



## Volunteer ID Renewal Confirmation

Name: \_\_\_\_\_

Badge number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Facility: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge that my volunteer ID will expire in the following month and wish to continue volunteering with GDC. If my badge is expired past 90 days, I will register and attend an upcoming training before my paperwork will be processed. All fields on the GCIC and PREA have been filled out and will be submitted along with this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE CHECK ONE OF THE FOLLOWING OPTIONS FOR YOUR ID BADGE:

- I will call Central Office in Forsyth to pick up my badge
- Please mail my badge to the address listed on my GCIC form

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

Chaplain Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**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