Lancaster Children's Home, Inc.
Raising the Promise of Tomorrow
803-286-5277

Volunteer Application

PLEASE PRINT CLEARLY **Date of Application: _____**

Last Name: _____ First: _____ Middle: _____

Street Address: _____ City: _____ State: ____ Zip: _____
Have you lived at your current address for a minimum of 5 years? ……☐ Yes ☐ No
Home Phone: _____ Cell: _____ Email: _____
Date of Birth: _____

Complete the following questions: How did you learn about us? (Check one)

☐ Website/Social Media ☐ Friend/Relative ☐Organization/Business/Church

If part of a Group Organization/Business/Church, please complete the following:
Group Name:_____ Contact Name:_____ Ph#_____

Have you submitted a volunteer application with LCH before?.....☐ Yes, Date:_____ ☐ No

Have you ever been employed by LCH?.....☐ Yes, Date:_____ ☐ No

DL#: _____ State:_____ Do you have a clean driving record?.....☐ Yes ☐ No

Have you ever been convicted of a crime?....☐ Yes, Date _____ City _____ State: ____ ☐ No

Do you have a friend/relative who is a LCH employee?..... ☐ Yes ☐ No

Are you currently employed?……☐ Yes, Employer_____ ☐ No

List volunteer experience: _____

List work experience: _____

Pease check all of the volunteer opportunities that interests you:

☐ Skill Training ☐ Mentor/Tutor ☐ Fundraising ☐ Clerical ☐ Group Activities ☐ Special Projects

☐ Donations Pick-up/Sorting ☐ Board Member ☐ Other: _____

List two references:

Name: _____ Contact #(s) _____

Name: _____ Contact #(s) _____

We consider applications for volunteering without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. The volunteer application does not imply employment eligibility.

By signing below, I certify that answers herein are true and complete.
I authorize investigation of all statements contained in this volunteer application as may be necessary in arriving at an approval decision.

Upon approval and thereafter, I understand that false or misleading information given in my application may result in revoke of volunteer privileges. I understand, also, that I am required to abide by all rules and regulations of the Lancaster Children's Home, Inc. as outlined in the Board By-Laws and Volunteer Guide. Failure to do so will revoke any volunteer privileges granted.

Applicant Signature: _____ Date: _____

Official Use ONLY

VETTING COMPLETION DATE: _____

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 **volunteering with children**.

SECTION II. Mail Results To:

Lancaster Children's Home, Inc
PO Box 416
Lancaster, SC 29721

ATTN: **Melanie Harper**

TEL. NO: **803-286-5277**

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

- ☑ Non-Profit Entities……$8.00
- ☐ For-Profit Entities……..…….. $25.00
- ☐ State Agencies…….....$8.00
- ☐ Schools…..... $8.00
- ☐ Name Changes… $8.00
- ☐ Other (Individuals, etc.)..... $8.00
- ☐ Private Adoption Investigations….....$25.00

COMPLETE THIS SECTION

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) _____

City: State: Zip: City: State: Zip:

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.

Please Sign Here

_____ Signature of Applicant _____ Date

Melanie Harper
_____ 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) 898-7318 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 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.
3. 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.

South Carolina Department of Social Services
Group Home and Child Placing Agency
Licensing and Regulatory Services

Sex Offender Registry Check

Please type or print clearly

Agency / Program Name: **Lancaster Children's Home, Inc**

Legal Name: _____ DOB: _____ Gender: _____

Other names (maiden, aliases, etc.): _____

Additional Information to Verify Identity (as needed):

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Race: _____ SSN: _____

SOUTH CAROLINA Sex Offender Registry: **http://scor.sled.sc.gov/ConditionsOfUse.Aspx**

_____ The above named individual **IS NOT** listed as a registered Sex Offender.

_____ The above named individual **IS** listed as a registered Sex Offender and therefore, is not eligible to work with children and youth served by the State of South Carolina.

NATIONAL Sex Offender Registry: **http://www.nsopr.gov**

_____ The above named individual **IS NOT** listed as a registered Sex Offender.

_____ The above named individual **IS** listed as a registered Sex Offender and therefore, is not eligible to work with children and youth served by the State of South Carolina.

Program Certification

This is to certify that a search for the above named individual has been conducted through the SOUTH CAROLINA Sex Offender Registry *(http://services.sled.sc.gov/ConditionsOfUse.Aspx)* and the NATIONAL Sex Offender Registry *(http://www.nsopr.gov)* and is ***not listed*** as a sexual offender or predator.

Melanie Harper
Signature of Authorized Representative

Melanie Harper
Print Name of Authorized Representative

Administrative Assistant
Title

_____
Verification Date

*** Note: This form and the printed results of the checks should be maintained in the employee file.
Only this form is required to be submitted to licensing.
For the South Carolina Sex Offender Registry Check, click on Name Search to conduct the search. ***

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 check)

CHARITABLE ORGANIZATIONS AND SCHOOL DISTRICTS ONLY

NAME OF ORGANIZATION: *Lancaster Children's Home, Inc.*

VERIFICATION NUMBER (as provided by SLED for online checks): *N3800*

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