



Department of Corrections
 Inmate Services
 P.O. Box 1529
 Forsyth, GA 31029

SOP 109.01
 Attachment 3
 1/10/19

Timothy C. Ward
 Interim
 Commissioner

CORRECTIONAL ASSOCIATE
 Service Agreement Form A05

Name: _____

A. Services to be provided include:

1. Description of Duties: _____
2. Location in Facility: _____

B. Assurances regarding liability and security: (Attach GDC Consent Form)

1. As a correctional associate, I understand that the Georgia Department of Corrections may require a background Clearance (which may include fingerprinting) due to the agency's role in the criminal justice system, including its concern for security.
2. I agree to abide by all rules of the department and this institution; to respect the rights of offenders and staff members as to privacy, confidentiality, and political and religious belief; to carry out the performance of my duties in a manner which does not compromise the security of this institution; and to refrain from all personal or business dealings with offenders.
3. I agree to hold the Department harmless for any liability incurred as result of my activities as a correctional associate.

Signature of Correctional Associate: _____ Date: _____

Facility: _____

1. Training for Duties		
Where:	When:	By Whom:
2. On-site Supervision		
By Whom:	Business Phone:	
3. GDC Identification Card:		
4. PREA:		
5. Trainer:		
6. On-Site Coordinator:		

Warden/Superintendent _____ Date: _____