



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

VF01-0001
 ATT 5
 2/01 /01

Jim Wetherington
 Commissioner

Information (404) 656-4582

**COMMUNITY RESOURCES FOR CORRECTIONS
 Service Agreement Form A05**

Name of Associate _____
 Name of Facility _____

A. Services to be provided include:

1. Description of Duties _____ 2. Location in Facility _____
3. Dates/Frequency _____
4. Program area this service supports. (X one) _____
- | | |
|--------------------------|------------------|
| _____ Education | _____ Counseling |
| _____ Library | _____ Chaplaincy |
| _____ Recreation | _____ MH/MR |
| _____ Other (name) _____ | |

B. Assurance regarding liability and security: (attach GDC Consent Form)

- As a correctional associate, I understand that the Georgia Department of Corrections may require a background clearance (which may include fingerprinting) due to the agency's role in the criminal justice system, including its concern for security.
- I agree to abide by all rules of the department and this institution; to respect the rights of offenders and staff members as to privacy, confidentiality, and political and religious beliefs; to carry out the performance of my duties in a manner which does not compromise the security of this institution; and to refrain from all personal or business dealings with offenders.
- I agree to hold the Department harmless for any liability incurred as result of my failure to follow all policies, procedures, rules and regulations.

 Signature of Correctional Associate Date

C. Support that will be provided by the Georgia Department of Corrections include:

- Initial Orientation (where, when, by whom) _____
- Training for duties (where, when, by whom) _____
- On-site supervision (by whom) _____ (bus phone) _____
- GDC identification card _____
- Other (describe as applicable) _____

GDC Signatures

(1) Coordinator _____

Probation Field Offices and Centers (2) _____	Institution and Transition Centers (2) _____
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(3) _____	(3) _____
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Chief/Superintendent (4) _____	Staff Supervisor (4) _____
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(5) _____	District Director Warden/Superintendent
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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.