

**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

☐ ☐

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

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 Education ☐ ☐

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you a relative, friend, or associate of a current or former inmate in SCDC? ☐ ☐

Current	Name (s)	SCDC # (s)	Relationship (s)
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you or have you visited, or written, to any current or former inmate in SCDC? ☐ ☐

Current	Name (s)	SCDC # (s)	Relationship (s)
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete both sides of this form, ensure that all questions are answered completely and honestly, sign your legal signature, and mail this form to: The Volunteer Coordinator at the requested institution.

Division of Inmate Services
SCDC William D. Leeke Building
4444 Broad River Road

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. Anyone who has ever been convicted of a crime (misdemeanor or felony), or, who has had to pay restitution or a penalty to any court (i.e. Fine to court for writing bad checks, destruction of property, DUI, etc.), needs to list it below.

Ex-Offender, If Yes, ☐ Yes ☐ No State DOC# On Furlough ☐ Yes ☐ No On Probation ☐ Yes ☐ No On Parole ☐ Yes ☐ No Released ☐ Yes ☐ No Date (month & year)

Describe, all charges, dates and disposition

Have you ever been incarcerated? If yes, ☐ Yes ☐ No 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? If yes, describe

☐ Yes ☐ No

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

☐ Yes ☐ No

In case of emergency, notify

Relationship

Phone w/Area Code

() -

Address

City

State

Zip Code

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

FOR AGENCY USE ONLY

Criminal Record

☐ Yes ☐ No

Approved ☐ Disapproved ☐

Notes & Comments

NCIC Check Date

/ /

NCIC Certified Operator

Date Processed

/ /

Division of Inmate Services Designee

Date of Training

/ /

Chief of Staff Approval Signature (If SCDC Employee or Former Employee)

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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

Division of Inmate Services

VOLUNTEER SERVICES AGREEMENT

As a Regular Volunteer, you are responsible for notifying the affected staff member within five (5) working days of any arrests other than minor traffic violations.

Regular Volunteers are responsible for following all South Carolina Department of Corrections (SCDC) policies and procedures. There are certain policies and procedures that directly affect the safety, security and health of the facility, the inmates, the volunteers, the staff, and others. These policies and procedures are:

- Drug Free Workplace Program
- Employee and Service Provider Identification Cards
- Employee - Inmate Relations
- Inmate Visitation
- Occupational Exposure to Tuberculosis
- Taking of Hostages by Inmates

There are three (3) policies that affect the good relationships that volunteers have with the SCDC. These policies are:

- Employee and Inmate Relations with News Media Representatives
- Inmate Religion
- Volunteer Services Program

At a minimum, all Regular Volunteers should be familiar with these policies/procedures. Before signing this agreement, you should have read these policies procedures and agree to abide by any guidelines that affect your service.

CONFIDENTIALITY PLEDGE

As a Regular Volunteer, I may learn personal and confidential information about inmates in the SCDC. I agree that any such information will not be disclosed without the written consent of both the involved inmate and the affected staff member. I understand that a violation of this pledge will result in my removal as a volunteer.

RELEASE OF LIABILITY

I release the SCDC, its agents, and employees from any liability from my request to participate in this volunteer activity. I make this request on my own without coercion or encouragement from any employee of the SCDC.

Signature of Volunteer

Date

Witness' (SCDC Official) Signature/Date

Institution