**Gwinnett County**

**Sheriff’s Office**



***Mike Boyd***

***Chief Deputy***

***Lou Solis***

***Chief Deputy***

***Don Pinkard***

***Jail Administrator***

2900 University Parkway

 (770) 619-6500 Fax (770) 822-3115

Lawrenceville, GA 30043

***R.L. (Butch) Conway, Sheriff***

**Service Agreement**

**This agreement is to be in effect beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Print - Volunteer’s Name**

1. **Services to be provided include:**
	1. **Description of Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **Dates / Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Program Area this service supports: (Please place an “X” in the appropriate blank.)**

**Education: \_\_\_\_\_\_\_\_\_ Counseling: \_\_\_\_\_\_\_\_\_ Library: \_\_\_\_\_\_\_\_\_**

**Recreation: \_\_\_\_\_\_\_\_ AA / NA: \_\_\_\_\_\_\_\_\_ MH / MR: \_\_\_\_\_\_\_\_\_**

**Chaplaincy: \_\_\_\_\_\_\_\_ other (list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Assurance regarding liability and security:**
	1. **As a Gwinnett County Jail volunteer, I understand that the Gwinnett County Sheriff’s Office 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.**
	2. **I agree to abide by all rules of the Sheriff’s Office and Jail; 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 Jail and to refrain from all personal or business dealings with inmates.**
	3. **I agree to hold the Gwinnett County Board of Commissioners, Sheriff, and Sheriff’s Office and their employees or agents harmless for any liability incurred as a result of my failure to follow all policies, procedures, rules, and regulations.**
	4. **I have received a list and have been advised of all policies, procedures, rules and regulations.**

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 **Signature of Volunteer Date Signature of Program Director / SO# Date**