



Confidentiality Statement

As a member of the Board of Directors, an employee, or a volunteer of Pendleton Place, an emergency shelter for children, you will review organizational, financial, and business records and, on occasion, be asked to discuss confidential information about staff, volunteers, and clients. Given the nature of the clients served and the confidential matters of case management, the provision of health care services on site and the need to support staff who must address challenging circumstances, board members, employees, and volunteers are required to sign this confidentiality statement.

By signing this agreement, I agree that:

- I will not discuss or share confidential information about clients, staff members, or other business matters, including information I might hear directly or indirectly while at Pendleton Place, with anyone except in accordance with organizational policies and procedures.
- I will access and view only that information which is required to fulfill my role as a staff, volunteer, or board member. If I have questions about whether access to certain information is required for me to fulfill my duties, I will ask the board chair or a supervising staff person.
- I will not discuss any information, either client-related or relating to the operations of Pendleton Place, in public areas unless that public area is an essential place for the performance of my duties.
- I will meet my obligations under this agreement even after my position/job is terminated.
- Upon termination of my association with Pendleton Place, I will immediately return all records, documents, and property of Pendleton Place.
- I understand that violation of this agreement may result in disciplinary action, up to and including termination of my position on the Board, employment, or volunteer position with Pendleton Place.
- I also understand that I may be subject to civil and criminal legal penalties if I violate this agreement.

I have read this agreement, and I agree to comply with all aspects of it.

Name:

Signature:

Date:



Volunteer Agreement and Release from Liability

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services to Pendleton Place, Inc. (Please keep a copy of this form within each volunteer's file for future reference.)

Volunteer's Name: ☐ Male ☐ Female

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors).

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information.

Please initial here:

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur.

Please initial here:

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury.

Please initial here:

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence of other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Pendleton Place, Inc. from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.

Please Initial here:

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances.

Please initial here:

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer's
Signature:

Date:



Authorization for Criminal Background Check

I authorize a criminal background check of the files in the South Carolina Law Enforcement Division or any other law enforcement agency be made on my person according to the following information:

Last Name: Initial: First Name
SS#: DOB:
Gender: Race:

Have you ever been convicted of a crime?

☐ Yes ☐ No

If yes, where (city, state):

If yes, when?

I understand that the above will be used to conduct a criminal records check.

Signature: _____

Date:

HR Use --Search Results:

Records Found: ☐ Yes
☐ No

Any criminal history information received is confidential and is not to be disseminated or used for other than the reason requested.

REQUEST FOR CENTRAL REGISTRY AND/OR CHILD ABUSE RECORD CHECK

Online Portal is available at: <https://providerportal@dss.sc.gov>

Utilize DSS Forms 2924 or 37201 for all Child Care Requests

I. Purpose for Request (check all that apply)

- 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
- ☐ Adults over the age of 18 residing in a potential foster home or adoptive home
- ☐ Becoming an employee or volunteer for Richland County CASA
- ☐ Becoming an employee or volunteer for the S.C. Department of Children's Advocacy to include: Continuum of Care; Foster Care Review Board and/or SC Guardian ad Litem Program
- ☐ Group Home (emergency shelters, wilderness camps, Child Caring Institution)
- B. I am requesting a search of the Central Registry of Child Abuse and Neglect **ONLY** in connection with:
- ☐ Becoming or remaining an employee or volunteer for Adult Care
- ☒ Other: Please specify volunteering

II. Please check appropriate fee box and include payment (Check or Money Order ONLY) Only one category applies!

- | | | | |
|---|----------|---|---------|
| <input checked="" type="checkbox"/> Non -Profit Entities (CASA, etc.) | \$ 8.00 | <input type="checkbox"/> Name Change | \$ 8.00 |
| <input type="checkbox"/> For Profit Entities | \$ 25.00 | <input type="checkbox"/> Foster Care/Adoption | \$ 8.00 |
| <input type="checkbox"/> State Agencies | \$ 8.00 | <input type="checkbox"/> Private Adoptions Investigations | \$25.00 |
| <input type="checkbox"/> Schools | \$ 8.00 | <input type="checkbox"/> Adult Care Facility | \$ 8.00 |
| <input type="checkbox"/> Group Home Facilities | \$ 25.00 | <input type="checkbox"/> Other (individual request, etc.) | \$ 8.00 |

III. Please print or type the entire name of person to be searched. Incomplete or illegible forms will not be processed.

Full Name (No Initials): _____ DOB: _____ Gender: _____ Race: _____
First, Middle Last

Maiden/Formal Name/Aliases: _____

Complete SSN (No X's): _____

Place of Birth: _____

Current Address: _____

Previous Address(es): _____

IV. Mail Results to:

Name: Pendleton Place

ATTN: Philanthropy - Community Engagement Mgr

Address: 1133 Pendleton Street

Tel. No. 864-467-3650

City/State/Zip: Greenville, SC 29601

Email: outreach@pendletonplace.org

V. I do hereby authorize the South Carolina Department of Social Services (SCDSS) to research its records 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 above. I understand that the information provided may prove to be unfavorable to me. I agree to hold SCDSS and its staff harmless from liability associated with the 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.

Please mail appropriate payment (check or money order only) payable to: Department of Social Services (DSS) and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, PO Box 1520, Columbia, SC 29202-1520.

Your signature **MUST** be witnessed or notarized.

Signature of Applicant

Date

Signature of Witness

Date

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: Central Registry Fee: Please check ☒ appropriate fee box.

SECTION III: Please type or print legibly the following information:

- Full Name: Provide complete spelling of name to include the first, middle and last name - **NO INITIALS**.
- Maiden/Former Name/Aliases: List the name(s).
- Date of Birth: Month/Day/Year
- Gender: (Self Explanatory)
- Race: (Self Explanatory)
- Social Security Number: All the information requested on this form is necessary to conduct a thorough search. Your SSN will be used **only** to conduct what we hope will be a thorough central registry/database check and will not be given to any person other 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 IV: 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, telephone number, and email.

SECTION V: Mail payment payable to Department of Social Services (DSS); 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) 898-7318 EXTENSION 4, 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 Child Welfare Services.

DSS personnel in the Division of Child Welfare 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.
3. Sign and date form; Results are returned via online portal or envelope is stamp, "confidential" and mail to return address.

Distribution

Results of the search will be sent **ONLY** to the individual or organization specified in Section IV of this form.