



## Volunteer & Project Opportunities

As we think about the value community members can add to Tamassee's programs and services, we think of you. Your involvement with those we serve creates a sense of community, and the understanding that they matter. A whole world of positive relationships awaits them.

Won't you consider volunteering with a group, or as an individual? Spending time mentoring, coaching, and encouraging our mothers toward success can change their lives.

### **Starlight volunteer opportunities for individuals or groups:**

Host a family event for a cottage i.e., enjoy a movie night, enjoy a board game night together, host a picnic/BBQ with our families on our playground/pavilion area, other group activity you might like to host.

Lead a regularly scheduled bible study class

Share your craft skills i.e. teach our moms to crochet, knit, sew

Establish and lead a book club

Lead an enrichment activity for moms and/or their children i.e., music lessons, dance class, and more....

Teach a life skill – computer 101, checkbook balancing, grocery list creation, couponing, dress for success, the possibilities are endless.

### **Campus Projects**

Flower beds always need weeding.

Trees and bushes need trimming.

Building railings and trim always need a fresh coat of paint.

Help with stone/rock work that needs repaired.

Tamassee Thrift Store needs volunteers over 18 years of age who can lift over 20 pounds to help manage stock for the sales floor and incoming donations.

Our Early Learning Center needs people to assist in the classrooms and read to our little people.

Afterschool Program is searching for tutors who can partner with a student to do homework and/or help them with daily reading assignments.

### **Hosting Presentations**

Host a gathering of friends and acquaintances to learn more about Tamassee's programs and services. You gather the folks and we will provide the presentations.

To schedule a volunteer activity with our families, or to request a guest speaker at an organizational gather, call us at 864.944.1390 ext. 102.



# TAMASSEE DAR SCHOOL

PO Box 8, 1925 Bumgardner Drive, Tamassee, SC 29686

*"Reaching for the Stars"*

## Volunteer Application

Date:

### Section I: Volunteer Information

Last Name	First Name	Middle Name	Nickname
Address:		City, State, Zip	
		County	Home Phone #: Cell #:
Social Security #:	Date of Birth:	Sex:	Race:
		Religious Affiliation (not required):	
Do you have a valid SC driver's license?	DL #:	Name of Church you attend (not required):	

### Occupation Information

Are you currently employed?	Employer:
If so, please list work schedule below:	Address:
Work phone #:	

### Section II: Interests and Experiences

VOLUNTEER OPPORTUNITIES (check those of interest to you)

EARLY CHILDHOOD LEARNING

MAINTENANCE, BUILDING AND GROUNDS

ADMINISTRATION

THRIFT STORE / DIETARY

AFTERSCHOOL PROGRAM

OTHER:

### Section III: References

List names, address, and phone number of three persons)

Name	Phone	Mailing Address OR E-Mail Address

\_\_\_\_\_ Form DSS 2612 – Background Check    \_\_\_\_\_ Form DSS 3072 – Central Registry Check    \_\_\_\_\_ Fingerprint

**South Carolina Department of Social Services**  
**CONSENT TO RELEASE INFORMATION**

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

**SECTION I. Purpose for Request**

A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:

- ☐ becoming or remaining a foster parent or potential adoptive parent; or
- ☐ becoming or remaining an employee of or a member of the state or a local foster care review board; or
- ☐ becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.

B. ☒ I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of VOLUNTEER.

**SECTION II. Mail Results To:**

TAMASSEE DAR SCHOOL  
P.O. BOX 8  
TAMASSEE, SC 29686

ATTN: JAN HONEYCUTT  
TEL. NO: 864-944-1390 EXT 104

**SECTION III. Central Registry Check Fees: Please ☒ appropriate box and include payment. Check or Money Order (NO CASH).**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00                     |
| <input type="checkbox"/> For-Profit Entities..... \$25.00          | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00        |
| <input type="checkbox"/> State Agencies.....\$8.00                 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00                        |  |

**SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Maiden/Aliases: \_\_\_\_\_ Name Change: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ SSN: (See instructions) \_\_\_\_\_  
Current Address: \_\_\_\_\_ Previous Address: (See instructions) \_\_\_\_\_

**SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary or Witness

\_\_\_\_\_  
Date

**SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.**

- ☐ The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call \_\_\_\_\_ if you have any questions.
- ☐ The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- ☐ The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

\_\_\_\_\_  
Authorized DSS Employee

\_\_\_\_\_  
Date



INSTRUCTIONS FOR DSS FORM 3072 – CONSENT TO RELEASE INFORMATION

PLEASE DO NOT ALTER THIS FORM IN ANY WAY

**SECTION I: Purpose for Request:** To provide authorization for the SC Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results. Please indicate the purpose of the search by checking ☒ in the appropriate box.

**SECTION II: Mail Results To:** Please ensure that you type or stamp the return address next to, "MAIL RESULTS TO," on this form. Please include the contact person's name and telephone number.

**SECTION III: Central Registry Fee:** Please check ☒ appropriate fee box.

**SECTION IV: Please type or print legibly the following information:**

- Name: Provide complete spelling of name to include the first, middle and last name - NO INITIALS.
- Name Change: List the new name(s).
- Date of Birth: Month/Day/Year
- Sex: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary in order to conduct a thorough search. Providing your Social Security Number (SSN) is optional, but it is recommended that you provide your SSN to assist with the research. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/data base check and will not be given to any person than indicated agency or entity.
- Place of Birth: Provide the name of the State you were born in.
- Current Address: Provide your current residence.
- Previous Address: If current address is less than 7 years; list other addresses, States, Countries you have resided in for the past seven years. Use separate sheet if necessary.

**SECTION V:** Mail payment; completed Form 3072 Consent to Release Information, and a stamped addressed envelope to:

~~South Carolina Department of Social Services  
Attention: CASHIER  
1535 Confederate Avenue  
P.O. Box 1520  
Columbia, SC 29202-1520~~

Tamassee DSS School  
P.O. Box 8  
Tamassee, SC 29686

- Signature of Applicant: Requesting the applicant's original signature for a one-time search of the State Central Registry of Child Abuse and Neglect and/or the DSS Database and to release results.
- Signature of Witness or Notary: The applicant's signature must be witnessed or notarized prior to submitting for processing.

**PLEASE CALL (803) 898-7318 EXTENSION 4, IF YOU NEED ASSISTANCE COMPLETING THIS FORM.**

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After receipt by cashier and processing of payment, the Central Registry/DATABASE check will be completed by authorized DSS personnel in the Division of Human Services.

**DSS personnel in the Division of Human Services must do the following:**

1. Conduct Central Registry check and/or Database search in accordance with Section I. A or B.
2. Check appropriate results box.
3. Sign and date form; stamp, "confidential" on envelope and mail to return address, Section II.

**Distribution**

Results of the search will be sent **ONLY** to the individual or organization specified in Section II of this form.