

**Grand Forks County Corrections  
Contract for Volunteer Visits**

Full Name:

Address:

City:  State:  Zip Code:

Phone Number:  SSN:  Date of Birth:

Have you been convicted of a crime?  If yes, list below:

Are you currently charged with any crimes, or awaiting criminal court proceedings?  If yes, list below:

Offense:  State & County:  Date:  Sentence:

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**Resource Volunteer Policy Statement**

I have been given the Orientation information set forth by the Administrator of the facility. I understand any questions I may have can be answered by a Correctional Officer. Policy prohibits any volunteer from engaging in inappropriate behavior with any inmate. Persons engaged in such behavior anywhere inside the facility will be permanently removed from the list of resource personnel. A Volunteer shall neither accept, nor give, any item or money to an inmate.

**Waiver of Responsibility Agreement**

I fully understand the risks and dangers involved in working in a correctional facility. I realize my life could be in danger, and I could be held hostage, assaulted, verbally abused and/or otherwise placed in danger. I understand and agree that the Administration of the Correctional Facility / Juvenile Detention Center or any of its staff cannot guarantee my safety. I accept the fact I was granted permission to enter the facilities, only because I realize the dangers and risks involved. The voluntary services I provide are supplemental and complimentary to the established spiritual or rehabilitative programs of the institution. Liability rests with myself. I understand I am participating in the program as a volunteer, and not as an employee of Grand Forks County Corrections. I will not receive financial compensation or benefits for services I perform, nor am I entitled to unemployment or workers compensation benefits unless by written contract. I will observe all rules and regulation required of all employees and others entering the Correctional Facility during my tenure of voluntary work. I will adhere strictly to policies and procedures required for confidentiality, security and safety of the facility.

I hereby acknowledge the risk and liability inherent in volunteering for this position, and I hereby agree to indemnify, waive, and hold harmless Grand Forks County and all departments of Grand Forks County government, for all risk and liability associated with this volunteer position.

All information is true and correct. I understand providing false information on this questionnaire is grounds for denial. I have read and understand fully the information on this form, and in the handout provided.

Proper picture identification is required at each visit. **Failure to produce ID will be grounds to deny admittance.**

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Signature of Applicant:

Date:

Security Recommendation:  Approved  Disapproved

Signature of Administrator/Designee:

Date: