

Office Of The Sheriff

ADMINISTRATION
706-865-6370
706-865-6977 (FAX)

WHITE COUNTY, GEORGIA
Sheriff Neal Walden
1210 Hulseby Rd.
Cleveland, Georgia 30528

DETENTION CENTER
706-865-5177
706-865-3037 (FAX)

City State Zip Code Phone# ()

Professional Credentials (Attach Copies of License/Certification)

Certification of Ordination (Location) Date Licensed/Certified / /

Have you ever been convicted of a criminal offence? yes no

If yes, please explain briefly: _____

This section is to be completed by your church, Synagogue or Mosque:

Name of Organization

Street Address

City State Zip Code Phone# ()

This is to certify that the applicant is in good standing with this organization as a (Relationship to

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Organization) _____ and
is hereby recommended to the White County Detention Center as a Religious Worker. By signing
below this organization accepts responsibility for his/her ministry at the White County Detention
Center and liability for his/her conduct there.

Signature

____/____/____

Date

My position in the organization _____

References

List at least three persons, other than relatives, who know you personally. If you are employed, one
should be your current employer/supervisor. Others may be friends, co-workers, Instructors, pastors,
etc. Please let the person know we will be contacting them.

1. _____ () _____

Name

Address

Phone

2. _____ () _____

Name

Address

Phone

3. _____ () _____

Name

Address

Phone

Assurance regarding liability and security

1. **As a White County Detention Program Volunteer, I understand that the White County Detention Center may require a background clearance (Which may include fingerprinting, criminal history and driver's history check) due to the agency's role in criminal justice system and its concerns for security.**
2. **I agree to abide by all rules of the Sheriff's Office and Detention Center: to respect the rights of the inmates and staff as to privacy, confidentially, political or religious beliefs. 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 the inmates.**

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3. I agree to hold the White County Board of Commissioners, Sheriff, Sheriff Office and their employees or agents harmless for any liability incurred because of my failure to follow all policies, procedures, rules, and regulations.

Signature

____/____/____

Date

Witness Signature

____/____/____

Date

White County Detention Center AA & NA Program Volunteer Application

Eligibility:

1. The applicant is of good character, at least twenty-one (21) years of age and is of sufficient maturity to handle responsibilities involved.
2. The service meets a need identified by the Detention Center's Administration.
3. The applicant has made a commitment to provide ongoing services.
4. The applicant's references have been checked for positive evidence of ethics, professionalism, and personal integrity; this includes a criminal background investigation.
5. The applicant must not be a family member or close friend of an inmate in the White County Detention Center and may not be a listed visitor on any inmate's visitation list.
6. An applicant must not be an ex-offender unless approved according to Detention guidelines and by the administration. Absolutely no convicted felons will be considered.

Suspension of Services:

1. Failure to comply with Detention Center Rules and Regulations and Program Volunteer Rules and Regulations.
2. Any indication of drug or alcohol use that affects your service, inmate, or staff
3. Any conviction of a crime other than minor traffic violations.

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4. Lack of inmate interest.
5. Infrequent visits/failure to keep scheduled services at the Detention Center.
6. Willfully, or through negligence, allowing inmates to violate a law or commit an infraction of departmental or facility rules and regulation.
7. Upon suspension or termination of services, ID cards must be returned.

Rules and Regulations for AA & NA Program Volunteers

1. Do not volunteer your services in this facility if you are on an inmate's visitation list or if you are a relative of an inmate in this facility.
2. Do not bring anything into this facility for an inmate other than the program materials that you provide pertaining to your service. These materials must be approved by Administration or the Sergeant on duty prior to your bringing them in.
3. You are to reject any request from any inmate to bring tobacco products, money, stamps, or ink pens ect. Do not take letters or messages in or out of this facility. Report any request of this type to a staff member.
4. Do not bring unauthorized visitor with you. They will be refused admission.
5. Do not discuss with the inmates, the Criminal Justice System, any policies, and procedures of this facility, politics, or any other matter not pertinent to your purpose as a Program Volunteer worker. Do not get involved in discussions about an inmate's guilt or innocence.
6. You must have your ID badge at all times while inside the Detention Center.
7. Your meeting is to last no longer than one hour. There may be times when your meeting may have to be cut short by the staff. If this happens please be patient, we have several things going on in the Detention Center at any given time.
8. We prefer male volunteer workers to provide service to male inmates and females volunteers to female inmates. The Detention Center Commander must authorize any exceptions to this rule.
9. Please dress appropriately. No Shorts or halter-tops will be allowed.
10. Do not give or receive gifts. This includes leaving money on an inmate's account.
11. Do not show favoritism to any inmate.
12. Do not give any inmate personal address or phone number.
13. Report any unusual or threatening situations to a staff member.
14. Do not bring any personal items such as cell phones, pocketknives, these type items should be left in your car.

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15. All volunteer providers should be on time and be patient when waiting to be escorted back.
16. Volunteer providers shall understand that the Detention Center Staff has the right to deny or end a service at any time they deem necessary for whatever reason.
17. All persons and belongings are subject to be searched by Detention Staff prior to admittance.
18. Any materials brought in must be soft back and must not contain any staples.

White County Detention Center Contract

I _____ do hereby promise that I will to the best of my ability follow and uphold the rules and regulations set forth by the Sheriff's Office and the Detention Center. I further understand that the Sheriff or his designee may revoke my ability to participate in this program at any time. I also understand that if I am not able to follow the rules and conditions as set forth by the Sheriff's Office and Detention Center I may be permanently excluded from participating in this program. I understand that there will be a zero tolerance policy and if found in violation of the rules as set forth I will lose privileges immediately.

Signature of applicant: _____ Date: ___/___/___

Signature of Detention Center

Commander: _____ Date: ___/___/___

Signature of the Sheriff: _____ Date: ___/___/___

WHITE COUNTY SHERIFF'S OFFICE
CRIMINAL HISTORY RECORD
CONSENT FORM

UNLESS ALL BLANKS ON THIS FORM ARE COMPLETED, NO INFORMATION WILL BE RELEASED. CHANGES, STRIKETHROUGHS, OR WHITE OUT ARE NOT PERMISSIBLE.

THIS AUTHORIZATION FORM WILL EXPIRE 30 DAYS FROM THE DATE OF SIGNATURE.

I hereby authorize (Company/Business Name) _____
to receive any criminal history information pertaining to me which may be in
the files of any state or local criminal justice agency in GEORGIA.

FULL NAME: (Print)

LAST _____ **FIRST** _____ **MIDDLE** _____ **MAIDEN** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

DATE OF BIRTH: _____ **RACE:** _____

SOC #: _____ **SEX:** _____

SIGNATURE

DATE

SPECIAL EMPLOYMENT PROVISIONS (CHECK IF APPLICABLE):

- EMPLOYMENT WITH MENTALLY DISABLED (PURPOSE CODE 'M')
- EMPLOYMENT WITH ELDER CARE (PURPOSE CODE 'N')
- EMPLOYMENT WITH CHILDREN (PURPOSE CODE 'W')

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APPLICATION AA & NA PROGRAM VOLUNTEERS STATUS

Date of Application: ____/____/____

Personal Information: (Please Print)

Last Name First Middle

Street Address (Physical)

(P O Box #)

City State Zip

(____) (____) (____) (____)

Phone # Cell Phone# Work Phone# Home Phone#

Date of Birth Age Height Weight Eye Color

Social Security # Drivers License #

(Current Employer (Company Name and Address/Supervisor's Name))

Include copy of Driver's License