



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

VF01-0001
 ATT 2
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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.