

## WS F&CB MENTOR MESSAGE #58a REVISED

April 5, 2019

### WS F&CB Mentor Ministry Badge Renewal Process (Msg #58a) With Four-part Attachment (Msg #58b)

Prison staff released a revised package of badge renewal paperwork. They advise:

- Volunteer must submit renewal forms approximately four weeks from the badge's expiration date
  - The ministry, not the prison, must keep track of badge expiration date and submit renewal packet
  - Volunteer with badge expired 90+ days must re-take volunteer training before new badge issued
  - **NEW - Please send all renewal packets to the Chaplains' Office via email, fax or regular mail due to the Chaplain's signature/authorization requirement**
  - Chaplain Jeremy's Stroop's contact points for this purpose are:
    - Mailing Address -- Walker State Prison, PO Box 98, Rock Spring, GA 30739
    - FAX -- (706) 764-3613
    - Email -- jeremy.stroop@gdc.ga.gov
1. Our Mentor Administrator will keep track of badge expiration dates.
  2. Mentor Administrator sends note when mentors' badges are a month away from expiring. The note will include four pages from Mentor Message #58b for volunteer action.
    - a. Volunteer ID Renewal Confirmation (new)
    - b. GCIC Consent Form (1/10/2019)
    - c. GA DOC Prison Rape Elimination Act Form (Note: Mentor should put METANOIA / COMMUNITY MENTOR MINISTRY where it asks for Agency / Company Name)
    - d. Volunteer Services Evaluation
  3. Group Leaders will be copied and are requested to follow up with mentors.
  4. Mentors submit forms per instructions in first paragraph. You may also put forms in an envelope and place in the Chaplain's Suggestion Box in the Security Bunker.
  5. Mentors will be notified if a new picture is required. Instructions will be provided at that time.
  6. Personnel Staff at Walker will mail the mentors a new badge to their homes. This mailing may or may not include additional forms that require signature. You will keep your locator cards unless completely faded out or unless you are required to get a new photo.
  7. Mentor puts the old badge and any requested paperwork in the envelope provided and returns it to Walker the next time he goes to mentor. The envelope should be placed in the Personnel mailbox in the Security Bunker on the back wall by the door after going through the metal detector, but before exiting the bunker and entering the chain-link "trap".
  8. *Once a mentor receives a new badge, he reports the new expiration date to the Mentor Administrator as soon as possible. Advise your Group Leader you have done this.*
  9. If a mentor has any questions about the forms or renewal process, he can direct them to his Group Leader.

Oh, magnify the Lord with me, and let us exalt His name together. (Psalm 34:3)



**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

VOLUNTEER SERVICES  
GCIC/NCIC CONSENT FORM

I, \_\_\_\_\_, hereby authorize the Georgia Department of Corrections to receive any criminal or driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

Full Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City Zip Code Place of Birth

\_\_\_\_\_  
Weight Height Hair Eyes

\_\_\_\_\_  
Sex Race DOB SSN

\_\_\_\_\_  
Applicant's Signature Date

Approved/Disapproved (circle one) Comments: \_\_\_\_\_

\_\_\_\_\_  
Appointing Authority's Signature Date

\_\_\_\_\_  
Institution/Center/Office Date

**For Ex-offenders ONLY:** Approved/Disapproved by Regional Director

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

(To be placed in personnel file at Facility)

**Volunteer Services Evaluation**

**Name:**

**Date:**

**Location:**

1. What was your average attendance for the previous year? (Please rate 1-5 accordingly):

1 =1-5 visits:    2=5-10 visits:    3 =11-20 visits:    4 =21-30 visits:    5 =40+ visits

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2. What was your biggest obstacle working in the institution?
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Please rate how easy difficult it was to volunteer in the institution

1 = very difficult            2 = difficult            3 = okay            4 = easy            5 = very easy

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3. What changes do you feel, if made, would strengthen your volunteer program?
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Is this program adequately supervised by GDC staff?

1 = not at all            2 = somewhat supervised            3 = moderately supervised

4 = supervised            5 = very supervised

4. Cooperation/support from your supervisor?

1 = not at all            2 = somewhat            3 = no opinion            4 = okay            5 = very well

5. Rate your effectiveness (1= not effective; 5=Very Effective)
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6. Will you continue to work in a GDC facility?

YES

NO