

Family Justice Center pays for ALL background checks - Please complete all forms and return to FJC for processing



FAMILY JUSTICE CENTER

Serving Victims of Domestic Violence

Volunteer Application

We are an Equal Opportunity organization. Applicants for all volunteer positions are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the FJCGC to comply with all federal, state and local legislation concerning Equal Opportunity.

To help us learn about your experience, abilities and interests, please complete this Volunteer Form as thoroughly as possible.

Personal Information

Name: (Please PRINT or TYPE)		Social Security Number:	Driver's License Number & State:
Address: (Street Number and Name, City, State, Zip Code)		Number of years at present address?	Contact Number:
Previous Address: (Street Number and Name, City, State, Zip Code)		Number of years at previous address?	Birthday:
Email:		Can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If volunteering at FJCGC, do you have a reliable means of transportation to get here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony, or for child abuse or sex-related crimes? (Do not include marijuana related convictions that occurred more than two years prior to today's date.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, then please briefly explain below.			
In case of emergency, please notify:			
Name: _____		Address: _____	
Home phone number: _____		Cell: _____	
Who you referred you to the FJCGC?			
Name: _____		Telephone: _____	

Position Desired

Type of VOLUNTEER POSITION desired:	Date available to start:
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state your current employment:	
Have you ever volunteered with the Family Justice Center of Georgetown County before? If Yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education and Training

School Name, City and State:	Year Graduated or Last Year Attended:	What Degree?
High School:		
College/University:		
College/University:		
Highest Degree Earned:		
Additional Education, Vocational and/or Professional Information such as special areas of research or study, seminars, etc. If you are familiar with a foreign language, please describe your foreign language skills below.		
Professional memberships, certificates or licenses held.		
Skills: (Please choose as many as applicable.)		

U.S. Military Service Data

Branch:
List Special Training or Skills:

Reference 1

Reference 2

Reference 3

Name			
Address			
City, State, Zip			
Phone Number			

My signature below certifies that I have read and understand the foregoing, and, to the best of my knowledge and belief, the information on this form is true and correct.

My signature below also certifies that I agree to a background check (**including, but not limited to SLED, DSS Central Registry, Driver's License and Sex Offender Registry check**), and that I am bound by the terms and conditions stated in this Volunteer Form. This Volunteer Form contains all the understandings and agreements between me and the Family Justice Center concerning the nature of my volunteering, if any. I understand and agree that, except as noted above, no person who is either an agent or employee of the Family Justice Center of Georgetown County may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions set forth herein.

Applicant Signature: _____ Date of Application: _____



**FAMILY
JUSTICE
CENTER**

*Serving Victims
of Domestic Violence*

Confidentiality Agreement

I, _____ (printed first and last name), understand that maintaining a client's confidentiality is paramount to a client's safety.

I am required to keep clients' confidences and may not disclose (including to other project personnel) any information regarding a client without express permission, preferably in writing.

I will not discuss client matters in public spaces, including hallways or open offices and/or conference rooms at the FJC.

I will not publicly acknowledge a client without his/her permission.

I will direct my questions regarding confidentiality to my immediate supervisor. If she/he is unavailable, I will direct my questions to the FJC Executive Director.

I will not disclose the location of the Shelter.

I understand that a knowing and voluntary violation of this confidentiality policy can jeopardize my working relationship and/or assignments at the FJC.

Signed: _____ Date: _____

Witnessed by: _____ Date: _____

Availability Sheet

Name: _____
Phone #: _____
Email: _____
Mailing address: _____

Please mark your availability below:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9:00 – 10:00							
10:00 – 11:00							
11:00 – 12:00							
12:00 – 1:00							
1:00 – 2:00							
2:00 – 3:00							
3:00 – 4:00							
4:00 – 5:00							
5:00 – 8:00 pm							

5:00 pm to 8:00 pm and weekends will be for transportation and outings for our clients and children



General Qualifications for all Volunteers:

- Must be at least 18 years of age.
- Complete a volunteer application.
- Family Justice Center volunteers must submit to a background check (including, but not limited to SLED, DSS Central Registry, Driver's License and Sex Offender Register check) and have a clear record. Family Justice Center pays for all background checks.
- Complete initial and additional volunteer training.

Specific Qualifications/Job Descriptions

Office Assistant: Contact partners and supporters, copy support, assemble information packets, assist with mailings and answer business phones.

Fundraising/Special Event: Assist with initial planning, set-up and/or clean-up. FJC is involved in numerous community events that require a booth which provides information for the community on domestic violence. The volunteer staffing the booth will be responsible for distributing FJC materials and answering questions that the public may have related to domestic violence. This may also give the volunteer an opportunity to recruit new volunteers.

Resale Boutique & The Tea Room: Staff the resale shop and tea room. Help sort donations and maintain the resale shop.

Child Care: FJC conducts support groups for the clients of Family Justice Center. Assistance with Child care is needed during groups and individual counseling sessions. Childcare may include activities, games and crafts at the main office or at the shelter.

Court Watch (coming soon): The Court Watch Project is a volunteer-staffed program in which court proceedings in Domestic Violence cases in Horry and Georgetown County Court are monitored.

Speakers Bureau (coming soon): The Speaker's Bureau is a well-trained group of volunteers able to speak to professional and paraprofessional groups about domestic violence and Family Justice Center. Experience in public speaking, community involvement and/or public relations are required.

Shelter Volunteer: Volunteers have the opportunity to work in the shelter providing a variety of services such as childcare, transportation and special outings.

Transportation: Many of FJC clients do not have access to a vehicle and therefore need transportation to and from their appointments. FJC also needs assistance with picking up donations from individuals or businesses in the community.

Outings for Clients: With pre-approval FJC will provide funds for the volunteers to take the FJC clients and/or children to special outings such as; beach, parks, shopping, movies, ballgames or other special events.

Assist Direct Service Staff – Requires extensive training

Handyman: Help with painting, minor repairs, maintenance projects, etc.

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:

FJC pays for this background check - do not send to DSS for processing

**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.

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

CRIMINAL RECORDS 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).

NAME OF CHARITABLE ORGANIZATION (if applicable): _____

CHARITABLE VERIFICATION ACCOUNT # (if applicable): _____

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 account 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 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 records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. *Please enclose a self addressed stamped envelope for the return of your record check.

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

(CJ-022) 5/11/11



FJC pays for this background
check