PO Box 8
Tamassee, SC 29686

Dear Volunteer Applicant,

Thank you for your interest in becoming a volunteer at Tamassee DAR School. We appreciate your willingness to share your time and talents in support of our mission to serve children and families in need.

Enclosed you will find the Volunteer Application Packet. Please complete all forms in full before submission. Completed application materials may be returned to Tamassee DAR School by one of the following methods:

Email: bduncan@tdarschool.org

Mail: Tamassee DAR School
Attn: Bailey Duncan
PO Box 8
Tamassee, SC 29686

You may also deliver your application in person to the Administration Office between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday. Please note that the office is closed daily from 12:00 p.m. to 1:00 p.m. for lunch.

Important Notice:
Please return the DSS form directly to Tamassee DAR School—do not mail it to DSS. The $8.00 processing fee is not required for volunteers to pay; however, we will gladly accept it as a donation should you wish to contribute.

Once your completed application is received, our staff will review your materials and contact you regarding the next steps in the volunteer onboarding process. Should you have any questions or need assistance, please do not hesitate to reach out.

We sincerely appreciate your interest in supporting Tamassee DAR School and look forward to the opportunity to work together in service to others.

Respectfully,

Bailey Duncan
Volunteer Coordinator
Tamassee DAR School
Email: bduncan@tdarschool.org

Phone: (864) 944-1390

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 (check 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 ☐ Male ☐ Female	Date of Birth (MM/DD/YY)	
US Soc. Security Number		
Driver License or State ID Number	State SC	
Check here if you do not have a Driver License or State ID card. ☐		

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

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

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

VOLUNTEER
Application & Authorization Form

Are you a member of a community listed below?

- ☐ Cliffs Resident Outreach
  - ☐ Keowee Falls
  - ☐ Valley/Mountain Park
  - ☐ Keowee Vineyards
  - ☐ Glassy
  - ☐ Keowee Springs
- ☐ Keowee Key
- ☐ The Reserve at Lake Keowee

☐ I am not a member of any community listed above.

DSS SOUTH CAROLINA
DEPARTMENT of SOCIAL SERVICES

REQUEST FOR CENTRAL REGISTRY AND/OR CHILD ABUSE RECORD CHECK

Online Portal is available at: https://providerportal@dss.sc.gov

Utilize DSS Forms 2924 or 37201 for all Child Care Requests

I. Purpose for Request (*check all that apply*)

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
- ☐ Adults over the age of 18 residing in a potential foster home or adoptive home
- ☐ Becoming an employee or volunteer for Richland County CASA
- ☐ Becoming an employee or volunteer for the S.C. Department. of Children's Advocacy to include: Continuum of Care; Foster Care Review Board and/or SC Guardian ad Litem Program
- ☐ Group Home (emergency shelters, wilderness camps, Child Caring Institution)

B. I am requesting a search of the Central Registry of Child Abuse and Neglect **ONLY in connection with:**

- ☐ Becoming or remaining an employee or volunteer for Adult Care
- ☐ Other: Please specify VOLUNTEER _____

II. Please check appropriate fee box and include payment (Check or Money Order ONLY) Only one category applies!

☐	Non -Profit Entities (CASA, etc.)	$ 8.00	☐	Name Change	$ 8.00
☐	For Profit Entities	$ 25.00	☐	Foster Care/Adoption	$ 8.00
☐	State Agencies	$ 8.00	☐	Private Adoptions Investigations	$25.00
☐	Schools	$ 8.00	☐	Adult Care Facility	$ 8.00
☐	Group Home Facilities	$ 25.00	☐	Other (individual request, etc.)	$ 8.00

III. Please print or type the entire name of person to be searched. Incomplete or illegible forms will not be processed.

Full Name (*No Initials):* _____ DOB: _____ Gender:_____ Race: _____
First, Middle Last

Maiden/Former Name/Aliases: _____ Complete SSN (No X's): _____

Place of Birth: _____

Current Address: _____ Previous Address(es): _____

_____ _____

IV. Mail Results to:

Name: Tamassee DAR School **ATTN:** Jan Honeycutt, HR & Education Officer

Address: _____ **Tel. No.** 864-944-1390, ext 104

City/State/Zip: _____ **Email:** jhoneycutt@tdarschool.org

V. I do hereby authorize the South Carolina Department of Social Services (SCDSS) to research its records 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 above. I understand that the information provided may prove to be unfavorable to me. I agree to hold SCDSS and its staff harmless from liability associated with the 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.

Please mail appropriate payment (check or money order only) payable to: Department of Social Services (DSS) and form for processing to: South Carolina Dept. of Social Services, **ATTN: Cashier,** 1535 Confederate Avenue, PO Box 1520, Columbia, SC 29202-1520.

Your signature MUST be witnessed or notarized.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Witness Date

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: Central Registry Fee: Please check ✔ appropriate fee box.

SECTION III: Please type or print legibly the following information:
• Full Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS.**
• Maiden/Former Name/Aliases: List the name(s).
• Date of Birth: Month/Day/Year
• Gender: (Self Explanatory)
• Race: (Self Explanatory)
• Social Security Number: All the information requested on this form is necessary to conduct a thorough search. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/database check and will not be given to any person other 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 IV: 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, telephone number, and email.

SECTION V: Mail payment payable to Department of Social Services (DSS); 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

• 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.

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

DSS personnel in the Division of Child Welfare 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; Results are returned via online portal or envelope is stamp, “confidential” and mail to return address.

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