VOLUNTEER SERVICES

GCIC/NCIC CONSENT FORM

I, _____, hereby authorize the Georgia Department of Corrections (GDC) to receive any criminal or driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

Full Name Printed: _____

Address: _____

_____ _____ _____
City and State Zip Code Place of Birth

_____ _____ _____ _____
Weight Height Hair Eyes

_____ _____ _____ _____
Sex Race DOB SSN

_____ _____
Applicant's Signature Date

Approved/Disapproved (circle one) Comments: _____

_____ _____
Appointing Authority's Signature Date

_____ _____
Institution/Center/Office Date

For Ex-offenders ONLY: Approved/Disapproved by Regional Director

_____
Signature Date

(To be placed in personnel file at Facility)

Retention Schedule: Upon completion, this form shall become part of the volunteer's file to be maintained for two (2) years past termination of the volunteer's services.

Georgia Department of Corrections
Recreation Program
Visiting Volunteer Waiver of Liability

Name: _____Date of Birth: _____

Address (Street):_____

City, State, Zip Code:_____

Telephone (Home: _____(Work):_____

Name of Group and Activity in Institution/Center Saints Prison Ministry

Date_____Time In _____

In consideration of having been accepted as a volunteer for the above listed activity, and with the knowledge that I will be working, directly and indirectly, with offenders, I recognize fully that my presence may involve some element of risk.

I, the undersigned, do hereby waive and release any and all rights or claims of any kind or nature which may exist or accrue in the future against the State of Georgia, the Georgia Department of Corrections, (Name of Institution/Center), its personnel, employees, staff or agents because of, as a result of, or in connection with the duties, responsibilities and work which I will undertake.

In making this application, I hereby give the Georgia Department of Corrections authority to make inquires with police records as may be deemed necessary to ascertain my suitability as a volunteer.

_____ _____
Signature of Volunteer Date Signed

Have you ever been convicted of a criminal offense? _____ If yes, explain briefly: _____

Are you currently on parole or probation? _____ If yes, explain briefly: _____
_____
_____
_____

Retention Schedule: Upon completion, this form will be maintained at the participating facility for a period of six (6) months after the visitation of the volunteer, then destroyed.

GEORGIA DEPARTMENT OF CORRECTIONS
SEXUAL ABUSE/SEXUAL HARASSMENT
PRISON RAPE ELIMINATION ACT (PREA) EDUCATION
ACKNOWLEDGEMENT STATEMENT

Employee Type (Check one):

☐ **Employee**

☑ **Contractor/Volunteer**

I have received the appropriate training for my employee status in accordance with SOP 208.06, *Sexually Abusive Behavior Prevention and Intervention Program.* I understand the Department's zero-tolerance for sexual abuse of offenders. I understand that I am not to engage in any behavior of a sexual nature with an offender and to report to a nearby supervisor if I witness such conduct or if someone reports such conduct to me. I further understand that my authorization to enter, visit, or work at a correctional institution where there are offenders is based on my agreement to comply with the Department's policy on sexual abuse, and sexual harassment. I also understand that any violation of the policy will result in disciplinary action, including termination, or that I will be banned from entering any correctional institution. Finally, I understand that that engaging in sexual contact with an offender is a felony offense punishable by imprisonment of not less than one, nor more than 25 years, and a fine of $100,000, or both (O.C.G.A. §16-6-5.1.) I further understand that under O.C.G.A. §16-6-5.1, an offender cannot consent to sexual activity with staff, contractors, or volunteers.

This is to acknowledge I understand the Department's policy on Zero Tolerance of Sexual Abuse and Sexual Harassment of offenders. As a condition of employment I will abide by the terms and conditions of this policy.

Saints Prison Ministry

Agency/ Company Name

Signature

Date

Typed or printed name

Record Retention: Upon completion, this form shall be retained permanently in a local or local business file, whichever is applicable.

GEORGIA DEPARTMENT OF CORRECTIONS

CRIMINAL/DRIVER HISTORY CONSENT FORM

I hereby authorize the Georgia Department of Corrections to receive all criminal history information pertaining to me **anytime** during the course of my employment with the Department.

I understand that convictions revealed from these background investigations may impact my certification with P.O.S.T. and my employment with the Department.

Please Print

Full Name: _____
(Last) (First) (Middle)

Address: _____
(Street)

_____
(City) (State) (Zip)

Telephone #: (Where you can be reached between 8:00 am and 4:00 pm) _____

Social Security #: _____ **Driver's License # & State:** _____

Date of Birth: _____ **Place of Birth** _____
(mm/dd/yy) (City) (State) (Country)

Race: _____ **Sex:** _____**Height:** _____ **Weight:** _____**Eyes:** _____**Hair:** _____

Signature: _____

Date: _____

One of the following must be checked:

☑ This authorization is valid for 90/180/(365) (circle one) days from date of signature.

☑ I, _____ give consent to the above named to perform periodic criminal history background checks for the **duration** of my employment with this agency.

Retention Schedule: Retain for two (2) years in hiring/selection packet; if hired, retain permanently in local and official personnel file.

VOLUNTEER SERVICES

GCIC/NCIC CONSENT FORM

I, _____, hereby authorize the Georgia Department of Corrections to receive any criminal or driver's license history information, at any time, pertaining to me which may be in the files of any state or local criminal justice agency.

Full Name Printed: _____

Address: _____

_____ _____ _____
City Zip Code Place of Birth

_____ ft in _____ _____
Weight Height Hair Eyes

_____ _____ _____ _____
Sex Race DOB SSN

_____ _____
Applicant's Signature Date

Approved/Disapproved (circle one) Comments: _____

_____ _____
Appointing Authority's Signature Date

_____ _____
Institution/Center/Office Date

For Ex-offenders ONLY: Approved/Disapproved by Regional Director

_____
Signature Date

(To be placed in personnel file at Facility)

RETENTION SCHEDULE: Upon completion, this form will become part of the volunteer's personnel file to be maintained locally two years past termination of the volunteer services.

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
APPLICATION FOR VOLUNTEER SERVICES

(Type or print in ink – Answer all questions)

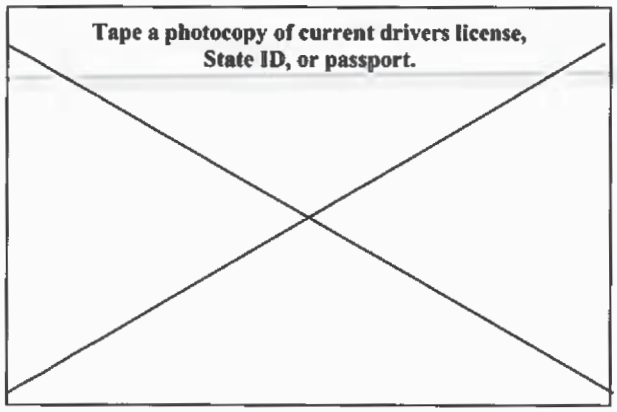
Date of Application

Month Day, Year

New or Renewal ☑ ☐

Photo ID

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



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

Group Affiliation Saints Prison Ministry

Group Leader Y ☑

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 ☑ N | Ordained Y ☐ | Licensed Y N | Religious Education Y N

Why are you interested in becoming a volunteer at SCDC? ministry at 6 facilities through recreation department

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 and honestly. Having a record will not automatically eliminate you from volunteering; however, failure to fully disclose this information will. 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 anv orevious employer? *(28 CFR 115)*	Yes	No
Do you currently have a court ordered restraining order against you with regard *to* family members or cohabitant?	Yes	No
Have you ever been arrested?	Yes	No
Have you ever been charged with a crime?	Yes	No
Have you ever been convicted of a crime?	Yes	No

Examples of crimes. other than minor traffic violations, that must be reported are: Driving under the influence of intoxicating beverages or other drugs; fraudulent or bad checks; disturbing the peace; leaving the scene ofan accident. You must list arrests(s) and convictions(s) even if you were pardoned, paroled, had a suspended sentence, probation or the charges were dropped or dismissed.

This infonnation may not disqualify you, but must be listed regardless of date or type of offense. An arrest or being charged with a crime includes being fingerprinted or simply having a warrant issued. Regarding disclosure of arrest record, applicants who have received an Order of Expungement from a court of competent jurisdiction are *not* required to list/report such arrests.

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

Charge(s)	Arresting authority & location (citv & state)	Disoosition	Disposition date (Month/Year)	Convicted (Yes or No)

Yes No Have you ever been fingerprinted? If yes, please give approximate date(s) and reason: _____

Yes No 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: _____

Yes No Are you or ANY member of your immediate famity 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, mother, 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: _____

Yes No Are you currently OR have you ever been on an inmate·s visitation list at any SCDC facility?
If yes, inmate name and relationship: _____

Yes No Have you had any relationship with any inmate currently or previously incarcerated in an SCDC institution?

Yes No 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 prohibiting my entrance to any facility. I authorize SC'O(' 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 al any SCDC facility based upon any information above will be communicated to the facility supervisor and will require my immediate termination from the SC'OC facility. Service providers are subject to random drug testing to be conducted by *SCDC,* 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 SC'DC facilities. Anyone under the influence of prescription medication, testing positive on a drug test must be able to provide documentation that lists him/her as the person for whom the medication was intended (SCDC policies ADM I 101 and GA-03.02)

Date _____ Signature _____

SC Department of Corrections Relationships

SCDC Employee (Y) ✓ Former SCDC Employee (Y) ✓ Where When

Have you previously served as a SCDC Volunteer? (Y) (N) Where When

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

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