Butler County Sheriff's Office

Corrections Division

Release Form

Ι,	, understand that Butler County and
the Butler County Sheriff's Office ar	re not responsible for personal injury
and/or property loss which may occu	r to me while performing volunteer
services in the Butler County Correc	tional Facilities. I understand that as a jail
volunteer I will be exposed to certain risks, including the exposure to	
	nunicable diseases they might have. I
•	h risks, and agree to hold the County of
	's Office harmless for any injury or loss
that may result during my performan	• • •
man many recent conting my perserman	
I also understand that I will	not be entitled to any compensation from
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Butler County, the Butler County Sheriff's Office, inmates, or anyone else for my services as a volunteer. I also understand that in order to maintain security	
=	ve that I adhere to all guidelines imposed
on volunteers by the Butler County S	<u> </u>
on volunteers by the Butler County S	oneriii s Office Personnei.
I have visited the Butler County Sheriff's website where I have	
read and understand the copies of the Volunteer Guidelines and the	
PREA Volunteer Information Acknowledgement Form, and viewed the	
volunteer training video.	
Icil Voluntaer Cianature	
Jail Volunteer Signature:	
Data	
Date:	