

**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.

X

**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?    
Are you a relative, friend, or associate of a current or former inmate in SCDC?    
Are you or have you visited, or written, to any current or former inmate in SCDC?

Name (s)	Relationship (s)	Work Location (s)
_____	_____	_____
_____	_____	_____

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

Current	Name (s)	SCDC # (s)	Relationship (s)
<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  
Columbia, SC 29210

Any questions, please call  
(803) 896-1955

\* Please do not fax

### 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