



Volunteer Renewal Confirmation

Name: _____

Badge number: _____ Expiration Date: _____

Organization/Ministry: _____

Facility (where you volunteer): _____

Your Email: _____

Your Phone Number: _____

I acknowledge that my volunteer ID will expire soon, and I wish to continue volunteering with GDC. If my badge is expired past 90 days, I will complete the online application and attend an upcoming training class. All fields on the GCIC and PREA have been filled out and will be submitted along with this form.

Signature: _____ Date: _____

Your badge will be mailed to the address listed on your GCIC form.

I hereby approve the renewal for the above-named volunteer:

Chaplain Signature: _____ Date: _____

Chaplaincy/Volunteer Services
300 Patrol Rd Upshaw Hall 2nd Floor
Forsyth, GA 31029

GEORGIA DEPARTMENT OF CORRECTIONS
SEXUAL ABUSE/SEXUAL HARASSMENT
PRISON RAPE ELIMINATION ACT (PREA) EDUCATION
ACKNOWLEDGEMENT STATEMENT

Employee Type (Check one):

Employee

Contractor/Volunteer

I have received the appropriate training for my employee status in accordance with SOP 208.06, *Sexually Abusive Behavior Prevention and Intervention Program*. I understand the Department's zero-tolerance for sexual abuse of offenders. I understand that I am not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if I witness such conduct or if someone reports such conduct to me. I further understand that my authorization to enter, visit, or work at a correctional institution where there are offenders is based on my agreement to comply with the Department's policy on sexual abuse, and sexual harassment. I also understand that any violation of the policy will result in disciplinary action, including termination, or that I will be banned from entering any correctional institution. Finally, I understand that that engaging in sexual contact with an offender is a felony offense punishable by imprisonment of not less than one, nor more than 25 years, and a fine of \$100,000, or both (O.C.G.A. §16-6-5.1.) I further understand that under O.C.G.A. §16-6-5.1, an offender cannot consent to sexual activity with staff, contractors, or volunteers.

This is to acknowledge I understand the Department's policy on Zero Tolerance of Sexual Abuse and Sexual Harassment of offenders. As a condition of employment I will abide by the terms and conditions of this policy.

Agency/ Company Name

Signature

Date

Typed or printed name

VOLUNTEER SERVICES
GCIC/NCIC CONSENT FORM

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

Full Name Printed: _____

Address: _____

City and State

Zip Code

Place of Birth

Weight

Height

Hair

Eyes

Sex

Race

DOB

SSN

Applicant's Signature

Date

Approved/Disapproved (circle one) Comments: _____

Appointing Authority's Signature

Date

Institution/Center/Office

Date

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

Signature

Date

(To be placed in personnel file at Facility)