



**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
APPLICATION FOR VOLUNTEER SERVICES**

(Type or print in ink - Answer all questions)

Date of Application	
Month Day, Year	
New or Renewal:	
<input type="checkbox"/>	<input type="checkbox"/>

Photo ID

Take a photocopy of current driver's license, State ID, or passport.

Institution - where service(s) are to be provided:

Group Affiliation _____ **Group Leader**

Y N

Name

Title	Last	First	Middle/Maiden	Preferred
_____	_____	_____	_____	_____

Street Address or Post Office Box

Apartments or Community	City	State	Zip Code
_____	_____	<input type="checkbox"/>	_____

Home Phone w/ Area Code	Daytime Phone w/Area Code	Extension	Email
() - _____	() - _____	_____	_____

Personal Information - all information is required for application to be processed:

Social Security Number	Driver's License Number	State	Male / Female	Race
_____ - _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Birth	Place of Birth (City & State)	U.S. Citizen	Ordained	Licensed	Religious Education
(mm/dd/yyyy)	(or Country if not US)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why are you interested in becoming a volunteer at SCDC? _____

Complete all pages of this form and ensure that all questions are answered completely and honestly.
Sign your legal signature and mail original form to the Institutional Chaplain. Any questions, please call (803) 896-8776.

Criminal History

All applications will be processed through the National Crime Index Center (NCIC). Answer all questions completely. Having a record will not automatically eliminate you from volunteering; however, failure to fully disclose this information will delay the processing of your application. Read the following and select either "Yes" or "No". If you do not respond to any of the questions, it will delay the processing of your application.

Have you ever been accused of or been found liable of sexual abuse, sexual misconduct, or sexual harassment or resigned during a pending investigation of a sexual abuse, sexual misconduct, or sexual harassment allegation with any previous employer? (28 CFR 115)	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Examples of crimes, other than minor traffic violations, that should be reported are: Driving under the influence of intoxicating beverages or other drugs; fraudulent or bad checks; peace; leaving the scene of an accident. You must report all convictions and convictions(s) even if you were pardoned, parole, suspended sentence, probation or the charges were dismissed. This information may not disqualify you, but must be reported regardless of date or type of offense. An arrest or conviction with a crime includes being fingerprinted or simply having a warrant issued. Regarding disclosure of arrest records, individuals who have received an Order of Expungement from a court of competent jurisdiction are not required to list/report.
Do you currently have a court ordered restraining order against you with regard to family members or cohabitant?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Have you ever been arrested?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Have you ever been charged with a crime?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Have you ever been convicted of a crime?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

If you answered "Yes" to any of the questions above, list information in section below:

Charge(s)	Arresting authority & location (city & state)	Disposition	Disposition date (Month/Year)

Have you ever been fingerprinted? If yes, please give approximate date(s) and reason: _____

Have you ever been an inmate in a SCDC Institution, Federal Institution, or Penal Institution of another jurisdiction? If yes, charges, dates, where and type of sentence: _____

Are you or ANY member of your immediate family related to or have had a close personal relationship with anyone who is currently OR was previously an inmate in an SCDC Institution? This would include spouses, ex-spouses, common-law spouses, father, mother-in-law, father-in-law, brother, brother-in-law, sister, sister-in-law, daughter, daughter-in-law, Grandfather, Grandmother, Grandchild, aunt, uncle, cousins, any step-relatives, boyfriend or girlfriend.
If yes, inmate name, relationship, charge, dates, where and type of sentence: _____

Are you currently OR have you ever been on an inmate's visitation list at any SCDC facility? If yes, inmate name and relationship: _____

Have you had any relationship with any inmate currently or previously incarcerated in an SCDC institution?

Have you or any member of your family ever been a victim of a crime committed by an inmate who is incarcerated at SCDC OR ever testified in a case involving an inmate incarcerated at SCDC? If yes, name of inmate, dates, and location of crime/trial: _____

I have read and understand the above and certify the information provided is correct. I agree that any false statements may result in SCDC prohibit me from working at any facility. I authorize SCDC to utilize the above information for the purpose of completing an NCIC (National Crime Information Center) background check. I understand that failure to receive approval to work at any SCDC facility based upon any information above will be communicated to the facility supervisor and will require my immediate termination from the SCDC facility. Service providers are subject to random drug testing to be conducted at all SCDC facilities. Refusal to take or positive results of a random drug test will result in immediate and permanent removal and banishment of the service provider from all SCDC facilities. Anyone under the influence of prescription medication, testing positive on a drug test must be able to provide documentation that lists the person for whom the medication was intended (SCDC policies ADM 11.01 and GA-03.02)

Date _____

Signature _____

SC Department of Corrections Relationships

SCDC Employee	Former SCDC Employee	Where	When
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="text"/>
Have you previously served as a SCDC Volunteer?	<input type="checkbox"/> Y <input type="checkbox"/> N	Where	When
		<input type="text"/>	<input type="text"/>
Do you have any relatives working for the Department of Corrections?	<input type="checkbox"/> Y <input type="checkbox"/> N	Name (s)	Relationship (s)
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	Work Location (s)
			<input type="text"/>

Medical Needs & Emergency Contact

Do you have any health or physical concerns that will limit your ability to safely provide volunteer services? If yes, describe

Y N

Do you have any medications that you must keep in your possession? If yes, describe

Y N

In case of emergency, notify

<input type="text"/>	Relationship	Phone w/Area Code
<input type="text"/>	<input type="text"/>	() -
Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authentication

I understand that I will not receive any compensation for serving as a volunteer. I understand that there are certain risks inherent in working within the confines of a correctional facility. Facility staff will take normal and prudent precautions for my protection but they cannot guarantee my physical safety nor protect me from any legal liability that may result from my actions as a volunteer. Furnishing the requested information is voluntary, but the failure to provide all or part of the information may result in lack of further consideration for volunteer services, clearance or access, or in the termination of your volunteer services.

This information I have provided is true to the best of my knowledge. I authorize the SCDC to conduct a background investigation to verify the information. I also understand that the SCDC will not be responsible for any personal injury or property loss that may occur to me while performing volunteer service, and I am aware of the Agency's zero tolerance to drugs and sexual misconduct, and my required adherence to all of the Agency's policies.

I have read (or have had it read to me) this application and understand the information that it contains.

Printed Legal Name	Legal Signature
<input type="text"/>	<input type="text"/>

FOR AGENCY USE ONLY

Criminal Record	NCIC Check Date	NCIC Certified Operator
<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="text"/>	<input type="text"/>
Approved	Date Processed	Division of Inmate Services Designee
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Disapproved	Date of Training	Chief of Staff Approval Signature (If SCDC Employee or Former Employee)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Notes & Comments	<input type="text"/>	
<input type="text"/>		