

FLORIDA DEPARTMENT OF CORRECTIONS

ACKNOWLEDGEMENT OF RESPONSIBILITIES

In consideration of the opportunity to serve in the Department of Corrections as a Citizen Volunteer:

- I acknowledge that today I have been furnished with a copy of the volunteer rules.
- I understand that I am responsible for reading and complying with the rules.
- I will work in cooperation with staff.
- I will honor the civil and legal rights of all offenders/inmates.
- I will not use my official position to secure privileges or advantages for myself.
- I will report unethical behavior or rule violations to an appropriate Department supervisor.
- I will not discriminate against any offender/inmate, employee, or prospective employee on the basis of race, gender, creed, national origin, or religious preference.
- I acknowledge the drug-free workplace policy of the Department of Corrections and I know I am subject to random drug testing.
- I agree to abide by the policies and procedures regarding confidentiality of records and medical information.

WAIVER OF LIABILITY

I hereby waive all liability to the Department of Corrections and its employees, for any and all injuries which may occur to me during my term of service with the Department of Corrections. Volunteers and interns, when working for the department, are covered by Worker's Compensation in accordance with Chapter 440 of the Florida Statutes. I understand that I am the person responsible to ensure that I am in compliance with any and all applicable State Law, Department of Corrections Policy, or any Regulation which may affect me during this period.

I have attended and received citizen volunteer training and have read the Guidelines for Ethical and Behavioral Conduct, Waiver of Liability, and agree to abide by the conditions therein.

Signature: _____ **Date:** _____

Pin #: _____ **Person Conducting Volunteer Training:** _____

Volunteer Training Date: _____ **Location:** _____