

Availability: _____

References: List two people other than relatives who would be willing to serve as personal references

Name Telephone Number

Address City State Zip Code

E-mail address

Name Telephone Number

Address City State Zip Code

E-mail address

Emergency Contact: In the event of an emergency, please list the person you would want notified

Name Relationship Phone number

Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability for supplying such information.

Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Volunteer's Signature

Date



AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

Growing Home Southeast, Inc. is required to obtain pertinent information on potential and current volunteers prior to volunteer activity and annually.

I, _____, authorize Growing Home South East to obtain the following information for the purpose of volunteerism:

Date of Birth: _____ Social Security #: _____

Maiden Name/Other Names Used: _____

- SLED Check
- Central Registry
- Sex Offender Check (Nat'l & State)
- Federal Background Check (10 year)

This Authorization shall remain in effect for one calendar year.

Signature of Volunteer

Date

GHSE Reviewer's Signature

Date

CONFIDENTIALITY AGREEMENT



*Enabling at-risk children, youth and families to realize their potential
and contribute to their community*

I, _____ understand that as a volunteer of Growing Home Southeast, I may have access to, and from time to time am exposed to, unique, valuable and confidential information. I understand that the unauthorized use or disclosure of that information including client names and personal information (i.e. photographs) would be extremely harmful to Growing Home Southeast, and that my work with Growing Home Southeast is expressly conditioned upon my agreement not to disclose or use confidential information except as required in the normal course of performance of my duties. If I violate this Agreement, Growing Home Southeast will suffer irreparable harm for which there is no adequate remedy at law and I, therefore, consent to the issuance of any injunction or other equitable relief in favor of Growing Home Southeast to restrain me from doing or continuing to do any act in violation of this Agreement. Growing Home Southeast's right to injunctive or equitable relief is in addition to any other rights and remedies it may have. I have executed this Agreement of my own free will and in exchange for valuable consideration, including, among other things, my volunteer work with Growing Home Southeast and my receipt of Growing Home Southeast's confidential information.

Signature

Date

ACCEPTED FOR GROWING HOME SE:

By

Date

Title

RELEASE AND WAIVER OF LIABILITY

I, _____ (Volunteer) desire to work as a volunteer for Growing Home Southeast and engage in the activities related to being a volunteer. Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless Growing Home Southeast and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from volunteer's activities with Growing Home Southeast.

Volunteer understands that this Release discharges Growing Home Southeast from any liability or claim that the Volunteer may have against Growing Home Southeast with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities, whether caused by the negligence of Growing Home Southeast or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Growing Home Southeast does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment. Volunteer does hereby release and forever discharge Growing Home Southeast from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the volunteer's activities with Growing Home Southeast.

Assumption of the Risk. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Growing Home Southeast from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. Volunteer understands that, except as otherwise agreed to by Growing Home Southeast in writing, Growing Home Southeast does not carry or maintain health, medical, or disability insurance for any Volunteer. Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's insurance pays. If the Volunteer has no insurance, the policy pays up to the limits of coverage.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Volunteer hereby authorize and consent that Growing Home Southeast not-for-profit organization, their legal representatives, successors or assigns, shall have the absolute right to copyright, publish, use, sell or assign any and all quotes, written remarks, stories, photographic images, case studies, or any part thereof, which they have taken from or made of me or in which I may be included in whole or part, whether apart from or in connection with, illustrative or written printed matter, story or news item, press release, motion pictures, television or radio spots, video footage, world wide web published, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise.

I hereby waive all claims for any compensation for such use or for damages.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in conjunction therewith or the use to which it may be applied.

I hereby warrant that I am of full age and have the right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina and that this Release shall be governed by and interpreted in accordance with the laws of the State of South Carolina. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year below written.

If Volunteer is under the age of 18 a parent or legal guardian must sign.

Date: _____

Printed Name: _____

Signature: _____

Witness: _____

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 Volunteer.

SECTION II. Mail Results To:

Growing Home Southeast, Inc. ATTN: Human Resource
440 Knox Abbott Drive, Suite #250 TEL. NO: (803) 791-5513
Cayce, SC 29033

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.



Fingerprint Information

*Enabling at-risk children, youth and families to realize their potential
and contribute to their community*

Your zip code: _____

Best days and times for HR to schedule this appointment (please give 3 options: ie:
Wednesdays from 3-5pm)

(1)Date/Time: _____

(2)Date/Time: _____

(3)Date/Time: _____

Name: _____

Full Address: _____

Phone: _____

Email: _____

Date of Birth: _____

Gender: Male Female

Height: _____

Weight: _____

Race: _____

Ethnicity -Hispanic or Non-Hispanic: _____

Hair Color: _____

Eye Color: _____

Place/state born in: _____

Country of Citizenship: _____

Social Security #: _____

Driver's License #: _____

.....

Note: HR will email you information concerning appointment made. It may be helpful to have this registration information with you. You need to bring your driver's license to this appointment. You may cancel/reschedule but you must do so 24 hours in advance.



TB Screening Requirement

Growing Home SE is accredited under the Council of Accreditation for Family and Children Services (COA). In order to meet COA accreditation standards, we must obtain an initial tuberculosis screening.

Please email or bring a copy of your current TB Skin Test results along with your completed Volunteer Application.

Initial Here