

# Walker State Prison Mentor Message #70

(Monday, June 29, 2020)

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## Recall of Five-Year Badges & Badge Renewal Process Updates and Reminders

This message contains two very important notices regarding volunteer credentialing at Walker State Prison. Please read them both carefully.

1. Recall of Five-Year Badges (POTENTIAL ACTION REQUIRED)
2. Badge Renewal Process Updates and Reminders

### Recall of Five-Year Badges

*[To be clear, this section only applies to those with five-year badges—that is, badges that are listed to expire in 2024 or 2025. If your badge expires later this year or in 2021, please do not follow the instruction included in this section of the Mentor Message.]*

As a number of you are aware, earlier this year, the Georgia Department of Corrections began issuing five-year badges to volunteers. They have since decided that all five-year badges are to be recalled, and they are taking this hiatus to replace five-year badges with one-year badges as before. **Therefore, if you were issued a five-year badge when you last renewed (expires in 2024 or 2025), please mail it into the Metanoia office ASAP and reply to this email when you have done so.** Our mailing address is:

Metanoia Ministries  
PO Box 11092  
Chattanooga, TN 37401

Once I have received all of the five-year badges, I will deliver them to the prison, and the prison will mail you a new, one-year badge. We are hoping to complete this process ASAP before in-person mentoring resumes at Walker in order to make sure that there are no administrative issues when mentoring returns. **The deadline issued to us by the prison to complete this process is July 15<sup>th</sup>.**

## Badge Renewal Process Updates and Reminders

It was brought to my attention by the staff at Walker that, upon renewal, a number of our mentors have failed to return their old badge when they receive their new locator cards. Please see the instructions for credential renewal below, and I have attached the most updated forms to the end of this email for your reference.

- 1) Mentors complete the required documents for volunteer credential renewal at their appointed times or risk being denied entry into the prison
  - a. *\*NOTE: All renewal due dates are managed by the Mentor Administrator and will be communicated to the mentor beginning well in advance of their required submission dates; please pay attention to the Mentor Administrator communications regarding document renewal*
  - b. *\*NOTE: Mentors who have failed to renew their documents within 90 days following their renewal date will be required to re-take the volunteer training before a new badge is issued*
- 2) Mentors submit, **annually**, the following documents no later than 4 weeks before the expiration date listed on their Volunteer ID (Badge)
  - a. Volunteer ID Renewal Confirmation
  - b. GDC Sexual Abuse & Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement
    - i. *\*NOTE: Mentor should put "Metanoia Mentor Ministry" where it asks for Agency / Company Name*
  - c. GCIC Consent Form
  - d. Volunteer Services Evaluation
- 3) Mentors send the documents, together, to the Chaplain's office through one of the following methods:
  - a. Hand delivery to the Chaplain's mailbox in the security bunker
  - b. Mail; Attn: Chaplain / Walker State Prison / PO Box 98 / Rock Spring, GA / 30739

- c. Fax; (706) 764-3613
- 4) After submitting their renewal documents, mentors will receive a new locator card in the mail at their home address
- a. Mentors fill out any paperwork include with their new locator card
  - b. Mentors place their old badge, and any other documents which they may have had to sign, in the envelope provided
  - c. Mentors return the envelope to the prison by one of the following means:
    - i. Hand delivery to the Personnel mailbox in the security bunker
    - ii. Mail; Attn: Personnel / Walker State Prison / PO Box 98 / Rock Spring, GA / 30739
- 5) Mentors notify the Mentor Administrator and their respective Group Leader upon receiving their new badge with the new expiration date

These policies, along with all other Mentor Messages, can be accessed for future reference on our website at: <https://www.metanoiaprisonministries.org/walker-state-prison-mentoring>

Please feel free to contact me with any other questions! [metanoiamentoring@pcanet.org](mailto:metanoiamentoring@pcanet.org) / 314-800-4191

Be blessed,  
Steven Howell



**Volunteer ID Renewal Certification Validation Form**

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: \_\_\_\_\_

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.

**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

Record Retention: Upon completion, this form shall be retained permanently in a local or local business file, whichever is applicable.



**Annual Volunteer Services Evaluation (To be placed in the Facility Suggestion Box when completed)**

**Name (Optional):**

**Date:**

**Location:**

1. What was your average attendance for the previous year? (Please circle an approximate average):  
1 = 1-5 visits: 2 = 5-10 visits: 3 = 11-20 visits: 4 = 21-30 visits: 5 = 40+ visits

2. Please rate how easy or difficult it was to volunteer in the institution (Circle Answer)  
1 = very difficult 2 = difficult 3 = okay 4 = easy 5 = very easy

3. What was the biggest obstacle while working in the institution? (ex. Coordination, staff facilitation, etc??) Explain:

4. What changes do you feel, if made, would strengthen your volunteer program?

Explain:

5. Is this program adequately supervised by GDC staff? (Circle Answer)

1 = not at all 2 = somewhat supervised 3 = moderately supervised 4 = supervised 5 = highly supervised

6. Cooperation/support from your volunteer supervisor? (Circle Answer)

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

7. Rate your effectiveness (Circle Answer)

1 = not effective 2 = somewhat effective 3 = average effective 4 = moderately effective 5 = very effective

8. Will you continue to work in a GDC facility? (Circle Answer) YES NO

Retention Schedule: Upon completion of the process, this form shall be completed and forwarded to the office of Volunteer Services Coordinator for review with no retention required.