



Volunteer/Intern Application

(Please circle one)

Program Assigned to: _____ Site Supervisor: _____

PLEASE PRINT

Date: _____ College or University attending: _____

Major: _____ Field Supervisor/Instructor: _____

Times of Availability

Monday _____ Tuesday _____ Wednesday _____ Thursday _____
Friday _____ Saturday _____ Sunday _____

PERSONAL INFORMATIONS

Name: _____ Age: _____ Date of Birth: _____ Gender: _____

Current Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

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

Email Address: _____

In case of emergency, please contact _____

Relationship: _____ Phone: _____

List any restrictions that may affect your ability to intern (work, family, schedules, etc.) _____

Have you ever been convicted of a felony (including adjudications of guilt and pleas of no contest)?

Yes _____ No _____ If yes, please specify: _____

Have you ever volunteered with our agency? Yes _____ No _____ If yes, please specify: _____

How did you learn of our organization? _____

List previous volunteer work and duties: _____

Do you have access to transportation? Yes _____ No _____

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training , certifications or liceses, special skills, talent: _____

EMPLOYMENT RECORD

(Please list your last three positions starting with the most recent)

Employer: _____ Dates Employed: _____ to _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ Pay Rate: _____ Position: _____
Duties Performed: _____
Reason for leaving: _____
May we contact them? Yes No If No, please list your reason: _____

Employer: _____ Dates Employed: _____ to _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ Pay Rate: _____ Position: _____
Duties Performed: _____
Reason for leaving: _____
May we contact them? Yes No If No, please list your reason: _____

Employer: _____ Dates Employed: _____ to _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ Pay Rate: _____ Position: _____
Duties Performed: _____
Reason for leaving: _____
May we contact them? Yes No If No, please list your reason: _____

CHARACTER REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP

Certificate of Applicant and Authorization of References and/or Background Check

I, _____, do hereby declare that all information on the volunteer/intern application is accurate to the best of my ability. I understand and am also fully aware that the South Carolina Law Enforcement Division will conduct a background check on behalf of CASA/Family Systems.

Applicant's Signature

Date Signed

For CASA/Family Systems Use only

Decision: _____

Date of Notification: _____



Volunteer/Intern Code of Ethics

AS A VOLUNTEER/INTERN:

- ***I believe*** that I am subject to a code of ethics similar to that of professional workers. I shall accept my assigned responsibilities and expect to account for what I do in terms of what I am expected to do.
- ***I shall*** keep confidential matters confidential.
- ***I promise*** to be regular in attendance. Should I sometimes be unable to attend or report, I shall promptly notify the Volunteer Coordinator/Intern Supervisor.
- ***I realize*** that I supplement, and not supplant, paid workers. Therefore, I interpret “*volunteer/intern*” to mean that I have agreed to work without compensation in money, and having been accepted as a worker, I expect to do my work according to standards as the paid staff I expected to do their work, and I will treat my work as seriously as if I were paid for it.
- ***I promise*** to take to my work an attitude of open-mindedness, to be non-judgmental, to be willing to be trained, to bring to it interest, and accept supervision. I may have assets that my coworkers may not have – these I shall use to enrich the project at which we are working on together. I also realize that I may learn from my coworkers, who may have talents which I do not possess.
- ***I am*** willing to allow extra time for conferences with others, and also for keeping simple records. I believe that my attitude toward my work should be professional, and therefore know that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done, and to the public which we serve.

Volunteer/Intern Signature

Date



Confidentiality Policy For Volunteers/Interns

I understand that as a CASA/Family Systems Volunteer/Intern any information regarding clients, families and their services is strictly confidential. I further understand that I am not to release or discuss any confidential information to any individual or agency outside of CASA/Family Systems. The unauthorized release or disclosure of any confidential material will result in termination of my duties as a volunteer/intern for CASA/Family Systems.

CONFIDENTIAL INFORMATION INCLUDES BUT IS NOT LIMITED TO:

1. The names and addresses of individuals served and the services they may or may not receive.
2. The social and economic conditions or circumstances of any client served.
3. The agency's client file.
4. Medical data, including any laboratory test or diagnostic procedure information.
5. The identity of persons or individuals that furnish health services to a CASA/Family Systems client.
6. Information pertaining to the family and friends of a client.
7. The location of the emergency shelter.

I certify that I have read and understood the confidentiality agreement.

Volunteer/Intern Signature

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 _____.

SECTION II. Mail Results To: CASA Family Systems

_____ P.O. Box 1568 _____ ATTN: _____
 _____ Orangeburg, SC 29116-1568 _____ TEL. NO: _____

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 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



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: CASA Family Systems

VERIFICATION NUMBER (as provided by SLED for online checks): N2376

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



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