

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
Division of Inmate Services

**OCCASIONAL VOLUNTEER INFORMATION**

(Please Print in Ink)

\_\_\_\_\_  
Date of Volunteer Activity

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Name of Individual or Group

\_\_\_\_\_  
Name of Group Sponsor (for groups)

\_\_\_\_\_  
Mailing Address for Group Sponsor

\_\_\_\_\_  
Home Telephone # w/Area Code

\_\_\_\_\_  
Work Telephone # w/Area Code

\_\_\_\_\_  
SCDC Supervisor of the Activity

This is to certify that I can personally identify all persons within our group as persons who I know as members of our group.

\_\_\_\_\_  
Signature of Group Sponsor

\_\_\_\_\_  
Date

**Occasional Volunteer Agreement: (Each person must sign before entering institution.)**

1. I will not carry anything in or out of the institution for any inmate.
2. I am not a family member or friend or on the visiting list of any inmate in this institution nor have I made application to visit any inmate in any capacity at this institution. (Exceptions must be approved by the Warden.)
3. I understand that if I am a former inmate, then I must receive written permission from the affected Warden(s) prior to providing volunteer services as an Occasional Volunteer, as explained in SCDC Policy/Procedure PS-10.04.
4. I understand that if I am a SCDC employee, former SCDC employee, or family member of a SCDC employee, then I must receive written permission from the affected Warden(s) prior to providing volunteer services as an Occasional Volunteer, as explained in SCDC Policy/Procedure PS-10.04.
5. I understand that the SCDC strictly enforces a drugfree working environment and that I may be subject to reasonable suspicion and/or accident and unsafe practice drug testing. I further understand that if I should test positive for an illegal substance or I refuse to submit to such testing, then my volunteer service privileges with the SCDC will be revoked permanently.
6. I release the South Carolina Department of Corrections, its agents, and employees from any liability from my request to participate in this volunteer activity.
7. I understand that if I enter this institution without following the appropriate procedures, e.g., obtaining the written permission of the affected Warden, then this violation will result in my removal as a volunteer.
8. As an Occasional Volunteer, I may learn personal and confidential information about inmates in the SCDC. I agree that any such information will not be disclosed without the written consent of both the involved inmate and the affected staff member. I understand that a violation of this pledge will result in my removal as a volunteer.

(Additional persons should sign the back of the form.)

(over)