 30334

**COMMUNITY RESOURCES FOR CORRECTIONS**

**Orientation Checklist Form A03**

Name of Associate \_\_\_\_\_

Name of Facility \_\_\_\_\_

Pre-Service Training

(Day/Date) \_\_\_\_\_ (From-Starting Time) \_\_\_\_\_

(Location) \_\_\_\_\_ (To-Ending Time) \_\_\_\_\_

(Instructor: Name/Title) \_\_\_\_\_ (# Training Hours) \_\_\_\_\_

---

**Training Agenda** (check off items as they are discussed)

- \_\_\_ 1. Corrections Overview
- \_\_\_ 2. Games Inmates Play
- \_\_\_ 3. Role of Volunteers
- \_\_\_ 4. Emergency Procedures
- \_\_\_ 5. Rules of Volunteers/Code of Ethics/SOP
- \_\_\_ 6. Unlawful Harassment
- \_\_\_ 7. Infectious Diseases
- \_\_\_ 8. Sexual Misconduct
- \_\_\_ 9. Right to Know/Key & Tool Control
- \_\_\_ 10. Volunteer Forms

( Date ) \_\_\_\_\_ ( Location ) \_\_\_\_\_

( Women's Facilities )

- \_\_\_ 11. Sexual Awareness Training

B. Tour of Institution / Center

---

**Verification of Attendance**

\_\_\_\_\_  
( 1 ) Training Signature

\_\_\_\_\_  
( 2 ) Coordinator's Signature

**RETENTION SCHEDULE:**

Upon completion this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.

**Personal Data Sheet**

Church and/or Ministry \_\_\_\_\_

Type of Ministry \_\_\_\_\_

**Identification**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (Work/Home) \_\_\_\_\_ # \_\_\_\_\_

Current Employment \_\_\_\_\_

**Personal Motivation**

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

Other Special Skills: \_\_\_\_\_

**Professional Credentials**

Education (degree, name of institution) \_\_\_\_\_

License/Certification, as needed (attach photo copy) \_\_\_\_\_

Previous Prison Ministry Experience: \_\_\_\_\_

**References**

List at least two persons who know you. If you are employed, one should be your employer/supervisor. Other references may include a friend, co-worker, pastor, faculty advisor, etc. Either provide a letter of reference or let the person know that we will be contacting them by phone.

(Name, Phone #, Relationship)	For department use (Record of comments)
1. _____	1. _____
_____	_____
2. _____	2. _____
_____	_____

Have you ever been convicted of a criminal offense? (Yes) (No)

If yes, please explain briefly: \_\_\_\_\_

If you will be using your own car in this work, please provide the following:

Automobile License (State) \_\_\_\_\_ # \_\_\_\_\_

Automobile Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

(To be placed in personnel file at Facility).

**RETENTION SCHEDULE:**

Upon completion this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.



DEPARTMENT OF CORRECTIONS  
**FACILITIES DIVISION**  
 Floyd Veterans Memorial Building  
 Room 652 - East Tower  
 Atlanta, Georgia 30334

VF01-0001  
 ATT 5  
 2/01 /01

Jim Wetherington  
 Commissioner

Information (404) 656-4582

**COMMUNITY RESOURCES FOR CORRECTIONS  
 Service Agreement Form A05**

Name of Associate \_\_\_\_\_  
 Name of Facility \_\_\_\_\_

**A. Services to be provided include:**

1. Description of Duties \_\_\_\_\_ 2. Location in Facility \_\_\_\_\_
3. Dates/Frequency \_\_\_\_\_
4. Program area this service supports. (X one) \_\_\_\_\_
- |                          |                  |
|--------------------------|------------------|
| _____ Education          | _____ Counseling |
| _____ Library            | _____ Chaplaincy |
| _____ Recreation         | _____ MH/MR      |
| _____ Other (name) _____ |                  |

**B. Assurance regarding liability and security:** (attach GDC Consent Form)

- As a correctional associate, I understand that the Georgia Department of Corrections may require a background clearance (which may include fingerprinting) due to the agency's role in the criminal justice system, including its concern for security.
- I agree to abide by all rules of the department and this institution; to respect the rights of offenders and staff members as to privacy, confidentiality, and political and religious beliefs; to carry out the performance of my duties in a manner which does not compromise the security of this institution; and to refrain from all personal or business dealings with offenders.
- I agree to hold the Department harmless for any liability incurred as result of my failure to follow all policies, procedures, rules and regulations.

\_\_\_\_\_  
 Signature of Correctional Associate \_\_\_\_\_  
 Date

**C. Support that will be provided by the Georgia Department of Corrections include:**

- Initial Orientation (where, when, by whom) \_\_\_\_\_
- Training for duties (where, when, by whom) \_\_\_\_\_
- On-site supervision (by whom) \_\_\_\_\_ (bus phone) \_\_\_\_\_
- GDC identification card \_\_\_\_\_
- Other (describe as applicable) \_\_\_\_\_

GDC Signatures

(1) Coordinator \_\_\_\_\_

Probation Field Offices and Centers (2) _____	Institution and Transition Centers (2) _____
--	---

(3) _____ Chief/Superintendent	(3) _____ Staff Supervisor
-----------------------------------	-------------------------------

(4) _____ (5) _____	(4) _____ District Director Warden/Superintendent
------------------------	---

RETENTION SCHEDULE: Upon completion this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.

**Request for Identification Card  
Volunteer Services Form A07**

**VF01-0001  
Att 7-2/01/01**

Institution/Center/Office \_\_\_\_\_

**Reason for Request: (Check Appropriate Blank)**

New Appointee _____	* Lost I.D. _____
New Job Title _____ (attach old I.D.)	(Fee Required)
New Location _____ (attach old I.D.)	* Stolen I.D. _____
New Name _____ (attach old I.D.)	(Fee Required)
Expiration _____ (attach old I.D.)	

\* Note: If I.D. card is lost or stolen, notify the Internal Investigation Section Immediately. This is for security reason.

Name \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Job Title **Correctional Associate**  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Date of Birth (Mo-Da-Yr.) \_\_\_\_\_

If this is for an I.D. card replacement, is old I.D. attached (Yes/No) \_\_\_\_\_

\*If fee is required, is check or money order in the amount of \$5.00 attached? (Yes/No) \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor Phone No.

**For Personnel Use Only:**

Date of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

If this is for an I.D. replacement, is old I.D. attached (Yes/No) \_\_\_\_\_

If fee is required, is check or money order attached? (Yes/No) \_\_\_\_\_

New I.D. Card received by:

\_\_\_\_\_  
Signature of Correctional Associate Date

(To be placed in personnel file at Facility)

**RETENTION SCHEDULE:**

Upon completion this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.

SOP IVO14-001

ATTACHMENT 1

GEORGIA DEPARTMENT OF CORRECTIONS

EMPLOYEE STANDARDS OF CONDUCT - Effective October 1, 2000

**ACKNOWLEDGEMENT STATEMENT:**

This is to acknowledge that I have read the Department's procedure governing employee's standards of conduct. As a condition of employment, I will abide by the terms and conditions of this procedure. I understand that any violation of this procedure, including any of the standards contained therein, may be the basis for disciplinary action, including dismissal. I also understand that disciplinary action can be taken for matters not covered by this procedure and it does not create any new rights for me or any other employee of the Department of Corrections.

\_\_\_\_\_  
Type/Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

(Revised 10-1-00)



GEORGIA DEPARTMENT OF CORRECTIONS  
COMMISSIONER'S STATEMENT PROHIBITING UNLAWFUL HARASSMENT (INCLUDING SEXUAL HARASSMENT)

It is the commitment of this department to provide all personnel a work environment conducive to personal and professional satisfaction, while at the same time achieving the goals and mission of this department. The department wishes to provide all personnel with a clear understanding of unlawful harassment and its adverse impact upon the working relationships within this department and with outside parties. All personnel are hereby forewarned that unlawful harassment of any personnel of this department by other personnel or individual conducting business with the department is unlawful, strictly prohibited by departmental policy, and a basis for disciplinary action which, presumptively, shall be termination.

Unlawful harassment (other than sexual harassment) includes verbal, electronic, written or physical conduct that disparages or shows hostility or aversion toward an individual because of that person's race, color, religion, gender, national origin, age or disability. Sexual harassment includes unwelcome sexual reference, allusions, "humor", advances, request for sexual favors, and other verbal, written, electronic, or physical conduct or interactions of a sexual nature as defined by the departmental policy and procedures related to this subject. Personnel shall report all events of unlawful harassment against themselves or others to any supervisor in the chain of command, the Division Director, Human Resources (404) 656-4603, the departmental Personnel Director (404) 656-4730 Assistant Personnel Director for EEO and Diversity Management, (404) 656-4730, the Director of Professional Standards (404) 656-6002 or the Personnel Duty Officer (404) 651-6511 outside of normal business hours.

Personnel who, in good faith, report unlawful harassment will be protected from retaliation or reprisals of any kind. The initial report, and any subsequent investigations, will be treated with confidentiality. Confidentiality and protection from retaliation will be provided to personnel who participate in any aspect of an investigation or any subsequent disciplinary process.

Personnel are encouraged to help safeguard our organization from irresponsible behavior. We solicit your support in promoting a work environment which will be free of unlawful harassment or other similarly inappropriate conduct.

JIM WETHEINGTON  
COMMISSIONER

---

I hereby declare that I have read the Commissioner's Statement regarding unlawful harassment (including sexual harassment) of personnel or individuals conducting business with the Georgia Department of Corrections. I further understand that unlawful harassment is a violation of this policy and is a basis for disciplinary action which presumptively, shall be termination. My signature below acknowledges that I am aware that this statement becomes part of my official personnel records.

---

Employee Signature

---

Employee's Printed Name

---

Date Signed

---

Employee's SS#:

---

Employee's ID#:

**GEORGIA DEPARTMENT OF CORRECTIONS  
PRECAUTIONS FOR INFECTIOUS DISEASE for GDC STAFF**

I understand that any inmate being transported could be potentially inflected with an airborne or blood borne disease and not yet be diagnosed. Therefore, I understand that blood borne precautions should be used with all patients and airborne precautions should be used for all patients who are coughing. I have been trained in and understand these precautions as listed below. This notification and guide are in compliance with O.C.G.A 421-7.

Officer: \_\_\_\_\_(PRINT)                      Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GUIDELINES ON AVOIDING AIRBORNE INFECTIOUS DISEASES**

The risk of contracting an airborne or blood borne disease while transporting an inmate is low. Airborne diseases covered under O.C.G.A. 42-17 are tuberculosis, meningitis, measles, chicken pox, and influenza. Observing some or all of the following guidelines should reduce the risk of infection.

The most important precaution is to provide the inmate with a supply of tissues and a disposable container (e.g., a paper bag). Instruct the inmate to cover his/her mouth and nose with at least two, two-ply tissues when coughing or sneezing and then place the used tissues in the container. Dispose of the used tissues and container in an ordinary trash container.

If feasible, the rear windows of the vehicle should be kept open, and the heating and air conditioning set on a non-re-circulating setting.

Ideally the transporting vehicle should have an airtight Plexiglas partition (or similar partition) separating the inmate from the transporting officer.

If the inmate has a vigorous, productive cough, the inmate should wear a surgical mask and transporting officer should wear a properly fitted disposable particulate respirator mask.

**GUIDELINES ON AVOIDING BLOODBORNE INFECTIOUS DISEASES**

Blood borne diseases covered under O.C.G.A 42-1-7 are human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and syphilis. To reduce the risk of a blood borne infection, the officer should practice what is known as "Standard Precautions" where he or she treats all blood and any body fluids, whether or not there is visible blood, of any inmate as being potentially infectious. Standard precautions include the following guidelines.

Gloves should be worn whenever there is a possible exposure to blood or body fluids.

Latex or non-latex disposable gloves should be used when touching blood, body fluids containing visible blood, mucous membranes, and non-intact skin in an emergency situation.

Rubber household gloves should be used for cleaning and decontaminating spills of blood or other potentially infectious materials.

Thick leather gloves are used to help prevent bites and scratches from inmates. (NOTE: No HIV, HBV, HCV, or syphilis has been transmitted through a scratch.)

Masks, eyewear and plastic gowns should be worn whenever there is a possibility of a splatter of blood or other potentially infectious materials into the mucous membranes (eyes, nose, mouth) or onto clothing.

**ACKNOWLEDGEMENT FORM #1**

This is to acknowledge that I have read and understand the following documents:

1. Court's permanent Injunction against sexual contact, sexual abuse, and sexual harassment, date March 7, 1994.
2. Consent Order dated November 23, 1994, (regarding investigations of sexual contact, sexual abuse and sexual harassment.)
3. Standard Operating Procedure IK01-0006 entitled "Investigations of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment."
4. Standard Operating Procedure VH81-0001 entitled "Medical Management of Suspected Sexual Abuse" as Defined by the Court's Permanent Injunction Dated March 7, 1994.
5. Standard Operating Procedure VG01-014 entitle "Mental Health Management of Suspected Sexual Abuse."

I understand that if I violate either of the above Orders or the GDOC Standard Operating Procedures, I may be prosecuted and punished with civil or criminal contempt with penalties including fines and/or imprisonment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

This form is to be completed by the individuals identified in section VI.A.1. of SOP IG01-0003.