

**Franklin County Community Based Correctional Facility
Volunteer Application**

Name: _____ SSN: _____

Community Agency: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Driver's License #: _____ Exp. Date: _____

Volunteer Activity: _____ Class: _____

Are you willing and capable of attending the CBCF Volunteer Orientation,
which is offered on an evening and is approximately 2 hours in length? Yes _____ No _____

Are you currently on parole, probation, or furlough? Yes _____ No _____

Have you recently been released from a correctional facility? Yes _____ No _____

Are you related to a current resident of Franklin County CBCF? Yes _____ No _____

Volunteer Confidentiality and Commitment Agreement

As a Volunteer for the Franklin County CBCF, I understand that upon being accepted, I will be required to read the Code of Ethics/Standards of Conduct and other applicable policies as they relate to the employees and volunteers of the FCCBCF.

My signature below indicates that I will adhere to all guidelines. It is also my understanding that a background investigation is completed on all volunteer applicants and that the resulting information will be confidential. My signature on this application grants permission for a background investigation to be conducted, and acknowledgment that my personal references may be contacted.

I acknowledge that as a Volunteer, my attitude and conduct must reflect the philosophy of the Franklin County CBCF. I will consistently act in a manner that will reflect a positive professional image of the Franklin County CBCF.

Volunteer Signature: _____ Date: _____

Release

I, _____, the undersigned volunteer, have been fully advised of the duties and responsibilities, as well as the potential risk inherent in work with convicted felons. I hereby assume all risk of personal injury and/or property damage which might occur during my volunteering with the Franklin County Community Based Correctional Facility.

I do hereby release Franklin County Community Based Correctional Facility, its employees, its representatives, and the governing board from any and every liability for any and every injury, physical and/or mental, that I may suffer while serving as a volunteer.

I expressly release the Franklin County Community Base Correctional Facility from all liability in tort for any personal injury or damage to property caused by an act of God, accident, or by the negligence of the Franklin County Community Based Correctional Facility or any of its employees.

Volunteer Signature: _____ Date: _____