**GUILFORD COUNTY SHERIFF’S OFFICE**

**DETENTION BUREAU**

**SECURITY GUIDELINES FOR JAIL VOLUNTEERS/INSTRUCTORS**

We encourage all volunteers/instructors to make every effort to provide any inmate willing to accept their help, with the opportunity to better themselves by taking part in the programs or services you have to offer. However, the primary objective of the staff of this facility is to maintain a safe and secure environment. The guidelines listed below are to help ensure that we maintain a safe and secure environment in our facility at all times.

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| 1. | You are required to produce your driver’s license/ID card upon entrance to the facility. You must also sign in and out each time you visit the facility. Failure to do so may result in your security clearance being suspended or revoked. | | | | | |
| 2. | Secure all personal belongings (shoulder bags, back packs, gym bags, cell phones, tobacco products, pocket knives, etc.) before entering the facility. These items are considered contraband and are not allowed in the facility. | | | | | |
| 3. | Do not bring in anything (including money) to give to the inmates without prior approval from Facility Command. Do not take anything out of the facility, or from floor to floor, for any inmate. This includes notes, mail and messages. You may not make phone calls on behalf of an inmate. Refer inmates to Facility Command for assistance with these things. | | | | | |
| 4. | Standard class materials must have initial approval by Facility Command. These items do not have to be re-approved for each visit. | | | | | |
| 5. | Report any lost or misplaced items to a staff member immediately. | | | | | |
| 6. | Refrain from sharing personal information with the inmates (i.e. phone number, address). You are not permitted to correspond with any inmate incarcerated in this facility. If an inmate needs to contact you, he/she may send their correspondence to Facility Command and they will forward it to you. Also, please refrain from sharing information about inmates with other inmates. | | | | | |
| 7. | Follow all instructions given by staff members at all times. | | | | | |
| 8. | Do not attempt to get involved during any type of emergency situation on the floor (i.e. fights, medical problems, etc). Leave the area and let the Floor Officer handle the situation. | | | | | |
| 9. | Keep your conversations clean and professional. Do not engage in verbal or physical confrontations with the inmates. Problems with a disruptive or hostile inmate must be brought to the attention of the Floor Officer immediately. | | | | | |
| 10. | Do not enter any inmate cells for any reason. | | | | | |
| 11. | You are expected to complete your business within the program’s scheduled time slot. You may arrive on the floor no more than 15 minutes early from the program’s start time. All activity must be completed by the program’s scheduled end time. Program schedules will not be altered due to volunteer tardiness or delays due to facility issues. Any changes to a program schedule must be approved by Facility Command. | | | | | |
| 12. | No hugs, pats on the shoulder, or other physical contact other than a handshake or prayer circle is permitted. | | | | | |
| 13. | Males are not permitted to go on the Female floor. | | | | | |
| 14. | If, at any time, you become aware that a relative or friend is incarcerated in the Detention Center, please notify the Floor Officer or Facility Command as soon as this occurs. Failure to do so may result in a permanent security clearance revocation. | | | | | |
| **I certify that I have read and understand the guidelines listed above. I understand that any violation of these guidelines may result in my security clearance being suspended or revoked.** | | | | | | |
| **Printed Name:** | |  | **Signature:** |  | **Date:** |  |

**WAIVER and RELEASE OF ALL LIABILITY/ASSUMPTION OF RISK**

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| **WHEREAS**, the Guilford County Sheriff’s Office (Sheriff) operates the Guilford County Jails located in Greensboro, NC and High Point, NC (Jails); and  **WHEREAS**, in connection with the operation of the Jails, the Sheriff seeks to establish programs in which community volunteers teach and interact with current and former inmates in an effort to develop the skills necessary to better interact with their families and communities and to become self-sufficient and law-abiding citizens (Programs);  **WHEREAS**, participating as a volunteer in these Programs may require the volunteer to enter the secured areas of the Jails to interact with the inmates, whose behavior is unpredictable and may be aggressive, abusive, and/or violent;  **WHEREAS**, there is no guarantee of the volunteer’s personal security or safety within the Jails; and  **WHEREAS**, signing this Waiver and Release and Assumption of Risk is a requirement to participate as a volunteer.  **NOW THEREFORE**, on behalf oy myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby declare, understand, and agree as follows: | | | | | | |
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| 1. | I am qualified and able to provide the services required by the Program in which I will participate. | | | | | |
| 2. | The inmates in the Jails may suffer from emotional or mental conditions or disabilities that may cause them to be physically and verbally aggressive and violent, and their behavior is not predictable. | | | | | |
| 3. | It is not possible for the Sheriff and the detention officers to guarantee my personal security and safety. | | | | | |
| 4. | I am assuming all risks obvious and inherent, including, but not limited to, serious physical injury and/or death, in entering the Jails to interact with and provide services to the inmates. | | | | | |
| 5. | In consideration for the opportunity to serve as a volunteer, I hereby waive any and all claims for compensation due to personal injury, emotional harm, and property damage that may arise at any time during and after my time as a volunteer and that are in any way caused by or related to, directly or indirectly, my volunteer services in the Jail. | | | | | |
| 6. | In consideration for the opportunity to serve as a volunteer, I hereby waive and any and all claims for reimbursement for any and all treatment costs that I incur at any time during and after my time as a volunteer and that are in any way caused by or related to, directly or indirectly, my volunteer services in the Jail. | | | | | |
| 7. | More specifically, as a volunteer, I acknowledge that I am, in no way, covered or protected by Chapter 97 of the North Carolina General Statutes, the Workers’ Compensation Act. | | | | | |
| 8. | In consideration for the opportunity to serve as a volunteer, I hereby release the Guilford County Sheriff, the Guilford County Sheriff’s Office, Guilford County, and their respective officers and staffs, in their individual and official capacities, from all liability for my physical, mental, and emotional safety and well-being while I am in the Jails serving as a volunteer and from all liability regarding any and all injuries or harm, whether physical, emotional, or mental injuries, that arise out of or result from my service as a volunteer in the Jails. | | | | | |
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| **I certify that I have read and understand and I agree to be bound by the Waiver, Release, and Assumption of All Risks set out above.** | | | | | | |
| **Printed Name:** | |  | **Signature:** |  | **Date:** |  |