



VOLUNTEER

Application & Authorization Form

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 #:			Email Address:		

Occupation Information

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

Section II: Interests and Experiences

VOLUNTEER OPPORTUNITIES (circle those of interest to you)	
EARLY CHILDHOOD LEARNING	STARLIGHT/RECOVERY
MAINTENANCE, BUILDING AND GROUNDS	TRANSPORTATION
ADMINISTRATION / CLERICAL	SUMMER CAMP
THRIFT STORE / DIETARY	TUTORING
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
 References Check
 MVR Check
 SC Sex Offender Check
 National Sex Offender

Tamassee DAR School Volunteer Authorization Form

CRIMINAL RECORDS CHECK

Type or print clearly using black ink.

Last name	First	Middle
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YY)
US Soc. Security Number		
Driver License or State ID Number		State
Check here if you do not have a Driver License or State ID card. <input type="checkbox"/>		

I, the undersigned, authorize Tamassee DAR School through the department of Social Services, to conduct a SLED and Central Registry background criminal records check by name and identifiers to determine the existence of any arrest resulting in conviction. I also understand that a State and National Sex Offender check will be completed by SLED and the US Department of Justice. These results will be sent directly to Tamassee DAR School.

Signature	Date
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MOTOR VEHICLE RECORDS CHECK

I, _____ hereby authorize Tamassee DAR School to access my Motor Vehicle Record to verify information regarding volunteering with Tamassee DAR School.

Applicants Signature	Date
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EMPLOYEE REFERENCE CHECK

I, _____ give Tamassee DAR School my permission to contact any of my references in order to determine volunteer consideration with Tamassee DAR School.

Applicants Signature	Date
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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
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