



GEORGIA DEPARTMENT OF CORRECTIONS
CHAPLAINCY SERVICES

(Driver's License
Number _____)

Sonny Perdue
Governor

James E. Donald
Commissioner

COMMUNITY RESOURCES FOR CORRECTIONS
Visiting Volunteer Waiver of Liability Form AO2

Name _____ Social Security Number _____ - _____ - _____
Please Print

Address (Street) _____ Date of Birth _____

City _____ State _____ Zip _____

Telephone (Home) _____ - _____ - _____ Work) _____ - _____ - _____ (cell) _____ - _____ - _____

Name Of Group and Activity in Prison/Institution _____

Name of Ministry—Bill Glass (Please Check One) Weekend of Champions **OR** Day of Champions

Date of Event _____

In consideration of having been accepted as a volunteer for the above listed ministry 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 Correct, (**Name of Prison/Institution**)
_____.

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.

Signature of Volunteer

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.