

Why do you want to become a CIS of the Midlands volunteer?

What relevant skills and experiences will you bring as a volunteer? Please describe any previous experience working with children.

PART II: BACKGROUND CHECK INFORMATION

EDUCATION High School: _____

College (degree and school): _____

Have you ever been convicted of a crime? ____ yes ____ no Do you have an arrest/police record? ____yes ____no

If yes, please explain and give year: _____

(Please note CIS of the Midlands policies: A volunteer who has revealed previous criminal convictions on his or her application will still be eligible for service, pending a review committee’s approval. This committee shall be made up of the Executive Director, Director Resource Development, Success Coach and principal at a minimum. This committee shall be in 100% agreement in order for service to begin. Any volunteer applicant who does not disclose his or her criminal background will not be eligible for service.)

DISCLOSURE:

I, (please print) _____ hereby declare or affirm under penalty of perjury, that I have not been convicted of nor am I the subject of pending charges for the commission or attempt to commit: murder, child abuse, rape, child pornography, child abduction, kidnapping of a child, or a sexual offense, as defined under Article IX, Subsection 4 of the Annotated Code of Any State, or an equivalent offense and I give my permission for this agency to verify this by a police background check. Further, I certify that I am the applicant whose signature is affixed below.

I attest that all of the above information is correct and true. I understand that willfully providing incorrect information and/or the willful omission of required information may result in the termination of my volunteer service with Communities In Schools of the Midlands.

SLED CHECK CONSENT:

I understand that the information below will be used by Communities In Schools of the Midlands to conduct a criminal records check. I hereby give my Permission for criminal records check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

Signature: _____ Date: _____

DATE OF BIRTH: _____ 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).

Please send your application by mail to PO Box 8884 Columbia, SC 29202 or Submit in person at 2712 Middleburg Drive, Suite 219, Columbia, SC 29204

**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: Volunteering at a Non-Profit

Mail Results To: Communities In Schools of the Midlands
P.O. Box 8884
Columbia, SC, 29202

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

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

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
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