



DEPARTMENT OF CORRECTIONS  
INMATE SERVICES  
P.O. BOX 1529  
FORSYTH, GA 31029

Gregory C. Dozier  
Commissioner

**COMMUNITY RESOURCES FOR CORRECTIONS  
Visiting Volunteer Waiver of Liability**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address (Street)

(City, State, Zip)

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Group 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, (Name of Institution/Center), 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.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date Signed

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 (6) months after the visitation of the volunteer, then destroyed.