



2015-2016 PARENT/COMMUNITY MEMBER VOLUNTEER APPLICATION

GETTING STARTED

In order to be cleared to volunteer with Richland County School District One, you will need to follow the steps below:

1. You must have a confirmed placement at a Richland One School/Program before completing this application.
 2. You must have your state issued photo ID scanned into V-Soft, Richland One's visitor/volunteer tracking system.
 3. Submit a completed application and volunteer agreement to the location of service. All applications sent to Richland One and not the school will be returned to the school.
- The cost of the volunteer background checks will be paid by the district; each site is allocated a number of volunteer background checks funded by the Office of Communications. Potential volunteers willing to fund their background checks can submit a check or money order with their application. Fees: \$16.00 (SLED \$8.00 and DSS \$8.00).
 - The volunteer application approval process can take two to five weeks after submission to process.

SCHOOL USE:

School staff has verified state issued ID, scanned ID into V-Soft, reviewed application & volunteer assignment identified: Initial: _____

Name of school staff supervising volunteer: _____ Date of volunteer orientation: _____

Date application sent to Communications (Mail Code 550): ____/____/____

DISTRICT USE:

Date verified in V-Soft: ____/____/____ Date clear SLED check conducted: ____/____/____

Date clear DSS check conducted on: ____/____/____

Name: _____
(Last) (First) (Middle Initial)

Home Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

E-mail Address: _____ Date of Birth: _____

In Case of Emergency Notify: Notify: Name: _____ Relationship: _____

Home Phone #: _____ Cell Phone #: _____

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

1. Last Name: _____ First Name: _____ Relationship: _____

Street Address: _____ Daytime Phone Number: _____

City: _____ State: _____ Zip: _____

2. Last Name: _____ First Name: _____ Relationship: _____

Street Address: _____ Daytime Phone Number: _____

City: _____ State: _____ Zip: _____

****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) *****

I am applying to volunteer at _____ School(s)/Department/Program.

You must have a confirmed placement at a Richland One School before completing this application.

I am applying to be a: ☐ Mentor ☐ All other volunteer positions

If you check all other, please list name of position/s: _____

Days and times you are available to volunteer. _____

For Parent/Family Volunteers: name of student/s: _____

For Parent/Family Volunteers: name of classroom teacher/s: _____

Have you ever been charged or convicted of a crime? ☐ Yes ☐ No

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

- I have read and understand the Richland School District One Volunteer Program Background Check Procedures.

☐ Yes ☐ No (Available at the Volunteer & Mentoring Program page on the departments tab of <http://www.richlandone.org>)

- I have read, signed and submitted the volunteer agreement for to the site I will be serving at.

☐ Yes ☐ No

- I hereby permit Richland School District One to use and/or replicate photographs of myself participating in Richland One Volunteer program activities, for the purpose of publishing and education tools, and marketing on social media.

☐ Yes ☐ No

A. Orientation and Certification: All volunteers must be screened and oriented 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.

Signature: _____ Date: _____

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Richland School District One Volunteer Application updated July 2015.



South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

RICHLAND ONE VOLUNTEERS MUST
COMPLETE APPLICATION FORMS
AND SUBMIT TO THE SITE OF
SERVICE FOR PROCESSING

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 Volunteering.

SECTION II. Mail Results To:

Richland School District One - Volunteer Program ATTN: Communications
1616 Richland Street TEL. NO: 803-231-7511
Columbia, SC 29201

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

- | | |
|---|--|
| <input 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 checked="" 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) Not required
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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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**

- 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) 898-7229 IF YOU NEED ASSISTANCE COMPLETING THIS FORM.

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.
2. 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.

Volunteer Agreement

As a volunteer in the Richland School District One Volunteer Program, I agree:

Conduct towards the School District and Schools

- To attend an orientation session prior to working with a school;
- To commit at least one hour a week for mentors and tutors, two hours a month for lunch buddies or a schedule that is agreed upon by my individual school and myself;
- To never be without another adult present that is able to see and hear my interaction;
- Refrain from smoking on school grounds and in presence of students and refrain from eating or drinking except at designated times and locations;
- To be on time to meet the staff or student(s) I am working with;
- To notify the school if I am unable to keep my appointment;
- To keep discussions with the students, his or her teacher, parent or guardian confidential;
- To limit my activities with the student to the school campus;
- To enter this relationship with an open mind; and
- To notify the school and volunteer coordinator if for any reason I must terminate the relationship or if additional training is needed in order to conduct the task assigned;
- Volunteers will not receive any financial/in-kind benefit for their service;
- Volunteers will communicate their observations regarding a student's learning; and
- Volunteers will communicate to school staff if they have any concerns about the physical, emotional or mental safety of a student

Conduct towards students

- Volunteers will be fair and consistent when interacting with students;
- Volunteers will respect all student's opinions, even though they may be different from their own;
- Volunteers will not deliberately embarrass, disparage, ridicule or provoke students by actions or words;
- Volunteers will not use profanity, obscenity, vulgar language or gestures in the presence of students; and
- Volunteers will not discipline students, but communicate concerns to school staff;
- Volunteers understand that they are mandated reporters and will communicate any concerns to school staff and provide a written statement.

I understand that my application will be submitted to the South Carolina Law Enforcement Division (SLED) for a background check and to the DSS Child Abuse Registry Check. Authorization is hereby given to Richland School District One to investigate my records with employers, schools and police records, therefore releasing all sources from liability, including Richland County School District One.

I further understand that I will be covered by the district's general liability insurance policy as long as I am carrying out my responsibilities as a volunteer. I acknowledge that if I perform some act that is not included in my responsibilities and not incidental to my role as a volunteer including but not limited to criminal activity, I will not be covered by the district's general liability insurance policy. In that event, I agree to indemnify, hold harmless and reimburse the Richland School District One Board of Commissioners, its individual members, agents, employees and representatives thereof, from and against any claim which I, any other parent or guardian, the student or any member of his/her family, or any other person may have or claim to have, known or unknown, directly or indirectly, or any losses, damages or injuries arising out of or as a result of, during, or in connection with my actions.

Signature: _____

Date: _____

Print name: _____