



Timothy C. Ward
Interim
Commissioner

SOP 109.01
Attachment 1
1/10/19

Georgia Department of Corrections
Inmate Services
P.O. Box 1029
Forsyth, GA 31029

VOLUNTEER AGENDA

Name:

Name of Facility:

Group Contact:

Phone

Email

Date:

Training Hour:

Location:

Instructors Name:

Title:

Training Agenda: (check off items as they are discussed)

- 1. Paperwork
- 2. Overview GDC
- 3. What Works
- 4. PREA
- 5. Games Inmates Play
- 6. Ethics, Rules
- 7. Harassment & Misconduct
- 8. Emergency Practice
- 9. Infectious Disease

Trainer's Signature:

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