

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

Date of Application

____ / ____ / ____

Month Day Year

New or Renewal

Photo ID

Tape a photocopy of current drivers license,
State ID, or passport.

Institution(s) – where services are to be provided

Group Affiliation

Group Leader

Name (Type or print in ink – Answer all questions)

Title Last First Middle/Maiden Preferred

Street Address or Post Office Box

Apartments or Community City State Zip Code

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
____ - - _____

Date of Birth (mm/dd/yyyy) Place of Birth (City & State or Country if not US) U.S. Citizen Ordained Licensed Religious Edu
____ / ____ / ____ _____

SC Department of Corrections Relationships

SCDC Employee Former SCDC Employee Where When

Have you previously served as a SCDC Volunteer? Where When

Do you have any relatives working for the Department of Corrections? Name (s) Relationship (s) Work Location (s)

Are you a relative, friend, or associate of a current or former inmate in SCDC? Current Name (s) SCDC # (s) Relationship (s)

Are you currently on an Inmate's visiting list? Current Name (s) SCDC # (s) Relationship (s)

Complete both sides 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) 896-1955

Criminal History

All applications will be processed through the National Crime Index Center (NCIC). Answer all questions completely and honestly. Having a record will not automatically eliminate you from volunteering; however, failure to fully disclose this information will. If you have ever been convicted of a crime (misdemeanor or felony), or had to pay restitution or a penalty to any court (i.e. fine to court for writing bad checks, destruction of property, DUI, etc.), list it below.

EX-OFFENDER

Y N

State

DOC#

On Furlough

On Probation

On Parole

Released

Date (month & year)

Y N

Y N

Y N

Y N

IF EX-OFFENDER DESCRIBE ALL CHARGES, AND PROVIDE DATES & DISPOSITION

Have you ever been incarcerated?

Y N

If yes,

State

Dates - Month(s) & Year(s)

Location

Medical Needs & Emergency Contact

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

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

In case of emergency, notify

Relationship

Phone w/Area Code

Address

City

State

Zip Code

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.

The 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

FOR AGENCY USE ONLY

Criminal Record Y N

NCIC Check Date

NCIC Certified Operator

Approved Disapproved

Date Processed

Chief, Volunteer Services

Date of Training

Division of Inmate Services Director/Designee

Notes & Comments