

**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)

**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 inquiries 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

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Agency/ Company Name

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Signature

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Date

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Typed or printed name

**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.

VOLUNTEER SERVICES  
GCIC/NCIC CONSENT FORM

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Full Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City Zip Code Place of Birth

\_\_\_\_\_  
Weight Height ft in 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)



**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** Group Leader

**Name**

Title	Last	First	Middle/Maiden	Preferred
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address or Post Office Box

Apartments or Community	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone w/ Area Code	Daytime Phone w/Area Code	Extension	Email
( ) - <input type="text"/>	( ) - <input type="text"/>	<input type="text"/>	<input type="text"/>

**Personal Information - all information is required for application to be processed:**

Social Security Number	Driver's License Number	State	Male / Female	Race
<input type="text" value="- -"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>

Date of Birth (mm/dd/yyyy)	Place of Birth (City & State (or Country if not US))	U.S. Citizen	Ordained	Licensed	Religious Education
<input type="text"/>	<input type="text"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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 any previous employer? (28 CFR 115)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 of an 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 information 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 <i>not</i> required to list/report such arrests.
Do you currently have a court ordered restraining order against you with regard to family members or cohabitant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been charged with a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

Charge(s)	Arresting authority & location (city & state)	Disposition	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 family 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 SCOC 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 at any SCDC facility based upon any information above will be communicated to the facility supervisor and will require my immediate termination from the SCOC 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 SCDC 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 1101 and GA-03.02)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

### SC Department of Corrections Relationships

SCDC Employee <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Former SCDC Employee <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Where <input type="text"/>	When <input type="text"/>
Have you previously served as a SCDC Volunteer? <input type="checkbox"/> Y <input type="checkbox"/> N		Where <input type="text"/>	When <input type="text"/>
Do you have any relatives working for the Department of Corrections? <input type="checkbox"/> Y <input type="checkbox"/> N	Name (s) <input type="text"/>	Relationship (s) <input type="text"/>	Work Location (s) <input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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 <input type="text"/>	Relationship <input type="text"/>	Phone w/ Area Code ( ) - <input type="text"/>
Address <input type="text"/>	City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>

### 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 <input type="text"/>	Legal Signature <input type="text"/>
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### FOR AGENCY USE ONLY

Criminal Record <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	NCIC Check Date <input type="text"/> / <input type="text"/> / <input type="text"/>	NCIC Certified Operator <input type="text"/>
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Date Processed <input type="text"/> / <input type="text"/> / <input type="text"/>	Division of Inmate Services Designee <input type="text"/>
Notes & Comments <input type="text"/>	Date of Training <input type="text"/> / <input type="text"/> / <input type="text"/>	Chief of Staff Approval Signature (If SCDC Employee or Former Employee) <input type="text"/>