



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

VF01-0001  
 ATT 3  
 2/01 /01

Jim Wetherington  
 Commissioner

Information (404) 656-4582

**COMMUNITY RESOURCES FOR CORRECTIONS**

**Orientation Checklist Form A03**

Name of Associate \_\_\_\_\_

Name of Facility \_\_\_\_\_

**Pre-Service Training**

(Day/Date) \_\_\_\_\_ (From-Starting Time) \_\_\_\_\_  
 (Location) \_\_\_\_\_ (To-Ending Time) \_\_\_\_\_  
 (Instructor: Name/Title) \_\_\_\_\_ (# Training Hours) \_\_\_\_\_

**Training Agenda** (check off items as they are discussed)

- \_\_\_\_ 1. The Georgia Department of Corrections-brief history/structure.
- \_\_\_\_ 2. The Institution/Center-description/mission/staff structure
- \_\_\_\_ 3. The Offender-demographics, types of needs.
- \_\_\_\_ 4. The Community-role of volunteers and other community support and participation.
- \_\_\_\_ 5. My job as a Correctional Associate (review the Service Agreement).
- \_\_\_\_ 6. Assurances-liability/background check/privacy rights, etc.
- \_\_\_\_ 7. Rules of this Institution/Program.
- \_\_\_\_ 8. Code of Ethics
- \_\_\_\_ 9. AIDS Training- if this will be presented at a later time, indicate -

( Date ) \_\_\_\_\_ ( Location ) \_\_\_\_\_

( Women's Facilities )

- \_\_\_\_ 10. Sexual Awareness Training

B. Tour of Institution / Center

**Verification of Attendance**

\_\_\_\_\_  
 ( 1 ) Training Signature

\_\_\_\_\_  
 ( 2 ) Coordinator's Signature

**RETENTION SCHEDULE:**

Upon completion this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.