



FAMILY JUSTICE CENTER

of Georgetown
and Horry Counties

Volunteer Application

We are an Equal Opportunity organization. Applicants for all volunteer positions are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the FJCGC to comply with all federal, state and local legislation concerning Equal Opportunity.

To help us learn about your experience, abilities and interests, please complete this Volunteer Form as thoroughly as possible.

Personal Information

Name: (Please PRINT or TYPE)		Social Security Number:	Driver's License Number & State:
Address: (Street Number and Name, City, State, Zip Code)		Number of years at present address?	Contact Number:
Previous Address: (Street Number and Name, City, State, Zip Code)		Number of years at previous address?	Birthday:
Email:		Can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If volunteering at FJCGC, do you have a reliable means of transportation to get here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions that occurred more than two years prior to today's date.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then please briefly explain below.			
In case of emergency, please notify:			
Name: _____		Address: _____	
Home phone number: _____		Cell: _____	
Who you referred you to the FJCGC?			
Name: _____		Telephone: _____	

Position Desired

Type of VOLUNTEER POSITION desired:	Date available to start:
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state your current employment:	
Have you ever volunteered with the Family Justice Center of Georgetown County before? If Yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education and Training

School Name, City and State:	Year Graduated or Last Year Attended:	What Degree?
High School:		
College/University:		
College/University:		
Highest Degree Earned:		
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. If you are familiar with a foreign language, please describe your foreign language skills below.		
Professional memberships, certificates or licenses held.		
Skills: (Please choose as many as applicable.)		

U.S. Military Service Data

Branch:
List Special Training or Skills:

Reference 1

Reference 2

Reference 3

Name			
Address			
City, State, Zip			
Phone Number			

My signature below certifies that I have read and understand the foregoing, and, to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to a background check (**including, but not limited to SLED, DSS Central Registry, Driver's License and Sex Offender Registry check**), and that I am bound by the terms and conditions stated in this Volunteer Form. This Volunteer Form contains all the understandings and agreements between me and the Family Justice Center concerning the nature of my volunteering, if any. I understand and agree that, except as noted above, no person who is either an agent or employee of the Family Justice Center of Georgetown County may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature: _____ Date of Application: _____



Confidentiality Agreement

I, _____ (printed first and last name), understand that maintaining a client's confidentiality is paramount to a client's safety.

I am required to keep clients' confidences and may not disclose (including to other project personnel) any information regarding a client without express permission, preferably in writing.

I will not discuss client matters in public spaces, including hallways or open offices and/or conference rooms at the FJC.

I will not publicly acknowledge a client without his/her permission.

I will direct my questions regarding confidentiality to my immediate supervisor. If she/he is unavailable, I will direct my questions to the FJCGC Executive Director.

I will not disclose the location of the Shelter.

I understand that a knowing and voluntary violation of this confidentiality policy can jeopardize my working relationship and/or assignments at the FJCGC.

Signed: _____ Date: _____

Witnessed by: _____ Date: _____



**South Carolina
Law Enforcement Division**

P.O. Box 21398
Columbia, South Carolina
29221-1398

Henry D. McMaster, Governor

Mark A. Keel, Chief

Tel: (803) 737-9000

CRIMINAL RECORD CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): _____

AKA and/or MAIDEN NAMES: _____

DOB: _____ SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

(A self addressed stamped envelope is required for the return of background

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION: Family Justice Center of Georgetown and Horry Counties

VERIFICATION NUMBER (as provided by SLED for online checks): N3164

SCHOOL DISTRICTS ONLY - POSITION APPLIED FOR: _____

(A self addressed stamped envelope is required for the return of background check)

PLEASE NOTE:

The fee is twenty-five dollars (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8). A charitable organization must include its name and User ID number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. **PERSONAL CHECKS and CASH WILL NOT BE ACCEPTED.** This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal record check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp.

****SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.***

(CJ-022) Revised 09/25/15



An Accredited Law Enforcement Agency



Availability Sheet

Name:

Phone #:

Email:

Mailing address:

Please mark your availability below:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00 – 10:00							
10:00 – 11:00							
11:00 – 12:00							
12:00 – 1:00							
1:00 – 2:00							
2:00 – 3:00							
3:00 – 4:00							
4:00 – 5:00							
5:00 – 8:00 pm							

5:00 pm to 8:00 pm and weekends will be for transportation, shelter visits and outings.

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 EMPLOYMENT/VOLUNTEER.

SECTION II. Mail Results To:

FAMILY JUSTICE CENTER OF GEORGETOWN COUNTY
PO BOX 366
GEORGETOWN, SC 29442

ATTN: A. Sanderson

TEL. NO: 843-546-3926

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**

- 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.



Specific Qualifications/Job Descriptions

Office Assistant: Contact partners and supporters, copy support, assemble information packets, assist with mailings and answer business phones.

Fundraising/Special Event: Assist with initial planning, set-up and/or clean-up. FJC is involved in numerous community events that require a booth which provides information for the community on domestic violence. The volunteer staffing the booth will be responsible for distributing FJC materials and answering questions that the public may have related to domestic violence. This may also give the volunteer an opportunity to recruit new volunteers.

Child Care: FJC conducts support groups for the clients of Family Justice Center. Assistance with Child care is needed during groups and individual counseling sessions and Parenting Classes. Childcare may include activities, games and crafts at the main office or at the shelter.

Speakers Bureau: The Speaker's Bureau is a well-trained group of volunteers able to speak to professional and paraprofessional groups about domestic violence and Family Justice Center. Experience in public speaking, community involvement and/or public relations are required.

Shelter Volunteer: Volunteers have the opportunity to work in the shelter providing a variety of services such as childcare, transportation and special outings.

Transportation: Many of FJC clients do not have access to a vehicle and therefore need transportation to and from their appointments. Drivers with larger vehicles (vans and trucks) are especially needed to help move clients to new housing.

Outings for Clients: With pre-approval FJC will provide funds for the volunteers to take the FJC clients and/or children to special outings such as; beach, parks, shopping, movies, ballgames or other special events.

Handyman: Help with painting, minor repairs, maintenance projects, etc. at offices and shelter