

**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.

[Large box with an 'X' through it, intended for a photo ID.]

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 _____

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

	Current	Name (s)	SCDC # (s)	Relationship (s)
Are you a relative, friend, or associate of a current or former inmate in SCDC?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

	Current	Name (s)	SCDC # (s)	Relationship (s)
Are you or have you visited, or written, to any current or former inmate in SCDC?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

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, Y N State DOC# On Furlough Y N On Probation Y N On Parole Y N Released Y N Date (month & year)

Describe, all charges, dates and disposition

Have you ever been incarcerated? If yes, Y N 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
 Y N

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

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 Y N NCIC Check Date / / NCIC Certified Operator

Approved Disapproved Date Processed / / Division of Inmate Services Designee

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

Notes & Comments