

## **Volunteer ID Renewal Certification Validation Form**

Name:		
Badge number:		
Expiration date:		
Facility:		
Email:		
Phone Number:		
I,, acknowledge that n	my volunteer ID will expire in the following month	n and
wish to continue volunteering with GDC. If my b	badge is expired past 90 days, I will register and at	tend
an upcoming training before my paperwork will l	be processed. All fields on the GCIC and PREA h	ave
been filled out and will be submitted along with t	this form.	
Signature:		
PLEASE CHECK ONE OF THE FOLLOWIN	NG OPTIONS FOR YOUR ID BADGE:	
☐ I will call Central Office in Forsyth to pick up	ıp my badge	
☐ Please mail my badge to the address listed on	n my GCIC form	
I hereby approve the renewal for the above-name	ed volunteer:	
Chaplain 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.