

VOLUNTEER GRATUITOUS SERVICE AGREEMENT & TRAINING CERTIFICATION

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

I, _____, hereby state on (date) _____,

I received and completed my training and orientation as a volunteer at (name of institution) _____.

I acknowledge that I must adhere to and support all policies and procedures of the Bureau of Prisons and failure to abide by these rules and regulations may result in my termination from service. Specifically, I recognize the primary mission of the institution is the protection of society, staff and inmates, and any action which is deemed disruptive to the mission may also call for termination.

I have read, understand, and retained copies of the Standards of Employee Conduct (Program Statement 3420.11)

I agree to provide volunteer services with the full understanding that BOP and the United States cannot and will not compensate, provide any financial benefit to, or reimburse me in any manner for providing those services.

I agree and declare that I have no expectation of receiving any compensation, financial benefit, or reimbursement of any kind from BOP or the United States for providing services as a volunteer.

I agree to make no claim for compensation, financial benefit, or reimbursement of any kind against BOP or the United States for my services as a volunteer.

I understand and agree that it would be unlawful for BOP to accept voluntary services if I had any expectation of compensation, financial benefit, or reimbursement from BOP or the United States.

I have been informed of, and accept, in my status as an approved volunteer, or after my termination as a volunteer, I may not visit with an inmate in the institution on a social or personal basis, without the written approval of the Regional Director.

I understand I do not have the authority, express or otherwise, to compel or restrict an inmate's conduct or participation in a particular program. Any limitations of this kind will be made by Bureau of Prisons staff, although I may provide information.

I understand any difficulty encountered must be immediately brought to the attention of the Program Manager or Reentry Affairs Coordinator who will ensure the problem is resolved.

Finally, I understand this completed and signed agreement will be maintained in my Official Volunteer File.

(Volunteer Signature and Date)