



Richland School District One Volunteer Application
1616 Richland Street, Columbia, South Carolina 29201

1. All fields are mandatory and must be written legibly in blue or black ink.
2. Sign in as a visitor or new volunteer through V-Soft at your school when submitting application.
3. Submit completed application with a copy of picture ID to school volunteer contact.
4. Richland One pays for all background check fees. Background checks conducted include: criminal, national sex offender, and child abuse and neglect registry.
5. The DSS Consent to Release Form requires that your signature be witnessed (it does not have to be notarized) and your social security number included. The confidentiality and security of this information is a priority.
6. Application processing typically takes one to three weeks. Volunteers will be contacted via e-mail or mail when concluded. Orientation at the school is required prior to service.

BACKGROUND INFORMATION

Affiliation:

- Community Member
 Parent/Guardian
 Grandparent
 Sibling
 Other family member
College Volunteer
 Business Partner
 Faith Partner
 Community Group Volunteer

Name: _____
(LAST) (FIRST) (Middle Initial)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone #: _____ **Work Phone #:** _____

Employer: _____

E-mail Address: _____

Date of Birth: (m/d/yr): _____ **Sex:** Male Female

Social Security Number: _____

Race: African American Caucasian Asian Hispanic Other: _____

VOLUNTEER INTEREST

Areas of Interest:

- Tutor
 Mentor
 Lunch Buddy
 Classroom Volunteer
Chaperone
School Support Volunteer
Other _____

School(s) of Choice: _____

Student name/Classroom teacher name: _____

I am available to volunteer: Monday, Tuesday, Wednesday, Thursday, Friday from _____ to _____.
(please circle) (times)

REFERENCES

Please provide information for **two** people who are **not** related to you. The District reserves the right to contact references during the background check investigation.

1. Name: _____ Phone number: _____

Mailing Address: _____

2. Name: _____ Phone number: _____

Mailing Address: _____

SCREENING INFORMATION

Have you ever been convicted of a felony? Yes No

[If yes, give date(s), charge(s) and disposition(s).] _____

**The District reserves the right to deny a request for volunteer services if a determination is in the best interest of student(s). This determination is within the sole discretion of the district.

_____ (Initial here)

IN CASE OF EMERGENCY

Notify: Name: _____ Phone number: _____ Cell number: _____

POLICIES

A. Orientation and Certification: All volunteers must be screened and oriented by the Office of Communications and must sign the Volunteer Agreement BEFORE engaging in services with Richland School District One.

B. Adherence to State Law and Richland One Policy: All volunteers shall adhere to State Laws and Richland One policies in working with students under the supervision of the school district. It is also unlawful to contribute to the Delinquency of a Minor, SS 16-17-490. Any person who violates the provisions of this section shall, upon conviction, be fined not more than three hundred dollars (\$300.00) or imprisoned for not more than three (3) years, or both, at the discretion of the court.

My statements set forth in this application are true and complete. I understand that any false statements or omission of facts may be cause for termination. I give authorization to Richland School District One to conduct an investigation into my background and understand that this is part of the requirement prior to becoming a volunteer. I understand that Richland School District One will not be responsible for any personal injury or property loss that may occur to me while performing volunteer services. I also understand that I will not receive any compensation from Richland School District One or the individual or anyone else for serving as a volunteer.

Yes, I have scanned my ID into V-Soft at the school, and with this application I am submitting a completed application with the DSS form with a witness's signature, a copy of my state issued picture ID and volunteer agreement and have attended/signed up for orientation at the school.

Signature: _____ Date: _____

*****For Office Use Only*****

Background Check: _____ Dept. of Social Services: _____ Orientation: _____

Volunteer Notified: _____ Please Notify _____ at school.

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: _____ .

Mail Results To: _____

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)

- | | | | |
|----------------------------------------------------------|---------|--------------------------------------------------------------------------|---------|
| <input type="checkbox"/> Non-Profit Entities | \$8.00 | <input type="checkbox"/> Schools | \$15.00 |
| <input type="checkbox"/> Private Adoption Investigations | \$25.00 | <input type="checkbox"/> Child Care | \$8.00 |
| <input type="checkbox"/> For-Profit Entities | \$25.00 | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |
| <input type="checkbox"/> State Agencies | \$15.00 | | |

Please Print or Type: (Complete spelling of name required, first, middle and last – **no initials.**)

Name: _____ DOB: _____ Sex: _____ Race: _____

Maiden/Former Name: _____ Name Change: _____

Place of Birth: _____ SSN: _____

Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
Telephone (803) 898-7318.

Signature of Applicant Date

Signature of Notary or Witness Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

Authorized DSS Employee Date

INSTRUCTIONS FOR DSS FORM 3072

Purpose:

Provides authorization for the Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and release the results. State law provides that in order to serve on the Foster Care Review Board, be a guardian ad litem, be licensed as a foster parent or operate or work in a day care facility or be employed, operate or volunteer in a residential child care facility, a State Central Registry of Child Abuse and Neglect search must be conducted.

Note:

An amendment to the South Carolina Code of Laws affects the status of individuals named as perpetrators in the State Central Registry of Child Abuse and Neglect. Effective July 2002, a name legally listed on the Central Registry will remain indefinitely.

Specific Instructions for Applicant/Organization Submitting Form:

Please ensure that you type or stamp the return address on this form. Check appropriate fee box and submit payment with form to: South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520.

Specific Instructions for Applicant: (Print or Type)

All the information requested on this form is necessary in order to conduct a thorough search.

1. Purpose of Search: Fill in whether screening is for employment, to be become a foster parent, volunteer, etc.
2. Name: Provide complete spelling of name to include the first, middle and last name. No initials.
3. Name Change: List name you are changing to. Item number 2 must be completed also.
4. Date of Birth, Sex, Race, Social Security Number: Self-explanatory.
5. Place of Birth: Provide the name of the state you were born in.
6. Current Address: Your current residence.
7. Previous Address: List other addresses, states, countries you have resided in for the past seven years.
8. Signature of Applicant: Original signature of the individual requesting to have their name searched.
9. Signature of Witness or Notary: To witness the signature of the applicant.

This form must be signed by the applicant and witnessed (may be notarized) prior to submitting for processing.

Specific Instructions for Authorized DSS Employee:

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

1. Check appropriate box.
2. Sign, date, stamp confidential on envelope and mail to return address.

Distribution:

Results of the search will be sent to the individual or organization specified on the form.