



# Gwinnett County Sheriff's Office

R.L. (Butch) Conway, Sheriff

2900 University Parkway  
(770) 619-6500 Fax (770) 822-3115  
Lawrenceville, GA 30043

Bill Walsh  
Chief Deputy/Administration  
Lou Solis  
Chief Deputy/Operations  
Don Pinkard  
Jail Administrator

## Service Agreement

This agreement is to be in effect beginning \_\_\_\_\_ for \_\_\_\_\_  
Date Print - Volunteer's Name

**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: _____
Recreation: _____	AA / NA: _____	MH / MR: _____
Chaplaincy: _____	other (list): _____	

**B. 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.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director / SO#

\_\_\_\_\_  
Date