

## 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? \_\_\_\_\_