



# Guinnett County Sheriff's Department

R.L. (Butch) Conway, Sheriff

2900 University Parkway  
Lawrenceville, GA 30043  
(770) 822-3100 Fax (770) 822-3115

Wayne Bolden  
Chief Deputy  
Gary Lancaster  
Jail Administrator

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## DETENTION CENTER VOLUNTEER APPLICATION FORM

(ANY DOCUMENTS REQUIRED BUT NOT ATTACHED WILL DELAY THE APPLICATION PROCESS.)

Date of Application: \_\_\_\_\_

### Personal Information:

\_\_\_\_\_  
Last Name                      First                      Middle Initial                      Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License Number (State)

\_\_\_\_\_  
Current Employer and Address

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Why are you interested in becoming a Detention Center Volunteer? \_\_\_\_\_

What are your qualifications? \_\_\_\_\_

Professional Credentials: (Attach copies of License / Certification) \_\_\_\_\_

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Education: (Degree, Date Obtained, and Institution Name – Attach Copies) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a criminal offense? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain briefly \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**

List at least two persons, other than relatives, who you know personally. If you are employed, one should be your current employer / supervisor. Others may include friends, co-workers, instructors, pastor, etc. Provide a letter of reference or let the person know we will be contacting them.

Name	Telephone	Relationship	Departmental Use Only

\*\*\*\*\* STAFF USE ONLY \*\*\*\*\*

Comments / Notes Regarding Background Check: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Staff Member Completing  
Background Check

Date

## Eligibility

- A. Eligibility as a volunteer shall be based on the following:
1. The applicant is of good character, at least twenty-one (21) years of age, is of sufficient maturity to handle responsibilities involved, and is eligible to become a volunteer.
  2. The service provided meets a need identified by Detention Center Staff.
  3. The Applicant has made a commitment to provide ongoing service.
  4. The Applicant's references have been checked for positive evidence of ethics, professionalism, and personal integrity.
  5. The Applicant has provided assurances regarding performance of duty, confidentiality, and personal/business dealings with inmates, and liability.
- B. Volunteers MUST NOT:
1. Be under 21 years of Age
  2. Be a family member or close friend of an inmate in the Gwinnett County Detention Center.
  3. Be placed on an inmate visitor list.
  4. Perform professional services unless certified or licensed to do so.
  5. Be an Ex-offender, unless approved according to established procedures.

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### Detention Center Volunteer Waiver of Liability and Consent to Records Check

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Last Name	First	Middle Initial	Date of Birth
Street Address			
City	State	Zip Code	
Drivers License Number			

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 the Gwinnett County Board of Commissioners, Sheriff, Sheriff's Department and or the Detention Division, their personnel, employees, staff, or agents because of, as a result of, or in connection with the duties, responsibilities, and work I will undertake.

In making this application, I hereby authorize the Gwinnett County Sheriff's Department to make inquiries with law enforcement records as may be deemed necessary. I further authorize the Gwinnett County Sheriff's Department to receive any Criminal and/or driver's history information, at any time, pertaining to me which may be in the files of any federal, state, or local criminal justice agency.

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Signature of Applicant	Date	Signature of Staff Member	Date
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## Service Agreement

This agreement is to be in effect beginning: \_\_\_\_\_  
Date

A. Services to be provided include:

1. Description of Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Location in Facility: \_\_\_\_\_

3. Dates / Frequency: \_\_\_\_\_

4. Program Area this service supports: (Please place an "X" in the appropriate blank.)

Education: \_\_\_\_\_ Counseling: \_\_\_\_\_ Library: \_\_\_\_\_ Chaplaincy: \_\_\_\_\_

Recreation: \_\_\_\_\_ AA/NA: \_\_\_\_\_ MH/MR: \_\_\_\_\_ Other(name): \_\_\_\_\_

B. Assurance regarding liability and security

- As a Gwinnett County Detention Center volunteer, I understand that the Gwinnett County Sheriff's Department may require a background clearance (Which may include fingerprinting, criminal history, and driver's history checks) due to the agency's role in the criminal justice system and its concern for security.
- I agree to abide by all rules of the Sheriff's Department and Detention Division; to respect the rights of inmates and staff as to privacy, confidentiality, and political or religious beliefs; to carry out my duties in a manner which does not compromise the security of the Detention Center; and to refrain from all personal or business dealings with inmates.
- I agree to hold the Gwinnett County Board of Commissioners, Sheriff, Sheriff's Department and their employees or agents harmless for any liability incurred as a result of my failure to follow all policies, procedures, rules, and regulations.

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

\_\_\_\_\_  
Signature of Program Director      Date