MONTHLY RVO W A I V E R

WE, the undersigned, voluntarily join the Religious Volunteer Program and under no condition shall the Bureau of Corrections be responsible for whatever hazards the work would entail. We agree to abide by all existing policies, rules and regulations of the institution to promote and maintain its program of order, security and safety. We further agree to coordinate all our volunteer activities with, and shall submit our reports to the Penal Superintendent and/or through the office of the Chaplaincy Service as required. We also agree that all our volunteer activities inside the institution shall be subjected to supervision and evaluation of the Chaplaincy Office and that our authorization/permit maybe revoked anytime for valid cause/s or justifiable reasons/s.

GROUP NAME/ ADDRESS :

NAME & SIGNATURE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
TOTAL NUMBER OF VISITORS :								
SIGNATURE OF GATE OFFICER :								

THIS FORM SHALL BE SUBMITTED BACK TO THE CHAPLAINCY OFFICE AT THE END OF THE MONTH.

NOTE/REMARKS:

Religious Volunteer Officer/s